

The Perception of Modern-Day Social Work Professionals on the Impact of Trauma and Black
Teen Mothers in the New York City Foster Care System.

By

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DISSERTATION

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Section One: Proposal Overview

This quantitative study sought to understand the perception of social work professionals as it relates to the trauma experiences of Black teen mothers in the New York City foster care system. The study also examined the professional perception of whether resiliency played a role in this discussion.

Study Problem

A quantitative study on the perception of social work professionals as it relates to the trauma experience of Black teen mothers in the NYC foster care system and their resiliency capacity is crucial to the success of these family types. The history of the foster care system gives much insight into the reasoning for the actions that take place to protect vulnerable children who have been abused and neglected. The lived experiences by Black teenage mothers in foster care includes trauma and resiliency efforts to overcome their life situation despite their lived experiences.

Regarding teen mothers in foster care, their trauma experience can be more complex and doubled due to their responsibility to care for their children. Social work professionals have professional and personal perceptions of teen mothers in foster care trauma experiences, which could enhance or hinder our field's capacity to support teen mothers in foster care needs to be successful in their life and parenting journey.

Statement of Purpose

There is a need for more research to examine the thought process of social work professionals who service teen mothers in foster care. Social work professionals must be able to differentiate their perceptions of pregnant teenagers in foster care from their professional perceptions. Teenage family types unite with the concept of what the NASW calls a vulnerable

population. Both mothers and children depend upon social service institutions for their primary life needs, and they are under eighteen years old.

Theoretical Framework

The theoretical frameworks for this study are Attachment Theory and Resiliency Theory. This research assessed professionals' perspectives on trauma and resiliency when teen mothers in foster care are the client. It is important to recognize the life occurrences that take place when teenage mothers are separated from many vital facets that are important to human sustainability. These include family connection, parental connection, sibling connection, and community connection, to name a few. When teenage mothers overcome these experiences of separation despite their circumstances, it represents a sense of sustainability in the individual. The hypothesis was that these two theories are essential to this subject of discussion and must be a factor when professionals attempt to service teen mothers in foster care.

Study Significance

The significance of this study was to further explore and acknowledge if individuals in the social work field have a perception regarding the trauma that teen mothers in the NYC foster care system experience and if that perception impacts the social worker's professional capacity to service the teen foster care mother population appropriately. Additionally, the study explored the notion of what role, if any, resiliency plays in this discussion.

Methodology

A quantitative research survey approach was used to assess the perception of social work professionals who potentially serviced the target population. The survey tool included the consent form for participants, and at any time, a participant could choose to discontinue their participation in the research effort. The survey tool had no identifying information, and the

responses from the individuals were anonymous. The researcher provided an informational e-mail and a solicitation flyer to each agency selected to participate in this research effort. The initial selection of the agencies was based on their program location of Brooklyn but was later expanded to include staff in New York City, as will be explained in the Methodology section. The leaders of all organizations were asked to share the e-mail and the flyer with their staff. There was also an attachment in the e-mail that accessed the survey directly.

Anticipated Contributions

The outcome of this data started the conversation and understanding of how impactful a social worker's perception is to their capacity to service teen mothers in foster care. A professional's knowledge of the trauma factor and how resiliency plays a role in the success of teenage mothers in foster care is crucial.

Limitations of the Study

This study's limitations are that individuals' perceptions are subjective, and they can change based on the human's feelings and their own experiences. When conducting anonymous research, some individuals might not have chosen to answer some of the questions of the study. Individuals who do not have access to a computer, even as a professional, were not able to participate in this survey experiment. Lastly, teenage mothers in foster care were not interviewed at any time for this research study, although they are the main study population around trauma and resiliency.

Section Two: Study Problem

Introduction / History, Policy/ Initiatives

The concept of the foster care system resulted from a population of orphaned children due to abuse or neglect and those children traveled to work and lived on farms (Bald, 2022). Historically, the idea has always been to keep families united, as a result, programs such as Mother's Pension and Aide to Dependent Children took place to provide financial support to families (Bald, 2022). The Children's Bureau was established in the United States in 1912 as an agency needed to address welfare issues specific to children and families. Federally the Social Security Act of 1935 served as a federal use option to assist all families with welfare needs in the United States.

A review of several articles, policies, and data information gave great insight into the global aspect of the foster care system from a service perspective. Systemically, most policies that govern foster care seek to reunite families and develop service intervention that is more preventive to the foster care action. As a result, the safety challenges that may lead to a child going into foster care are addressed by preventive interventions. For example, the New York State Family First Prevention Services Act is a planned action around forecasting families who may exhibit behaviors that need services to address safety concerns (Hochul, 2022).

These behaviors are community-oriented and connected to race, equity, gender, social and economic well-being, and parent/youth partnership (Hochul, 2022). There is a desire to address efforts within child welfare around basic life needs such as insecurity of food, housing, and affordable childcare (Hochul, 2022), all of which can lead to children's placement in foster care. Disproportionality and disparity are a part of this discussion because the vision of the Family First Prevention idea is centered around equity for all people, regardless of their race,

creed, sexual orientation, or gender (Hochul, 2022). Family partnerships between parents, youth, and kin are a big part of placement prevention. In short, the concept centers on families knowing they can heal without child welfare interventions that could lead to removals of children and placement of them in foster care.

Family Resource Centers are another part of community partnership options in policy reform to deter child welfare involvement and to give parents/families a sense of support (Hochul, 2022). These community center spaces serve as a connection space for neighbors to support one another. Here is where parents/families share knowledge on several topics that impact their families, children get to build healthy relationships in a safe environment, and this space serves as a stress-free zone to discuss adversities. All of this lends to the notion that in order to foster healthy families, resource supports are necessary, along with nurturing family relationships with attachment and financial stability that leads to economic mobility is necessary.

New York has the Healthy Families New York Track in place to service teen mothers in care. The family resilience and opportunities for growth screening scales are in place to develop an individual plan to provide preventive services to young mothers and their children in foster care (Hochul, 2022). These assessment tools capture the family's protective capacity, risk areas, areas of intervention, and planned intervention needs (Hochul, 2022). The services provided to these family types are from a wrap-around perspective and can exist until the subject child turns five years of age (Hochul, 2022). There has to be twelve contacts by the service provider with the family in six months, and the service needs can be modified as the family develops.

Trauma

Humans experience trauma every day for many different reasons, including our family functioning. This belief is even more true for children of African descent who have experienced

socio-economic difficulties. (Dworsky, 2015). In the foster care population, compared to their White counterparts, Black children are overly represented in the child welfare system (Krase, 2013). The life factors connected to this group include complex/generational trauma, untreated mental health, family/domestic violence, sexual exploitation, and the lack of resources/services in a broken child welfare system (Connolly, 2012; Krase, 2013). These life stressors also create additional trauma for teen mothers that deters their primary focus from quality parenting, which can contribute to a higher likelihood of separation between parent and child (Dworsky, 2015).

Mother and child bonding teaches a child how to develop healthy and trusting relationships that continue to foster as we enter the different stages of human development (Dixon, 2005). Intergenerational trauma contributes an additional complexity to the experiences of Black families involved in the child welfare system (Dixon, 2005). Intergenerational trauma is a discrete process and form of psychological trauma transmitted within families and communities" (Isobel, 2019, p. 1). Intergenerational trauma/ trauma is a fundamental factor that impacts teen mothers or all mothers. Intergenerational trauma can be connected to the teen mother population because it is transferred from person to person within communities and families. Teen mothers in foster care have access to both populations and may experience trauma as individuals and as a family unit.

Intergenerational trauma can result from fragmented attachment experiences that lead to trauma and can be devastating to the life functioning of an individual. (Isobel, 2019). For example, a teen mother who is separated from their community ties, siblings in foster care, immediate family connection, and parental/caretaker is likely to experience intergenerational trauma. There is also a concern that intergenerational trauma can make an individual susceptible to being a further target under additional circumstances (Isobel, 2019). Intergenerational trauma

can also connect to how adults cope with life stressors and medical challenges related to stressful situations. Further along in this dissertation discussion, the concept of intergenerational trauma will be connected to the theoretical framework of Attachment theory and Resilience theory.

Intergenerational trauma can also impact a family lineage, and the disconnected relationship actions of concern continue to show up in the generational functioning of a family (Isobel, 2019). For example, a teen mother's history might indicate that her mother gave birth to her at an early age. The family dynamics that resulted in the birth of the teen mother may also connect to some of the same reasoning/factors that resulted in the teen mother giving birth. There is also some idea that an individual can be affected by a traumatic incident and not be the person with direct physical contact. Isobel states that much of the research on this subject matter is developed based on the traumatic situations that "holocaust survivors or indigenous people" have experienced (Isobel, 2019, p. 2). Consequently, "individuals with a history of maltreatment are at risk of becoming parents impacted by trauma and may experience challenges developing skills for maintaining healthy relationships" (Dixon, 2005).

Barth (2022) states a connection between poverty and financial inequality and the over-representation of impoverished Black families in the foster care system. One may interpret this sentence to infer that many Black children appear to the Central Registries for suspected abuse and neglect. A central registry is a form of record keeping related to concerns of child abuse or neglect (Child Welfare Information Gateway 2018). Each state has its registry, but there are also different formats by which information is collected or stored historically (Child Welfare Information Gateway 2018). The information from a state's central registry can serve many purposes: prevention, investigation, research, staffing, and funding (Child Welfare Information Gateway 2018). The records from these databases are systems clearances for caretakers of

children therefore, a central registry is a well-needed tool necessary for better outcomes in the service attempts that child welfare puts forth to aid children/ families. Poverty and economic disparity are significant factors correlating to the frequent reporting of Black families to the State Central Registry.

Hence, one could speculate that one-third of children in the United States and one-half of Black children will have some involvement with Child Protective Services through Central Registry reporting. In addition, "Black children are twice as likely as their White counterparts to have been referred to the State Central Registry for abuse /neglect" (Barth, 2022. p.44). The inequality of finances in the United States in disenfranchised communities with little financial resources leads to behaviors that can be assessed as abuse/neglect toward the children in those communities.

Referrals

Suggested contributors to the overrepresentation of Black families in the child welfare system include having fewer resources, more stressors, and a higher likelihood of living in decompensating communities (Barth, 2022). Black families tend to self-report issues of concern around their family's needs to seek life-sustaining assistance. They are also more likely to come in contact with mandated reporters (Kim, 2018) due to their need to seek assistance from various city and government agencies (Barth, 2022; Kim, 2018). It has been suggested that family members do not always understand how their plea for help and resources could lead to a subjective misconception regarding their parental capacity (Kim,2018).

Common social problems such as food insecurity, not being able to ensure that their children attend school with the right resources, or not seeking quality medical care can all be reasons for child protective referral to the SCR and result in accusations of abuse/neglect, instead

of addressing the need for quality community support to strengthen a family. This subject matter is essential because child protective intervention is necessary when a child/ren have been identified as abused and or neglected. In the case of preventive services, it is an intervention that addresses common social problems within a family before they become safety concerns that impact the well-being of children. Kim coined the term "class-based visibility bias" to explain how low-income families are more visible to mandated reporters working in public service (Kim, 2018), and it explains the potential bias of mandated reporters as a barrier for impoverished families seeking assistance (Barth, 2022)

Societal Challenges

Teen mothers are more likely to face mental health and substance abuse challenges when compared to their teen counterparts who don't have children. In addition, they are also more likely to delay seeking prenatal treatment at the earlier stages of their pregnancy due to societal judgment and shame related to their pregnancy (Dion, 2022). This research is essential to developing ideas and programs to support generational breakthroughs for healthier Black teen family units in the New York City foster care system (Dion, 2022). Black adults who were once teen mothers in foster care have shared that if they had specific resources or professionals that were willing to work with them from a different lens when they were in foster care, their parenting journey may have been more successful (Connolly, 2012).

Social Work Values

Service agents' ethical principles are critical to their connection with clients. At the same time, it is crucial to lead with self-preservation for all clients. It is also vital to support and engage with a listening ear and understand the client's story and next steps vision. The following connects the NASW social work values to the focus of this study.

Service

The goal of the values of social work is to consistently govern the ethical actions of social workers to live within the guidelines, roles, and responsibilities of the National Association of Social Workers. " The principle of a social worker's primary goal is to help people in need and to address social problems." (NASW, 2013). The social workers' perspective and mission to fully service teen mothers and their children in foster care is connected to this principle. The necessity of social workers or colleagues servicing teens mothers to put the population first before their thoughts is critical. Social workers' perspective on servicing young families makes a difference in how professional and considerable they are of all variables when servicing young mothers. This is especially true when the thought is to always go above and beyond by providing research interventions that can assist families.

It is essential to have curtailed services that support teen mothers' capacity to care for their children and exercise resiliency due to any trauma they have experienced in foster care. The social worker providing services to the teen mother population must be able to draw on their knowledge, values, and skills to support teen families (NASW, 2013). At the same time, there is a professional responsibility for social workers to complete their work tasks. There is also a need to assess families' service needs with a sense of genuine empathy and to understand that our thoughts regarding the life circumstances of a teen mother should not hinder our zeal to support the client in need (NASW, 2013).

Social Justice

Social workers seek to go above and beyond to support the service and community needs of oppressed groups and individuals. Black teen mothers in foster care can be considered a particularly vulnerable population whose vision and desires are primarily suppressed. They

depend mainly on systems and social service individuals charged with safety and well-being. This study seeks to bring about change in communities and society regarding how teen mothers are perceived in society (NASW, 2013). Trauma and how it impacts teen mothers in foster care is a social injustice discussion because the young people in question are a vulnerable population in the care of the city/state government. The injustice is that many research articles include the testimony of young mothers who speak to a broken child welfare system.

Dignity, Worth and the Importance of Human Relationships

Dignity and worth, and the importance of human relationships are all core values a social worker must have to develop a viable relationship with a teen mother in foster care. Every human being must be aided with the understanding that despite their circumstances their life has value. Dignity and leaving a client's ego intact are other critical elements to the work of a great social worker. Also, teen parents face many developmental milestones, and understanding that their voice matters is essential. The social worker developing a human relationship with teen parents is essential when we speak to the concept of change (NASW, 2013). Finally, human relationships strengthen collaboration within groups, organizations, and communities, all of which teen mothers in foster care are continuously connected to at different times. (NASW, 2013).

Purpose for Research

There have been profound changes in the historical norms of the United States to create laws, policies, and procedures for the betterment of society and humanity. The same must occur with the New York City foster care system's reformation. However, even though the needs of this population have changed, the policies and procedures that govern the social resources given to teenage mothers in foster care have changed very little (Barth, 2022). Consequently, the

policies and procedures of an agency speak to the ethics, values, and actions of the professionals employed by that agency to secure its mission (Linzer, 1992).

For example, the mission statement of the Administration for Children Services, one of the largest child welfare agencies in the United States, aligns with this definition. ACS'S mission statement reads, "The mission of ACS is to protect and promote the safety and well-being of New York City's children, young people, families, and communities. It provides them with child welfare, juvenile justice, early childhood care, and education services" (Administration of Non-Competitive and Limited-Competition Contracts). Linzer says that professional values have three core factors, "preferred conception of people, the preferred outcome for people, and the preferred instrumentalities for working with people" (Linzer, 1992). The common denominator in these notions is to focus on what is in the people's best interest. The research question for this dissertation explored the perception of modern-day social work professionals on the impact of trauma and teen mothers in New York City foster care. There is also a question as to whether Resiliency plays a role in this discussion.

The potential impact of this research topic is to bring insight on the impact of how social work professionals perceive trauma and Black teen mothers in the New York City foster care system. Investigating this area may ultimately lead to support that allows the children connected to these family types to be cared for by healthy parents with insight into their child's developmental needs. There is also a vision that teen parents can keep their families safe by understanding the benefits of participating in service interventions that strengthen their caretaking capacity (Aparicio, 2014). Maintaining these family types should lead to less weight on society and communities to support them continuously. The hope is that there will be a level of independence established and sustained by these young family units (Connolly, 2012).

Innovation

Minimal research includes societal and program changes needed to support better outcomes for young adult families. In addition, few evidence-based models have been tried and determined to be successful for this population (Dworsky, 2015). Therefore, new concepts and ideas must include non-tradition of child evidence-based models to support this population.

Attachment and Bio-Behavioral Catch-up (ABC) is an evidence-based model useful to support youth parents. This concept is helpful because it supports teen mothers in real-time (Aparicio, 2015). These supports include one on one parenting skills and training on the relationship between the parent and the child (Aparicio, 2015).

(ABC) also includes the capacity of the parent to shape their parental capacity in a safe/healthy manner. The parents can speak about their own childhood experiences and how their lived experience influenced/shaped their vision as a parent. Triple- P Positive Parenting Program is also an evidence-based model that has been utilized and found to aid teen parents with rearing their children. It focuses on rearing children with excellent coping skills, empowerment, and sustainability.

Statistics

Bald (2022) has many interesting facts that assess the foster care system from the business aspect. Data also allows for some insight from which one could conclude the foster care system from a global perspective. Data reports from 2004-2019 reveal that five percent of children experience foster care during their lifetime, valid in the United States and abroad (Bald, 2022). However, Black children are 10 to 12 percent likely to be placed in foster care, and Native Americans are eleven to fifteen percent likely to experience foster care (Bald, 2022). In 2019 there were over three million maltreatment investigations for children in the United States ages

0-17 (Bald, 2022). Forty-Seven percent of those children lived in non-kin settings, and twenty-three percent with relatives(Bald, 2022). Blacks and Native American children made up eighteen percent of the total population examined (Bald, 2022)

Manlove (2011) states that in 2009, one-third of the children in foster were over 12 (Manlove, 2011). In thinking about the age range of pre-adolescence, adolescence, and young adulthood, these are the formative years by which youngsters need counsel on decision-making and Behaviors that could impact their life decisions. Decision making and Behaviors include safe sex, drug use, teen pregnancy, and medical care (Manlove, 2011; King, 2004). When counsel comes from an adult who has developed a trusting relationship with a young person it may be seen as an impactful opportunity for mentoring; these mentoring opportunities can enhance the young parent's parenting skillset and support their maturing process in adulthood.

Being in foster care without meaningful mentor and/or coaching conversations from caretakers or social workers puts young people's development at a disadvantage. In 2009, 34 percent of children ages 13-18 were placed in institutionalized foster care settings (Manlove, 2011, p. 1). Manlove also reports that children and adults who have experienced foster care are more likely to face depression and anxiety, educational deficiencies in test taking, and low graduation rates. This also includes 20 percent of the United States prison population experiencing foster care, low unemployment rates, lower wage earnings, and homelessness.

Significance and Potential Impact

Therefore, the worthy researchable problem was to assess the perception of social workers being tied to the quality-of-service interventions implemented and/or offered to these family types. In addition, how do these programs/ services enhance the parenting capacity of this population? Resources include childcare assistance, grandma mentorship sessions, job

readiness/entrepreneurial classes, quality mental health services, youth-focused planned parenting, and housing aftercare support (Aparicio, 2014). These ideas plus staffing requirements around perception could strengthen mother and child foster care programs in the New York City foster care system for better family outcomes.

The potential impact of this research topic could be less fictitious reporting of abuse and neglect for teen mothers in foster care to the New York State Central Registry, and an increase in healthy parents with insight into their children's developmental needs. There is also a vision that teen parents can keep their families safe by understanding the benefits of participating in service interventions that strengthen their caretaking capacity which leads to healthy insight in their child's development. In the next chapter of this study, the literature review, several articles are assessed to further understand the research population from different authors' assessments.

Section Three: Literature Review

Methodology

The statement in this chapter seeks to continue with a discussion that examines the perception of modern-day social work professionals on the impact of complex trauma and resiliency of Black teen mothers in foster care. A better understanding of the experiences of Black young mothers in foster care can help inform more equitable policy and practice to reduce inequity and help prepare young women for both the responsibilities of parenting and eventual aging out of the foster care system.

A literature search was conducted using Google Scholar and the EBSCO Host, and Psych Info databases. The keywords used in this search included teenage pregnancy, teenage motherhood, child maltreatment, foster care, child welfare, pregnancy prevention, youth in care, young mothers, adolescent parents, child protection, and child abuse/neglect. Articles from the last 30 years (1992-2022) were included in the search. The inclusion criteria included peer-reviewed articles, empirically based articles, and articles containing keywords. Exclusion criteria included studies that were not in English or conducted outside of the United States.

The systematic search found a total of 5,136 articles; however, 30 articles were selected based on the inclusion criteria above, and an additional 57 articles were added due to their relevance to the subject matter during the literature review. The criteria for adding additional articles were based on their relevance by looking at their title, abstracts, and keywords. Articles that were not in English or the research done outside the United States were excluded.

In performing a literature review to assess the information, prior researchers examined the needs of youth mothers in foster care who have experienced trauma. Assessment of these articles will assist with the strengths and deficiencies in our systems and policies that impact the

development of solid parenting skills for young mothers. In addition, these articles also speak to the lived experiences of youth mothers that has and could be a factor that has had a great impression on their behaviors as adults. Finally, these articles also document the testimony of teen mothers regarding their foster care experience, an assessment of their feeling about being a young mother in foster care, and what systemic changes they recommend making future participants' experiences healthier.

This study aimed to assess life stressors that create additional trauma for young Black mothers in foster care that deters their primary focus from quality parenting. Life experiences such as these often lead to the separation of the parent and the child. This study demonstrates how service interventions can be tweaked and revamped to assist teen parents with the success of their parenting journey by providing quality service interventions. The articles chosen for this research included findings that spoke to teen mothers and their lived experiences in the foster care system, which shaped their vision of motherhood. The foster care system's policies and procedures may have great intentions, but the impact is counterproductive to the population's needs. Additionally, there is a discussion about the population's needs and what service interventions would best support the parenting success of youth mothers in foster care.

The articles of choice provided research outcomes that speak to the trauma and hardship of teenage mothers in the New York City foster care system and throughout the country. In addition, the research articles included other essential themes such as child abuse and maltreatment, child welfare reform, lived experience recommendations, class bias in neglect/abuse reporting, and agency policy reform. The African American population is highly affected in this discussion; therefore, the race of teen mothers is an essential theme in this article review.

Teen Mothers in Foster Care- Abuse and Neglect

The child welfare system's functioning presents many deficits for Black teen mothers in foster care, particularly around abuse and neglect under the child welfare portfolio. The definition of abuse and neglect in the New York State Office of Children and Family Service manual is as such. An abused child is “any child less than eighteen years of age whose parents or legal guardian has inflicted, created, and or committed the following acts. The identified actions are physical injury, death, disfigurement, sexual misconduct, impairment of physical/ emotional health, or the loss of a bodily organ” (OCFS, 2020).

A neglected child is “less than 18 years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the parent or another person legally responsible for their care”(OCFS, 2020). These deficits of abuse and neglect bring about life challenges that impact teen mothers as individual beings and as young parents in the foster care system.

There appears to be a struggle between the teens' identity, young adulthood, and motherhood, all of which are critical in the developmental aspects of a parenting teen mother as they are moving toward adulthood. A high percentage of young mother's children in foster care are attached to State Central Registry reports within the first five years of their life, and fifty percent of those cases are substantiated for abuse and neglect (Dworsky, 2015). Research shows that when an individual is the product of abuse and/or neglect, there is a higher likelihood that their children will have the same experience (Thornberry, 2014; Berlin, 2011).

The functioning of the child welfare system and placement of teen mothers in foster care homes or teen mother institutions due to abuse and/or neglect may not provide them with the individual support needed to bloom their capacity in both areas of motherhood and adulthood.

For example, as teen mothers in foster care, the traumatic events they experienced with their parents shaped their identity and concept of life. A significant factor attributed to this experience is the *replacement* of teen mothers while in foster care. Replacement is when a foster care child moves from one home to another for various reasons. Having many different caretakers, each of which presenting with varying parenting behaviors and techniques, may also traumatically impact a teen mother in the care.

Abuse and neglect can lead to broken attachments between a child(ren) and a caretaker who has provided for their overall life needs. These fractured relationships are associated with detrimental behaviors that compensate for those nurturing feelings that a teen mother may have lost (Clemmons, 2007). For example, the impact of a broken attachment during a mother-child relationship can fissure a child's ability to develop healthy relationships for years on end (Berlin, 2011). The other component of this thought is that a broken attachment can cause young people to develop unhealthy relationships because they are unfamiliar with what a healthy relationship should entail. All of these broken attachment aspects are intergenerational trauma that plays out in the day-to-day functioning of a teen mother's life in foster care experiences (Ertem, 2000).

Verbal, physical, emotional, and sexual behaviors are a few ways to identify abuse and neglect (Clemmons, 2007). In these instances, when teen mothers are the victims of abuse and/or neglect they should receive services and mentoring opportunities to address their individual needs as young people who are still developing into adulthood and as parents who desire to rear healthy children with the appropriate provisions to aid their safety (Dion, 2022). Due to circumstances beyond their control such as poverty, disproportionality, illness, or systems neglect, many teen mothers experience child protective investigations (Haight, 2009). A few of the most prevalent factors reported to child welfare for teen mothers and their children are

substance abuse, domestic violence, mental health, sex trafficking, economic hardship, sexual exploitation, poverty, and homelessness (Dworsky, 2015).

It is common for teen mothers and their children to be investigated by child welfare investigations as it relates to abuse and neglect (Krase, 2013). The protective removal of African American teen mothers' children into the foster care system continues to perpetuate a cycle of family dysfunction (Haight, 2009). Infancy to five years of age are some of the most formative years of childhood, and there is a high number of this population in the New York City child welfare system. Many teen mothers in foster care reside in a mother-child program or a foster care home, and their children are less than twelve months of age but no older than five years of age.

Birth Rates for Teen Mothers in Foster Care

There is a high probability that teen mothers in foster care will experience more than one pregnancy and/or birth after their first child is born (Dworsky & Courtney, 2010). Even though they have had some trauma in their own life experiences as children, many teen mothers see themselves as resilient and well-capable of mothering their children (Stephen & Aparicio, 2017). Additionally, women who have experienced foster care are more susceptible to becoming pregnant after they age out of foster care (Dworsky & Courtney, 2010). Children born to a mother in foster care are more likely to end up in foster care (Dworsky, 2015). Unsurprisingly children of teen mothers were often delivered to unmarried parents at birth, who received some income assistance from the government, and lived in a low-income area (Jutte, 2010).

The subject of pro-choice decision-making, birthing, and parenting choices are critical topics that many researchers do not fully commit to assessing. Dworsky touched upon the subject matter of teen parenting and birthing decisions vaguely in her article. The position is that "The

best way to reduce the rate of child welfare service involvement among the children of youth in foster care is to help young people in foster care delay becoming pregnant" (Dworsky, 2015, p. 31).

From this lens, looking at the birthing data for teen foster care mothers could provide further insight into the autonomous reproductive decisions that teen mothers are entitled to make while in the foster care system. As I read the articles for this literature review, one of my most critical thoughts was connected to how pro-choice decision-making impacts teen mothers in foster care.

Pro-choice and privacy regarding childbearing are the rights of all women under the 14th Amendment. Therefore, the Freedom of choice and autonomy to make birthing decisions for themselves should be an option for all young women in foster care who are of the birthing age. Informed autonomy is the best way to allow individuals to make decisions that they can live with in the future. Unfortunately, uninformed decisions often are repeated with the same thought patterns and efforts to relive the first decision (Dworsky, 2015). We find this scenario quite familiar with teen mothers with multiple children.

Abuse, Neglect and Trauma

Trauma comes in many forms, but the three main types are acute, chronic, and complex. Courtois identifies complex trauma as "a type of trauma that occurs repeatedly and cumulatively usually over some time and within specific relationships and contexts" (Courtois, 2008, p. 86). Multiple events and experiences impact children in life, and those experiences then impact their level of functioning as adults and social beings. For example, many complex trauma incidents resulting from child abuse and neglect are related to faulty relationships, impacting children's

physical or emotional functioning. The impact can present itself in the phases of childhood or as the person reaches adulthood.

Herman (2015) writes, "Chronic child abuse takes place in a familial climate of pervasive terror, in which ordinary caretaking relationships have been profoundly disrupted" (p. 98). When we compare the Herman concept to the life experience of a teen mother in foster care, the disconnect of many relationships during that young person's lifetime can be astronomical. Looking at trauma from a childhood lens helps us to understand teen mothers' behaviors and experiences, which we often dismiss as clinicians. When we know the root of the family's challenges, it is easier to start from a client's therapeutic readiness.

The protective removal of teen mothers' children is a repeat cycle of trauma. At the same time, the experience of loss and abandonment felt by teen mothers when they are set apart from their parents is now the same experience for their child or children (Aparicio, 2016; Connolly, 2012). As previously mentioned, this concept is an example of how the disruption of a parental bond between mother and child during the most formative years of their life equates to trauma. These factors, coupled with immaturity, poor decision-making, and normal teen-like behavior, can impact a teen's parenting capacity.

Child abuse is identified as a traumatic event because it aligns with the definition of trauma. Jonkman (2013) states that trauma should be "classified depending upon the accompanying threats of injury, death, or the physical integrity of self or others and also causing horror, terror or helplessness when it occurs" (p.39). In addition, Courtois (2008) describes complex trauma as a "type of trauma that occurs repeatedly and cumulatively, usually over a while and within specific relationship and contexts" (p.86).

When we define what child abuse is, it also falls in line with the definition of what Courtois describes as complex trauma. Herman says that "repeated trauma in childhood forms and deforms the personality" (Herman, 2015, p.96). Complex trauma is a fascinating concept because it associates with human development. A child that experiences abuse experiences feelings of trauma, which could begin to shape their life ideology and personality. Those same experiences also impact the essence of the individual as an adult (Herman, 2015).

According to Herman (2015), the associated dynamics of the trauma connected to child abuse include the youth thinking they must develop survival techniques to keep safe from the abuser. Herman describes a concept he calls the "double self." "When it is impossible to avoid the reality of the abuse, the child must construct some kind of meaning that justifies it" (Herman, 2015, p. 96). They learn to be submissive and agreeable and not to make their abusers angry because they may act out on them. Actions such as not making too much noise, getting good grades, or simply trying to be a perfect child are all synonymous with the behaviors of abused children. The young victim is under the belief that the abuser will not act out on them because they are being good. As a result, they develop hyper-vigilant behavior where they are constantly on alert for possible danger. Teen mothers in foster care continue to cultivate those same survival techniques and resilience efforts to keep themselves safe in their way. Many teen mothers make decisions because of their survival experiences as children with poor parenting or providers.

The disassociation phase is another aspect connected to child abuse. Herman speaks to this phase almost like reverse accountability, where young people blame themselves for the adult's inappropriate action (Herman, 2015). Herman shares that children who suffer from the disassociation phase of child abuse struggle as adults with basic life needs because of their learned experience when their abusers acted out on them (Herman, 2015). Verlinden also touches

upon the same concepts of thought, whereas post-traumatic stress disorder is in the discussion of child maltreatment and trauma (Jonkman, 2014).

Feeling safe and secure in one's environment is very important as a child, and the child's caretaker develops that atmosphere of security/safety. However, this desire has some mixed emotions (Simon, 1994). Abused and neglected children have many complex trauma life concerns, such as sexual abuse, physical abuse, emotional abuse, and intimate partner violence allegations that arise as child abuse concern (Berlin, 2011).

It is essential to mention that Jonkman states that although PTSD symptoms occur in child abuse victims, a certain population of children meets the criteria to be diagnosed with PTSD (Jonkman, 2013). A one-time incident of trauma or multiple occurrences of abuse can bring about deficiencies in children. Child victims of complex trauma require a psychological assessment to address cognition challenges, excessive anger, emotional intelligence, and self-comfort (Courtois, 2008). In connection to teen mothers in foster care, each of them most often faces the same PTSD symptoms as a child, when coupled with motherhood it may elevate the risk of safety for the young family.

Biopsychosocial Impact of Trauma

The biopsychosocial impact of trauma on children exposed to child abuse has many facets. These impacts can show up in a psychological, physical, or social manner. Williams (2018) discusses how trauma affects a child's brain, with examples of behaviors such as violence, threats of harm, and fear.

Gender plays a role in the biopsychosocial impact of trauma. Herman's perspective is that women who are survivors of child abuse are more likely to be susceptible to being victimized as adults (Herman, 2015, p.96). The risk of being raped, sexually harassed, or battered is twice as

high for adult women who experience abuse in their childhood years (Herman, 2015, p.111). Complex trauma resulting from child abuse is due to different abusive behaviors. Excessive corporal punishment, emotional abuse, sexual abuse, economic hardship, and exposure to intimate partner violence are just a few things that can happen in a home concurrently and cause trauma to a child. When social work professionals seek to keep children safe, this connection lends insight into why it is important that we know what teen mothers' trauma experiences have been as children. One can say that if social work professionals assess teen mothers' behaviors from a trauma-informed lens, it is plausible that a more significant impact to foster successful parenting outcomes.

Some may say that multiple traumatic instances are more impactful to survivors than a single traumatic incident. Jonkman proposes that "trauma-related symptoms are more severe after exposure to a single trauma exposure to child maltreatment" (Jonkman, 2013, p.48.). Social concepts and policies that are inclusive of the subject of child abuse are broad. Systemically child maltreatment is connected to the environment in which children grow up. It would be interesting to see the outcome of a study that focuses on community location/ violence ratio, trauma, and child abuse.

The inconsequential abuse of teen mothers shows up in a way that presents them as sacrificial beings. Teen mothers are often traumatized in many ways by adults as they reach out for help with their parenting and life journey. These behaviors will have a lifetime impact on this young person while the adult continues to move on without impact. This challenge is also connected to Racial disproportionality is a social force that heavily shows up in the child welfare system regarding abused/neglected children needing community support (Krase, 2013) (Saleem, 2019).

Hear My Needs - The Voices of Teen Mothers in Foster Care

Hearing the voices of teen mothers in foster care could systematically aid in overhauling the current process by which teen mothers and their children are cared for in the Child Welfare System. Many of the experiences shared in qualitative research articles suggest that if particular supports were in place and or policy changes occurred, the life outcome trajectory for teen mothers would be more successful (Aparicio, 2018). Some of the common themes outlined in the qualitative interviews speak to the following unmet needs of teen mothers in foster care. The findings of the interviews lend discussion around postpartum needs, concrete nurturing of teen mothers, policies, having case planners that are more understanding, career mentorship, and surrogate home environments (Aparicio, 2018; Aparicio, 2019).

Many of the qualitative studies included interviews with teen mothers in foster care who were able to convey their own needs and feelings and lend suggestions to what the foster care systems needs are for teen mothers in foster care (Aparicio, 2018; Aparicio, 2019; Haight, 2009). Each article focused on different challenges of young women within the foster care system and their desires to have successful family outcomes for their children. There are many points of view on how different life circumstances in society and communities impact teen mothers.

The data collection for many articles regarding teen mothers in foster care and the impact on their lives occurred through surveys, interviews, online engagement, and focus groups (Svoboda, 2012). The rejection of their parents and/or families is a reality for some teen mothers in foster care. After being brought into protective custody by child welfare, many young women do not return home to their parents, this is due to their separation. Secondly, teen mothers who are protectively removed from their parent/s because of poor protective capacity could impact how that teen mother parents their own child(ren). There are thoughts and questions regarding

motherhood and what it truly is. Some questions continue to be a part of the teen mothers' dialogue, such as what kind of mother will she be? Will I be a better parent than my mother (Aparicio, 2018; Stephens, 2017)? Research noted that the mindset of some teen mothers was a combination of being fearful of their motherhood journey and contemplating on whether their journey will be supported; their experiences as children have also shaped their own vision of parenting in a way that educates them on what not to do as parents to keep their children safe (Manlove, 2011).

A mixed method format was used in some studies, while others used a meta-synthesis approach to give credence to the thoughts of the teen mothers. The commonalities in each article were that prevention and intervention are necessary to support teen mothers in foster care (Barth, 2022; Manlove, 2011), as well as ensuring they are educated about their reproductive health and are attending school. Krase (2013) and Conolly (2012) demonstrated that teen mothers in foster care had stopped attending school before becoming pregnant. Therefore, educational incompleteness also harms teen mothers' ability to support their financially and stability as it relates to housing.

Prevention services or community-based program interventions would benefit teen mothers in foster care and their babies. For example, services to deter actions such as substance abuse, pregnancy, sex trafficking, or smoking; are preventive measures identified as forwarding interventions (Stephens, 2017). In addition, survival needs such as education, vocational training, budgeting, finances, or daily living skills were pressing topics as immediate interventions in many the articles (Conolly, 2012; Haight, 2009; Simon, 1994).

Most teen mothers need life-skill support to transition into adulthood as individuals and parents. Some teen mothers within the some studies stated they decided to have a baby because

they missed the love and connection with their parents. Many of these youth also distrusted social work field and professionals assigned to support them as children connected to the child welfare system (Connolly, 2012), making them feel like they have missed something related to their capacity to develop trusting relationships with adults (Haight, 2009); it is plausible this is due to their separation from their own parents and families.

However, young mothers also connect themselves to other organizations and religious institutions. For example, young African American mothers may connect to Christianity, which positively addresses life needs and bylaws (Haight, 2009). Teen mothers can commonly develop good relationships within religious organizations and communities that help guide and shape their maturity into motherhood/adulthood. (Haight, 2009) These relationships present a close bond between older females in the community and other teen mothers. In the Haight article, these older females are called the other mothers (Haight, 2009).

Racial disproportionality is also a considerable stimulus intertwined with how teen mothers in foster care receive support and services through child welfare. African American mothers comprise a significant portion of the child welfare foster care system parenting population. Five years ago, 3.5 million state central registry reports were by different community service providers (Krase, 2013).

Conclusion

Conclusively, upon review of the articles that were read in relation to the subject of trauma and teen mothers in foster care, the themes that were most relevant for this dissertation discussion are related to the trauma experiences of teen mothers in foster care. There was a myriad of themes that could have been assessed from the articles that were reviewed, which solidifies the additional need for further research on the subject matter. While the literature

review of any scientific study is essential, the next chapter of this dissertation will speak to the theoretical framework used to further explore the subject of the perception of social work professionals with the impact of trauma and Black teen mothers in foster care.

Section Four: Theoretical Framework

In investigating the topic of the perception of modern-day social work professionals on the impact of complex trauma and resilience for Black teen mothers in foster care, attachment theory and resiliency theory were selected as theoretical frameworks because they best demonstrate how the immediate disconnection between parents or caretaker and child can have an everlasting impact. The separation of a secondary relationship that can occur between a foster care parent and a foster care child is also an inclusive thought. When a foster care child transitions to multiple homes throughout their stay in foster care and does not develop long-lasting caretaker relationships that help to mentor them into adulthood, there is a trauma impact, and this is the plight of some teen mothers in foster care. The separation of a teen mother and her child due to child protection concerns perpetuates attachment-related generational trauma. The children of these teen mothers in foster care may historically face the same attachment trauma as their mothers.

However, a teen mother's capacity to recover from traumatic instances related to attachment from a resiliency standpoint is impactful to her family unit. Many of the qualitative articles read in the previous literature review section speak to interviews of young mothers in foster care and young adults who were teen mothers in foster care. Hearing the testimony of their life experience as children and teen mothers in foster care is quite humbling, but what is more interesting is how they describe their life bounce back after they experience traumatic experiences. Resilience for a teen mother is a healthy parent who loves their children and desires to be better than their biological parents. Harlow (2019) coined attachment as a "strong, affectionate tie we have with special people in our lives that leads us to experience pleasure and joy when we interact with them and to be comforted by their nearness in times of stress (p. 2)."

Attachment Theory

The concept of attachment theory started with the scientific interest of John Bowlby in 1977. Bowlby expressed that attachment is the "propensity of human beings to make strong bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise" (McWey 2002 cited in Bowlby,1977, p. 201). The concept of attachment theory came from observing the motherly relationship of surrogate rhesus monkeys. (McWey, 2002, McLeod, 2022 & Hunter, 2021). Attachment theory focuses on the importance of the mother and infant relationship and how healthy attachments bring about thriving adults. For example, "A person attaining or retaining proximity to some other differentiated and preferred individual, who is stronger and or/wiser" (McWey 2002 cited Bowlby,1977, p. 203). The person that is more vital and wiser is the primary caretaker. Bowlby thoughts on unhealthy or fragmented attachments between parent/caretaker and child may put the child at significant risk of being an adult unable to build healthy relationships externally within society and on a personal level internally (Lonkar, 2022).

The attachment between teen parents and their children is a generational trauma impact connected to the teen parent being in foster care and not being with their biological parent. Subsequently, this is another example of multiple breaks in a family bloodline that is a necessary relationship for children/young people to thrive as adults. Bonding relationships include teen mothers in foster care placed in multiple foster care homes with their child or in a group home setting with other young mothers they have become attached to like siblings.

Ainsworth, Bell, and Stayton also expanded the scientific thoughts around attachment theory. Whereas they imaged attachment theory with multiple aspects, this was entitled"

Ainsworth Strange Situation Attachment Theory" (Ainsworth 1971 as cited in Lonkar, 2022). The image is that attachment theory has different levels of experiences: secure and insecure (Lonkar, 2022 & McWey, 2002). Based on their experiences, humans are bound to behave in specific ways, influencing their current behavior. For example, when children have complex life challenges in foster care, they find it hard to trust or to build trust to develop quality attachments with others.

Teen mothers' case managers or social workers assigned to support them in foster care may be a challenge with engagement barriers at the onset of their introduction to the client and throughout their work experience. One could hypothesize that this is because the young mother struggles with trust due to disappointments in relationships/connections with others and has developed insecure attachment behaviors. Such as avoidance and having an "I do not care attitude" or overly clinging in a relationship because they fear the individual will terminate the relationship they desperately need.

Attachment theory can help inform challenges caused by intergenerational trauma experienced by teen mothers. Attachment theory explains how children's experiences with the people/persons that care for them contribute to setting their mental model for cultivating future connections with other individuals (Aparicio, 2015& Dixon,2015). The same thought is factual for teen mothers in foster care. Attachment theory is the "lasting psychological connectedness between human beings" (Bowlby, 1969, p.164, cited in McLeod, 2022). Attachment theory is a psychological standpoint regarding the separation of mother and child and adjustment behaviors (McLeod, 2022). Bowlby's vision is that we develop our lifelong views of relationships from our primary attachment experience (Bowlby, 1988). The concept of attachment theory is around the notion that infants are vulnerable, and they process that mothers take care of their life needs for

their survival and comfort. In addition, the baby looks to the mother for protection and security (Bowlby, 1969). Attachment theory is quite an interesting concept because the response to the child's needs is not the only factor; it also includes the accuracy of the caretaker's actions (Schaffer, 1964).

Attachment theory comes in four phases, secure (self-assured), anxious(preoccupied), avoidant(dismissive), and fearful(self-sabotaging) (McLeod, 2022). Secure attachment is connecting with other individuals to build relationships and being a strong self-starter to act independent of others' support (Bowlby, 1988; McLeod, 2022). Infants with robust and secure attachment bond well with their mothers/caretakers and develop robust attachment mechanisms. Anxious attachment is the thoughts and desires for relationship building, but there is a fear that the other person will reject the outreach desire. Infants in this matter are not receptive to their mothers (McLeod, 2022). The avoidant attachment has a disconnect between the caretaker and the child. According to McLeod, the child demonstrates no reaction to the disconnection (McLeod, 2022). Children in these situations learn not to depend on the adult for comfort and show no emotional attachment to the mother. Disorganized attachment is when an infant does not show characteristics indicative of unhealthy attachment. These infants present as confused and physically stabilizing regarding their movement while lacking figurative intentions (McLeod, 2022).

McLeod (2022) implied that disorganized attachment infants are taken care of by adults who have experienced unsettled trauma matters, and these behaviors impact the functioning of those children (McLeod, 2022). Again, this is an excellent example of how impactful theory is when we attempt to explore further the lives of teen mothers in foster care. Each teen started as an infant at one point in life and depended on someone to care for them, which would have built

some attachment relationships. The bonding in a teen mother's infantile relationship with their parent may impact their ability to bond with other humans from a negative or positive perspective, including their children. Unfortunately, the default in a teen mother's parental capacity as a youth can lead to a disconnect in their parenting capacity to connect with their child through adulthood.

The intention of Mikulincer's thoughts related to attachment theory is the assessment of the many differences in attachment theory as adults having lived experiences (Lonkar, 2022). Cognition and behavior as it relates to adults and young people are further explored by Mikulincer (Mikulincer, 2013). It is interesting that in this research, there is a notion that interpersonal challenges for adults who have attachment challenges are a hardship. When we compare this thought to the population of teen mothers, one should think about unfulfillment in personal and intimate relationships. Feeling scorned and having dramatic relationship conflict with friends, family, and job colleagues. All of this behavior can result from the consequences of broken attachment at the infancy stages of one's life. When these interpersonal challenges intensify, the individual becomes more withdrawn and avoids relationships.

External rejection is a part of the discussion as well. Teen mothers in foster care experience external rejection from the child welfare system when they are not returning to the care of their biological parents due to system deficiencies or when they are rejected by the system and never connected to a stable family unit. When a young mother/ adult lives in an institutionalized environment not made to teach/foster the development of intimate relationships but to provide the basic life needs (food, clothing, shelter) to sustain physical health. Disappointments and separation from relationships in foster care can be considered secondary relationships that are disconnected ((Lonkar, 2022). It may lead to the young mother in foster

care experiencing the trauma of rejection and brokenness from a primary lens with their biological parents and a secondary lens with foster care parents or within the foster care system.

Resiliency Theory

The definition of resilience is "positive adaptation and competence in age-salient tasks" (Bell, Romano & Flynn, 2013, p. 1007). Additionally, resiliency Theory is the "positive adjustment of children and families despite the harmful effects of adversities or risks" (Battle, 2023, pg.1 & Masten, 2014). Hunter 2012 speaks to resiliency's most common definition of children's ability to function despite adversities or life-altering situations. These scientific research perspectives and insight on what resiliency theory embodies are a great fit to describe how teen mothers in foster care and their children go through traumatic life events before and while in foster care with a winning attitude and survival testimony.

The historical aspects of the formation of resiliency theory include many social scientists, and each of them appears to assess the theory concept differently. In 1974 resilience theory was based on children's capacity to thrive despite their physical or environmental circumstances. The same concept today holds to the original thought behind its formation. In 1989 the concept included the emotional capacity of children going through anxious behavior or internal/ external medical sickness (Hunter, 2012). In 2006 and 2007, the theory evolved with the understanding that the definition of resiliency is broad and the thoughts of how it relates to relationships were important to consider, along with the understanding that resiliency is not measurable. In addition, the notion of change in an individual's capacity to be resilient includes developmental progression.

Measuring teen mothers' negative/ unwarranted experiences in foster care from a resiliency theory perspective may give scientific insight into how systems/ policy

implementation can alleviate some of these experiences that create trauma for the teen mother in foster care. However, much research has yet to be done on older children and their resilience in foster care (Lonkar, 2022 & Yates, 2012). In addition, teen mothers in foster care constantly give their insight into how functional the child welfare system is by giving their testimony of the services they have received as children/ parents living in a child welfare environment.

According to Lonkar, studies have shown that the more time a child/youth is in foster care, the greater the likelihood they will have problems creating healthy attachments with others as they develop into adulthood (Lonkar, 2022). These individuals face poor impulse control. Therefore, it is essential to consider the attachment impact on teen mothers in foster care, factors such as what age was the teen mother when they came into foster care, "poverty, the need for services, systems involvement, and the vulnerability of communities (African American) and the over-reporting of minority communities" (Johnson, 2012, p.15).

Resiliency theory was chosen for this study because teen mothers and their children all show resiliency daily as they live within the child welfare system. Resiliency is also connected to the capacity of an individual to build self-esteem from within, mainly when statistical data for the United States implies that the foster care population experiences high representation in many of the social challenges in society. Such as homelessness, unemployment, early pregnancy, and substance abuse (Lonkar, 2022 & Svoboda, 2012).

This concept includes the population of teen mothers exiting foster care to an independent living track, which is equivalent to emancipation. There needs to be more research that speaks to what occurs after teen mothers are released from foster care and into society without much social support or familial support. In New York, there is social and financial support that the child welfare system is supposed to provide to teen mothers in the transition

phase between foster care and independence. However, there is no aftercare measurement of whether the intervention was supported. These are the accounts of resiliency by teen mothers exiting foster care, and that lends life to this discussion through their experiences. Experiences of having to understand now what skillsets are essential for their resilience as young adults and parents responsible for their children's survival.

Attachment theory and Resiliency theory have some intersectionality, whereas both theories speak to loss, separation, and impact. One crucial difference is that resiliency includes the capacity to identify the protective factors and competencies of the individual (Hunter, 2012). For example, children such as teen mothers are more likely to experience high-stress environments and hardship to develop protective capacities and competencies of their challenges naturally as a survival effort to be resilient. Green 2004 identifies factors as "conditions that buffer, interrupt, or prevent problems from occurring" (Green, 2004, p. 76).

Although teen mothers in foster care are of many races, social backgrounds, and communities, their common denominator is that they are all underprivileged children raising children (Hunter, 2012). Teen mothers in foster care connect to the social disparities of society as individuals from different backgrounds, and their resilience efforts appear to be the same. Attachment theory and Resiliency theory are both intricately connected to the experience of being a teen mother in foster care. In that, the attachment between the teen mother and their biological parents presents with fragmentation and trauma, especially if the teen does not return to the care of their parent or there is no reunification with their sibling. One could say that the same notion holds for teen mothers whose child/ren are removed from their care due to child protective service concerns. The separation in attachment during the formative years of a child's life is very significant, and it can lead to developmental challenges, as previously shared.

Resiliency for teen mothers is an aspect of their life success. In the majority of the qualitative articles reviewed, there is consistent testimony from teen mothers on how they maintained their resiliency or what impetuses led to their resilience. The act of resilience is heavily connected to teen mothers who have faced many traumatic circumstances because the vision is to overcome those hard seasons with a better outcome for their child/ren. Better outcomes are described as being educated, having viable housing, employment, and many other life needs that are being easily met.

The following chapter, we will discuss the research questions that will be the basis for the upcoming study.

Section Five: Research Questions

This section identifies the research questions for this study. The study focuses on understanding how complex trauma impacts teen mothers in foster care by assessing the perspective of professionals who are charged to service this population. Understanding a professional's perspective on this population's functioning is essential because it will assist and improve how teen mothers in foster care are serviced/ treated. A teen mother in foster care is a minor parent/child parenting youth consisting of a foster child in foster care or an adopted child or children of such child in foster care and residing in the same foster family home, residential facility, or adoptive home (OCFS CPS Manual, 2018). The overall question is connected to the perception of modern-day social work professionals on the impact of trauma and resilience for Black teen mothers in foster care.

Trauma is defined as "severe events that tend to be chronic and undermine a child's personality development and fundamental trust in relationships. A traumatic event is repetitive and occurs over an extended period, undermines primary caregiving relationships, and occurs at sensitive times regarding brain development. Trauma events vary widely and include physical abuse, sexual abuse, emotional abuse, neglect, witnessing domestic violence, exposure to community violence, and medical trauma" (Wamser-Nanneyhanges, 2013, p. 1-2). Hence this study sought to further understand from a quantitative perspective the thought process of professionals who work with teen mothers in the New York City foster care system. What is their perspective around foster care teen mothers who experience trauma, and how does it impact the teen's capacity as a parent or as an individual?

Research Questions

RQ1. Do social work professionals perceive that complex trauma exist for Black teen mothers in the foster care system?

RQ2. Do social work professionals perceive Black teen mothers in foster care as resilient?

RQ3. Do social work professionals perceive Black teen mothers as primarily adults or children within the foster care system?

Section Six: Methodology

The following section serves to discuss the methodology and research design for this study. In the review of current research on parenting foster youth, Svoboda (2012) argues that "surveys from child welfare workers capture the challenges to addressing pregnancy prevention with the youth in their care. Due to an absence of defined role, clear policy and plans to address pregnancy prevention among youth in care" (p.871). This study aimed to investigate the perception of modern-day professionals potentially working with the Black teen mother population who would have insight into the complex trauma and elements of resilience that teen mothers may face while parenting in foster care.

Definition of Terms

For the purposes of this study, the following terms and definitions will be used:

- **Administration for Children's Services:** The New York City Administration for Children's Services (ACS) is the city government agency responsible for child welfare, juvenile justice, and early care and education services in New York City (OCFS CPS Manual, 2018).
- **Child Abuse:** "A child, less than 18 years of age, whose parent or other person legally responsible for his/her care:
 - a. Inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or
 - b. Creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or

serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or

- c. Commits, or allows to be committed, a sex offense against such child, as defined in the Penal Law allows, permits or encourages such child to engage in any act described in sections 230.00, 230.25, 230.30 and 230.32 of the Penal Law; commits any of the acts described in section 255.25 of the Penal Law; or allows such child to engage in acts or conduct described in article 263 of the Penal Law; provided, however, that the corroboration requirements contained in the Penal Law and the age requirement for the application of article 263 of such law shall not apply to proceedings under article 10 of the Family Court Act". (OCFS CPS Manual, 2018, Chapter 15, pg. 5).
- d. **Child Neglect:** A child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or another person legally responsible for his care to exercise a minimum degree of care or a child who has been abandoned by his/her parents or another person legally responsible for his/her care. (OCFS CPS Manual, 2018, Chapter 15, pg. 5)
- e. **Complex Trauma:** Wamser-Nanney (2013) defines complete trauma as "severe events that tend to be chronic and undermine a child's personality development and fundamental trust in relationships. A traumatic event is repetitive and occurs over an extended period, undermines primary caregiving relationships, and occurs at sensitive times regarding brain development. Complex trauma events vary widely and include physical abuse, sexual abuse, emotional abuse, neglect, witnessing

domestic violence, exposure to community violence, and medical trauma (Wamser-Nanney, 2013, pp. 1-2)”

- f. **Foster Care:** A child in foster care has been abused or maltreated while residing in a foster boarding home certified or approved by a local department of social services (LDSS) or voluntary agency (V.A.). (OCFS CPS Manual, 2018, Chapter 7, pg. A1) While the Child Welfare Information Gateway describes foster care as "a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living" Foster Care - Child Welfare Information Gateway.
- g. **Teen Mother in Foster Care:** A foster care teen mother is a minor parent/child parenting youth consisting of a foster child in foster care or an adopted child who is a minor parent, and the child or children of such child is in foster care and residing in the same foster family home, residential facility, or adoptive home. This population can range in age from fourteen to twenty-one years of age.
- h. **Case Manager:** A system role assigned to a local district staff person responsible for authorizing the provision of services, approving eligibility determination, and approving the FASP. There can only be one Case Manager; however, in instances where the local district provides services directly, the Case Planner and the Case Manager may be the same. (OCFS CPS Manual, 2018, Chapter 15, pg.2)
- i. **Case Planner:** Assessing the need for, providing, or arranging for, coordinating, and evaluating the provision of protective services for children and all other rehabilitative services provided to children named in abuse and maltreatment

reports and their families. Case planning includes referring the child(ren) and his/her family to providers of rehabilitative services as needed. Case planning responsibility also includes recording in the child's uniform case record the services the child is participating in and the casework contacts the case planner has made. In addition, case planning includes the timely completion of reports required to be submitted or transmitted to the S.C.R. (OCFS et al., 2018, Chapter 15, pg.2)

- j. **Child Welfare Services:** Child welfare is a culmination of service needs that address the basic life necessities for families who experience deficiency. These services keep children safe so that the necessary supports for their care are in place.
- k. **Black Race:** Although we identify black as a color it holds a distinct connection to slavery and African people. The color black has been used to define the race of Black people since slavery. The dark skin of these humans in comparison to their
- **Child Neglect:** A child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or another person legally responsible for his care to exercise a minimum degree of care or a child who has been abandoned by his/her parents or another person legally responsible for his/her care. (OCFS CPS Manual, 2018, Chapter 15, pg. 5)**Child Neglect:** A child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or another person legally responsible for his care to exercise a minimum degree of care or a child who has been abandoned by his/her parents or another person legally responsible for his/her care. (OCFS CPS Manual, 2018, Chapter 15, pg. 5)

- **Complex Trauma:** Wamser-Nanney (2013) defines complete trauma as "severe events that tend to be chronic and undermine a child's personality development and fundamental trust in relationships. A traumatic event is repetitive and occurs over an extended period, undermines primary caregiving relationships, and occurs at sensitive times regarding brain development. Complex trauma events vary widely and include physical abuse, sexual abuse, emotional abuse, neglect, witnessing domestic violence, exposure to community violence, and medical trauma (Wamser-Nanney, 2013, pp. 1-2)
- **Foster Care:** A child in foster care has been abused or maltreated while residing in a foster boarding home certified or approved by a local department of social services (LDSS) or voluntary agency (V.A.). (OCFS CPS Manual, 2018, Chapter 7, pg. A1) While the Child Welfare Information Gateway describes foster care as "a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living" Foster Care - Child Welfare Information Gateway.
- **Teen Mother in Foster Care:** A foster care teen mother is a minor parent/child parenting youth consisting of a foster child in foster care or an adopted child who is a minor parent, and the child or children of such child is in foster care and residing in the same foster family home, residential facility, or adoptive home. This population can range in age from fourteen to twenty-one years of age.

- **Case Manager:** A system role assigned to a local district staff person responsible for authorizing the provision of services, approving eligibility determination, and approving the FASP. There can only be one Case Manager; however, in instances where the local district provides services directly, the Case Planner and the Case Manager may be the same. (OCFS CPS Manual, 2018, Chapter 15, pg.2)
- **Case Planner:** Assessing the need for, providing, or arranging for, coordinating, and evaluating the provision of protective services for children and all other rehabilitative services provided to children named in abuse and maltreatment reports and their families. Case planning includes referring the child(ren) and his/her family to providers of rehabilitative services as needed. Case planning responsibility also includes recording in the child's uniform case record the services the child is participating in and the casework contacts the case planner has made. In addition, case planning includes the timely completion of reports required to be submitted or transmitted to the S.C.R. (OCFS et al., 2018, Chapter 15, pg.2).
- **Child Welfare Services:** Child welfare is a culmination of service needs that address the basic life necessities for families who experience deficiency. These services keep children safe so that the necessary supports for their care are in place.
- **Black Race:** Although we identify black as a color it holds a distinct connection to slavery and African people. The color black has been used to define the race of Black people since slavery. The dark skin of these humans in comparison to their white counterparts, were identified as a physical sign of their inferiority to the White race (Hrabosky, 2013). The meaning of the word black is originated from Greek and Latin language (Hrabovsky, 2013). Black skin was considered as a curse and hence

- centuries later the same stigma still presents itself upon the color that is connected to the race of black people (Hrabovsky, 2013). Race is defined as a group of people who are from the same blood line and present with similar physical characteristics.
- **General Preventive Services** - Preventive services are a safety measure that is used to support families and to avoid children from entering into foster care or re-entering foster care, while receiving services in their own homes. The goal for this intervention has been proven to strengthen families and to reduce the likelihood that the family will be reported for subsequent abuse and neglect suspicion. Preventive services are a voluntary child welfare intervention that is free of charge. (OCFS Preventive Manual ,2018)
 - **Persons in Need of Supervision** - Persons in Need of Supervision AKA PINS occurs in the community and for out of home placement of youth that are under the age of eighteen with behavioral challenges in the community. In these circumstances if the youth's juvenile delinquent behavior progresses in the direction that makes them unsafe and or creates community safety concerns. A pins petition consists of a family court petition being filed under Article 7 of the family court act. When children are placed out of home on a PINS petition there are limitations to the period of time and the goal is that the young person will be reunited with his or her family and community (OCFS PINS Manual, 2018).
 - **Child Neglect:** A child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or another person legally responsible

for his care to exercise a minimum degree of care or a child who has been abandoned by his/her parents or another person legally responsible for his/her care. (OCFS CPS Manual, 2018, Chapter 15, pg. 5)

- **Complex Trauma:** Wamser-Nanney (2013) defines complete trauma as "severe events that tend to be chronic and undermine a child's personality development and fundamental trust in relationships. A traumatic event is repetitive and occurs over an extended period, undermines primary caregiving relationships, and occurs at sensitive times regarding brain development. Complex trauma events vary widely and include physical abuse, sexual abuse, emotional abuse, neglect, witnessing domestic violence, exposure to community violence, and medical trauma (Wamser-Nanney, 2013, pp. 1-2)"
- **Foster Care:** A child in foster care has been abused or maltreated while residing in a foster boarding home certified or approved by a local department of social services (LDSS) or voluntary agency (V.A.). (OCFS CPS Manual, 2018, Chapter 7, pg. A1) While the Child Welfare Information Gateway describes foster care as "a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living" Foster Care - Child Welfare Information Gateway.
- **Teen Mother in Foster Care:** A foster care teen mother is a minor parent/child parenting youth consisting of a foster child in foster care or an adopted child who is a minor parent, and the child or children of such child is in foster care and residing in

the same foster family home, residential facility, or adoptive home. This population can range in age from fourteen to twenty-one years of age.

- **Case Manager:** A system role assigned to a local district staff person responsible for authorizing the provision of services, approving eligibility determination, and approving the FASP. There can only be one Case Manager; however, in instances where the local district provides services directly, the Case Planner and the Case Manager may be the same. (OCFS CPS Manual, 2018, Chapter 15, pg.2)
- **Case Planner:** Assessing the need for, providing, or arranging for, coordinating, and evaluating the provision of protective services for children and all other rehabilitative services provided to children named in abuse and maltreatment reports and their families. Case planning includes referring the child(ren) and his/her family to providers of rehabilitative services as needed. Case planning responsibility also includes recording in the child's uniform case record the services the child is participating in and the casework contacts the case planner has made. In addition, case planning includes the timely completion of reports required to be submitted or transmitted to the S.C.R. (OCFS et al., 2018, Chapter 15, pg.2)

Research Design

This study utilized a quantitative, exploratory, cross-sectional design to answer the proposed research questions. Rubin and Babbie describe quantitative research as "methods that seek to produce precise and generalized findings. Studies using quantitative methods typically attempt to formulate all or most of their research procedures in advance and then try to adhere precisely to those procedures with maximum objectivity as data is collected "(Rubin, 2017, p. 611). "Quantitative research seeks to assess observations from a numerical standpoint and

explain the phenomenon that those observations reflect" (Rubin, 2017, p. 611). Rubin defines a cross-sectional study as "a study based on observations that represent a single point in time" (Rubin, pg.600, 2017). For this phenomenon, a cross-sectional study will allow the researcher to simultaneously assess the overall feelings of a group of individuals. The premise of a cross-sectional study is to understand a subject that has occurred over time (Rubin ,2017).

Many of the articles reviewed were qualitative, hence more quantitative research is necessary for the New York City foster care system to explore this subject matter from the lens/personal perspective of the professional working with this population to connect it to society from a social work perspective and governmental responsibility.

Sampling Method

The voluntary participants were clinicians or staffers who have worked with teen mothers in foster care. The study participants were recruited by making outreach to child welfare provider agencies, preventive and foster care within New York City. The correspondence to inform potential participants of this research project was done by e-mail. In addition, a flyer was sent to all of the potential participant agencies to solicit anonymous participation in a timely manner. Copies of the recruitment materials are attached as Appendices A and B. Administrators were asked to place the survey flyer in commonly frequented places in their program or to e-mail the document so that staffers and other participants could be aware of the study.

The list of agencies in the New York City Administration for Children's Services (ACS) Preventive Service directory represents a fair preponderance of foster care agencies and preventive service agencies throughout New York City that has a contractual obligation to service foster care children, and this is inclusive of teen mothers in foster care. (ACS Preventive <https://www.nyc.gov/assets/doh/downloads/pdf/csi/acskit-directory.pdf>). The ACS Division of

Child Protection was asked to also send the survey to their staffers. The researcher's chair sent an e-mail to the organizations' leadership, including a direct link to the study survey. (Appendix A). The e-mail asked that the organization's leadership disseminate the survey link to staff. The e-mail also included an informational flyer in Appendix B of this document. As a result, all responses from this survey outreach were accepted in this research effort, if they met the following criteria. Individuals above eighteen years old and having affiliations with one or more of the organizations below will meet the requirements for participation in this survey.

The consent process entailed full disclosure and efforts to ensure that all participants knew their rights throughout the research process. All participants completed an informed consent to support the researcher's responsibility to protect human participants. A copy of the informed consent and the survey can be found as Appendix C. At any time during the survey, if the participant became uncomfortable or decided not to continue with the survey process, they were at full liberty to stop answering the survey questions.

The borough of Brooklyn was initially chosen as a place of recruitment because it has the most General Preventive and Persons in Need of Supervision Service programs in New York City. However, it is important to mention that it has the second highest population of Black people in New York City. The greatest concentration of Black people in New York City reside in the borough of the Bronx. Due to the fact that the survey feedback from Brooklyn providers was limited, additional service agencies were included from all five boroughs of New York City, including the Administration for Children's Services division of Child Protection.

Data Collection

The dissertation research data for this project was collected through an anonymous survey using Qualtrics. . Data was collected and stored initially through Qualtrics and

downloaded upon completion. ACS permitted contact with the contract agencies on February 26th, 2024. A copy of this confirmation is attached as Appendix E. The outreach flyer and e-mail outreach for the survey was sent out in April 2024 to the ACS Division of Child Protection and there was an additional e-mail reminder that was sent out in May 2024.

When individuals participate in scientific research surveys, some factors must be considered, such as participants answering the survey on more than one occasion, which gives a two-sided response to the researcher's questions. As a result, participants may fear their responses will unfavorably present them professionally. Lastly, participants may only partially agree with one response versus another and will choose to ignore the question responses proposed in the survey document. All participants were asked in the informed consent to answer the survey once. When individuals participate in scientific research surveys, some factors must be considered, such as participants answering the survey on more than one occasion, which gives a two-sided response to the researcher's questions. As a result, participants may fear their responses will unfavorably present them professionally. Lastly, participants may only partially agree with one response versus another and will choose to ignore the question responses proposed in the survey document. All participants were asked in the informed consent to answer the survey once.

Protection of Human Participants

IRB approval was sought for the study and the study was found to be exempt due to its anonymity and survey format. A copy of the exemption notification from WCG IRB is attached as Appendix D. Additionally, because a great number of the provider agencies are contract

agencies of the New York City Administration for Children's Services (ACS), a review of the study was mandated by ACS before contact with the agencies could proceed.

As the survey is anonymous, no identifiable information was collected from the participants. All participants were informed that responses cannot be traced to any individual respondent, and that the data collected would not be shared with their employers. The content of the research information will not be shared with provider agencies not ACS. Additionally, the researcher is unable to identify the participant's identity.

Limitations

Each study initiated has a concept of how it will enhance or impact professional practice. However, there are limitations to what this research effort can bring to the social work field of study. The boundaries of this study are that an anonymous survey does not provide the opportunity to follow up on participant's responses, and a participant can answer the survey more than once, and this is inclusive of the risk that a participant may not want to answer all of the questions asked in a study.

Even though the research question for this dissertation was connected to the concept of understanding the perception of Social Work Professionals on the impact of trauma and teen mothers in foster care. A limitation to this study are that the quantitative efforts will provide data that connects the perspective of the professionals who service teen mothers in foster care. Still, it does not elicit the notion of the teen mothers themselves, on how they feel about the services professionals provide to them. In addition, the data outcomes for this research produced responses from participants based on one point in time and not progressive points in time.

Trauma and resilience are two aspects of life that can be described in many ways. Still, an individual's lived experience can identify that experience's true impact on the individual.

However, this research does not consider how social work professionals of color may perceive trauma and resilience compared to their White counterparts. One could wonder, does the race or ethnic persuasion of a professional have any impact on their decision making and servicing of a Black teen mother in foster care?

Although online surveys are attractive to participants because they can remain anonymous in their responses, there are limitations that the researcher must factor in when using this type of scale to elicit informational responses on a subject matter. Such as, participants may be able to answer the survey more than once, but a participant may only complete part of the survey and elect not to answer some questions. Surveys must also be posted and publicized from public relations standpoints, and the survey must interest the survey participants. The researcher and the participants need a connection to allow the researcher to ask the participants additional questions about their responses.

In addition, a researcher needing to have the ability to identify any bias of participants through their responses can also be impactful to the sampling pool. Especially when the researcher is utilizing a new scale for assessment, but the validation of this scale has yet to be proven before utilization. The hope is that the test ran on the data will support the proof of the scale's utilization and effectiveness. One could run the risk of a participant asking a question about the validation of the survey tool and having participants decide whether they want to participate in research based on the confirmation of the instrument. Lastly, when research efforts are taking place electronically, willing participants lack internet access can be a barrier to their participation in the research effort.

In the next section seven we will look at the research assessment of the findings from the survey result that were submitted by participants.

Section Seven

This research study sought to understand the perception of social work professionals as they work with Black teen mothers in the New York City foster care system. The participants in this study consisted of preventive service, foster care, and child protective child welfare professionals, all of whom are responsible for working with the population of teen mothers in foster care.

This chapter will provide the statistical results of the data analysis that was completed through participant responses via the Qualtrics survey software system. Fifty participants responded to the anonymous survey on this subject matter and a quantitative data analysis of the participant's responses was conducted by using Stata 18. After the data was downloaded the overall total number of responses was 50.

Demographics of Sample

Most participants reside in the boroughs of Brooklyn or Queens with a combined 52% (n=14 and n=12, respectively). Bronx and Manhattan represented 16% of the sample (n=8 and n=8), while 12% (n=6) individuals reside outside of the five boroughs of New York City. Staten Island has the lowest representation at 2% (n=4). 40 percent of participants reside in the borough of Manhattan (n=20). Brooklyn represented 30% of the participant sample (n=15) and the Bronx at 20% (n=10). Five percent of the participants resided in the borough of Queens (n=5). A detailed table of responses can be found below in the two tables Table 7.1 and 7.2, respectively.

Table 7.1

Responses to Q3- Which New York City Borough do you reside in?

| Locations | N | Percentage |
|----------------|-----------|------------|
| Manhattan | 8 | 16 |
| Bronx | 8 | 16 |
| Brooklyn | 14 | 28 |
| Queens | 12 | 24 |
| Staten Island | 4 | 2 |
| Outside of NYC | 6 | 12 |
| Total | 50 | 100 |

Table 7.2

Responses to Q4- Which New York City Borough do you work in?

| Locations | N | Percentage |
|-----------|----|------------|
| Manhattan | 20 | 40 |
| Bronx | 10 | 20 |
| Brooklyn | 15 | 30 |
| Queens | 5 | 10 |
| Total | 50 | 100 |

Participants were asked “*Have you ever been placed in foster care?*” with yes or no response options for responses. Fifty responses were received from participants. Ninety-six percent of the respondents note that they had never been in foster care (n=48), while 2 respondents (4%) indicated that they had been placed in foster care at some point in their life. A table of responses can be found below in Table 7.3.

Table 7.3

Responses to Q5- Have you ever been placed in foster care?

| Responses | N | Percentage |
|-----------|----|------------|
| Yes | 2 | 4 |
| No | 48 | 96 |
| Total | 50 | 100 |

When asked “As a professional, have you ever worked in an institutional setting that houses teen foster care mothers and their children?” 36 participants answered that they had not worked in an institutional setting that houses teen foster care mothers while 14 participants had worked in an institutional setting that housed teen foster care mothers. This means that 72% percent of the participants who answered this question had not worked in an institutional environment where teen foster care mothers reside. A detailed table of responses can be found below in Table 7.4.

Table 7.4

Responses to Q6 -As a professional, have you ever worked in an institutional setting that houses teen foster care mothers and their children?

| Responses | N | Percentage |
|-----------|----|------------|
| Yes | 14 | 28 |
| No | 36 | 72 |
| Total | 50 | 100 |

Variable Q6 sought to understand the length of time participants had worked with the population of teen mothers in foster care and there were three response options with time frames in three periods. n=49 responses to this question implies that it was not answered by one

participant. Most participants had either never worked with this population, or they had worked with the population for a period of 0-5 years (n=28) 57.14%, while 16.33% percent which equaled (n=8) participants had workers with the population of teen mothers for 5-10 years. There was also a sector of participants who had worked with this population for 10+ years (n=13) 26.23%. The data response implies that most of the participants have worked with teen mothers in foster care. A detailed table of responses can be found below in Table 7.4.

Table 7.5:

Responses to Q7- How long have you worked with teen mothers in foster care?

| Responses | n | Percentage |
|------------|----|------------|
| 0-5 Years | 28 | 57.14 |
| 5-10 Years | 8 | 16.33 |
| 10+ Years | 13 | 26.23 |
| Total | 49 | 99.8 |

Table 7.5 seeks to understand the race in which participants identify. There were 7 options and 55 responses. Participants were allowed to select more than one identity, so the n is not representative of the number of people that responded to the question. Thirty-four participants (61.82%) identified as Black or African American. While all the other participant's responses were in single-digit numbers: American Indian /Native American or Alaska Native (n=3) 5.45% and Asians (n=2) were at 3.64%. At least five participants identified as more than one identity. Based on the responses there were 0% of participants who identified as Native Hawaiian or Other Pacific Islander, while there were (n=3) 5.45% respondents who did not want

their identity reported and (n=6) 10.91% that identified as other. A detailed table of responses can be found below in Table 7.5.

Table 7.5

Reponses to Q8 -Choose one or more races that you consider yourself to be.

| Responses | n | Percentage |
|--|----------|-------------------|
| White or Caucasian | 7 | 12.73 |
| Black or African American | 34 | 61.82 |
| American Indian /Native American or Alaska Native | 3 | 5.45 |
| Asian | 2 | 3.64 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 |
| Other | 6 | 10.91 |
| Prefer not to Say | 3 | 5.45 |
| Total | 55 | 100 |

Participants were asked to identify their identity from two presented options of “Male” and “Female”. The gender orientation most represented within the sample was female with 76% (n=38) participation and males participated at 24% (n=12). A full breakdown of the sample by gender can be found in Table 7.6 below.

Table 7.6

Reponses to Q9 - Which gender orientation do you identify with?

| Responses | n | Percentage |
|-----------|---|------------|
|-----------|---|------------|

| | | |
|--------|----|-------|
| Female | 38 | 76.00 |
| Male | 12 | 24.00 |
| Total | 50 | 100 |

RQ1: Do social work professionals perceive that complex trauma exists for Black teen mothers in the foster care system?

The first research question centered on understanding the perception of social work professionals on complex trauma for Black teen mothers in the foster care. Specifically, professionals were asked to rate their perceptions on a scale of 1-10, with a higher value indicating a more intense perception. Questions were asked to capture this perception and are outlined in Table 7.5 below. In total, the responses to three (3) survey questions were related to the concept of perceived trauma. The variables that were examined included Q27, Q22, 23, 24 and Q19 will be detailed below.

The participants were asked to answer the question, Q27 “How often do teen mothers in foster care experience a trauma that impacts their self-identity?” A sliding scale was presented to the respondents, anchored between 0 at “Not often” and 10 at “Very often.” Descriptive information for this variable, labeled Q27, can be found below in table 7.6. A total of 45 participants responded to this survey question, $M = 9$, $SD = 2$, revealing that most participants noted a strong perception of trauma impacting self-identity for the target population.

In review of Q22 the notion was to hear from the social work participants on their perception of how and or if trauma is experienced, could it impact a teen mother’s self-identity/confidence as a parent. Q22 was posed to participants as “How strongly do you disagree or agree that “Teen mothers in foster care experience trauma that impacts their self-identity and

self-confidence as a parent”. A sliding rating scale of 0-10, with 0 (Disagree) representing the least value and 10 (Agree) representing the greatest value. The descriptive information for this variable, labeled Q22, can be found below in Table 7.7. A total of 46 participants responded to this survey question, $M = 9$, $SD = 2$. The data implies that trauma has some impact on the identity of teen mothers.

Q19 sought to gain awareness on the participant’s perspective as it relates to poverty and its relation to trauma. Participants were asked on a sliding scale of 0-10 with 0 being “Unlikely” and 10 being “Extremely Likely”, “How would you rate the impact of poverty on the parenting capacity of many teen mothers in foster care?”. A total of 46 participants responded to this survey question, $M = 8$, $SD = 2$. The data implies that research question related to trauma had some impact on how participants viewed poverty as it relates to teen mothers in foster care.

Further descriptive information for Q19 can be found in table 7.7

Table 7.7

Descriptive Characteristics of Variable Table RQ1

| Variable Name | N | Mean | Standard Deviation | Median |
|---------------|----|------|--------------------|--------|
| Q27_3 | 45 | 9 | 2 | 9 |
| Q22_6 | 46 | 9 | 2 | 9 |
| Q19_ | 46 | 8 | 2 | 9 |
| Q23 | 46 | 7 | 3 | 8 |
| Q24 | 43 | 7 | 2.24 | 8 |

Tests of Significance

In order to examine relationships related to this research question, the following four survey items were examined as a possible inventory related to the concept of perceived trauma and Black teenage mothers in the foster care system:

Q22. On a scale of 0-10, how strongly do you agree/disagree with the following statement: Teen mothers in foster care experience trauma that impacts their self-identity and self-confidence as a parent.

Q23. In your professional opinion on a scale of 0-10, how strongly do you agree or disagree with the following statement: Having a baby fills an emotional void of abandonment for many young mothers in foster care.

Q24. On a scale of 0-10, how strongly do you agree/disagree with the following statement: The majority of teen mothers in foster care face isolation and stigma from their peers who are not parents.

Q27. In your opinion on a scale of 0 to 10, how often do teen mothers in foster care experience a trauma that impacts their self-identity?

The Cronbach's alpha for the above variables was 0.58, indicating a low reliability between these variables. Because of the low alpha, the related questions were assessed individually.

A t-test analysis was run to cross reference the above variables individually as it relates to RQ1 of my dissertation. Gender is the variable that was used to conduct a t-test for each of the variables above as it relates to participant's perception on trauma and Black teenage mothers in

the NYC foster care system. The concept is that the gender of the participants may have impacted how they responded to the above variables individually and as a result it speaks to participant's perception around trauma and Black teen mothers in the New York City foster care system. The data outcome for Q22 in relation to Q9 implies that there is no significance between Q22 and Q9, $t(46) = 0.96$, $p = 0.34$. The data outcome for Q23 in relation to Q9 implies that there is no significance between Q23 and Q9, $t(46) = 0.58$, $p = 0.77$. The data outcome for Q24 in relation to Q9 implies that there is no significance between these two variables, $t(43) = 0.95$, $p = 0.09$. The data outcome for Q27 in relation to Q9 implies that there is no significance between these two variables, $t(45) = 1.42$, $p = 0.16$. Subsequently, the data implies that the gender of participants did not impact how they perceived trauma and Black teen mothers in foster care.

A t-test analysis was run to cross reference Q27 "how often do teen mothers in foster care experience trauma that impacts their self-identity and Q9 which asked the participants to identify their gender. This analysis was done to assess if gender is variable that may have impact on the participants' response to Q27. The p-value is greater than 0.05 and therefore there is no significance to the gender of the participants and their responses to trauma and teen mothers in foster care. $t(43) = 1.42$, $p = 0.16$.

An ANOVA test was done to assess if Q27 and Q3 which asked participants "Which NYC Borough do you reside in" has any significant relationship. The p-value was greater than 0.05 and therefore it is unlikely that there is significance between the borough by which participants reside and their viewpoint on trauma and teen mothers in foster care. $F(5) = 0.64$, $p = 0.67$. The same analysis was done to also assess if there was relationship between Q4 "Which NYC Borough do you work in" and Q27 that seeks to understand the participant's viewpoint on trauma and teen mothers in foster care. The ANOVA p value implies that the borough by which

participants are employed, did not impact their thought process as it relates to Q27. $F(3) = 1.25$, $p = 0.30$.

A one-way ANOVA was conducted on Q27 and Q5 of the survey because the researcher was also interested in whether there is a relationship between the perception of participants on trauma and teen mothers in foster care and whether this was impacted by the responses from Q5, where the participant may or may not have been a child in foster care. A one-way ANOVA demonstrated that professional perception of trauma has no significance as it relates to the demographic of the participant being in foster care or not. Q27 and Q5 $F(0.84) = 1$, $p = 0.36$. The p-value is greater than 0.05 which implies no significance.

There was also an interest in whether the responses to Q27 had any relationship with Q6 of the survey. The interest is to examine whether professional perception of trauma could be connected to a professional's work experience in an institutional setting that houses teen foster care mothers and their children. A one-way ANOVA demonstrated that professional perception of trauma has no significance as it relates to the individual's work experience in an institutional setting that houses teen foster care mothers and their children. Q27 and Q6 $F(2.20) = 1$, $p = 0.14$. The p-value is greater than 0.05 which implies no significance between these two questions.

In examination of Q27 more intricately, a regression analysis was done with Q27 and Q7. The idea was to assess if the dependent variable of professional perception of trauma and teen mothers in foster care may impact on the independent variable of Q7 "how long have you worked with teen mothers in foster care?". $R^2 = 0.15$, $F(3.98) = 44$, $p = 0.02$. The p-value which is less than 0.05 implies that there is some significance between these two questions and that there is impact by the independent variable on the dependent variable.

RQ2. Do social work professionals perceive Black teen mothers in foster care as resilient?

This research question aimed to better understand whether social workers perceive Black teen mothers in foster care as having a level of resiliency. In order to examine relationships related to this research question the following seven survey items were examined as a possible inventory related to the concept of perceived resilience in Black teenage mothers in the New York city foster care system. The items were grouped based on patterns of behavior that would be connected to the resiliency of teen mothers in foster care.

Q14. “In your professional opinion, on a scale of 0 to 10 how likely is it that teen mothers in the New York City foster care system will struggle with food, clothing and shelter insecurity for themselves?”.

Q15. “In your professional opinion, on a scale of 0 to 10, how likely is it that teen mothers in the New York City foster care system will have some complications with providing for the basic life needs of their children (food, clothing and shelter)?”.

Q16. “In your professional opinion, on a scale of 0 to 10 how likely is it that teen mothers will experience homelessness while they are in foster care?”.

Q17. “In your professional opinion, on a scale of 0 to 10, how likely is it that teen mothers will have some complications with providing for the basic life needs of their children? (Food, Clothing and Shelter)”

Q18. “On a scale of 0-10 how likely is it that teen mothers will experience homelessness when they are discharged from the New York City foster care system?”

Q19. “On a scale of 0-10 how would you rate the impact of poverty on the parenting capacity of many teen mothers in foster care?”

Q42. “On a scale of 0-10 how would you rate the importance of resiliency for teen mothers who are in foster care?”

The Cronbach’s alpha for these seven variables (Q42, Q17, Q14, Q15, Q16, Q18, Q19) was .70, indicating a moderate reliability between these variables. The total for each question was added and a mean was generated for each participant as a new generated variable, called “parentingx.” Using this variable, tests of significance were used to further explore possible relationships, among participant’s responses to identified questions and their perceived perception as it relates to resiliency and Black teen mothers in New York City foster care. There were n=49 responses to the variable parenting. The mean=6.5, median=6.4, standard deviation tabulated at 1.4 and the range was from 3-10.

Tests of Significance

A t-test analysis was run to investigate the relationship between the variable parentingx and Q9, “which gender orientation do you identify with?”. This analysis was done to assess if gender is a variable that may have impacted the participant’s responses to the questions that were grouped to create the variable parentingx. The p-value is less than 0.05 which represents that there is significance between the gender of the participants and their responses to the parenting variable, which may impact how participants perceive resiliency and teen mothers in foster care, $t(50) = 0.88, p=0.22$. The data outcome for parentingx in relation Q9 implies that there is significance between these two variable. Therefore, male and or female participant’s perceptions impacted their responses differently. I was not surprised these finding and I will explain why in the next chapter.

An ANOVA was conducted to assess the relationship between parentingx and Q3 “which New York City Borough do you reside in?” The p-value is greater than 0.05 and therefore there is no significance between the borough by which participants reside and their viewpoint on resiliency and teen mothers in foster care, $F(49) = 0.87, p=0.51$. A similar analysis was done between the variable parentingx and the variable Q4, to assess if there was a relationship between the NYC borough by which participants worked in and their viewpoint on the resiliency of Black teen mothers in foster care, $F(49) = 0.56, p=0.64$. The ANOVA p-value implies that the borough by which participants are employed, did not impact their thought process as it relates to

the variable parentingx. Which implies that the participant's views regarding the resiliency of Black teen mothers in foster care were not impacted by their responses to these variables.

Also, an ANOVA was conducted to assess if the grouped variable "identity" which asked participants to link with an ethnicity, had any significance to the variable "parentingx". The p-value for this analysis was lesser than 0.05 and therefore there is significance between the participant's responses to the variable "parentingx" and the variable "identity", $F(49) = 2.69$, $p = 0.02$. A final ANOVA analysis was performed with parentingx and Q7 "how long have you worked with teen mothers in foster care?" to assess the relationship between parentingx and responses to the variable, Q7, $F(48) = 0.69$, $p = 0.50$. The p-value which is lesser than 0.05 implies that there is significance between these two variables.

RQ3. Do social work professionals perceive Black teen mothers as primarily adults or children within the foster care system?

In order to examine relationships related to this final research question, the following ten survey items were examined as a possible inventory "mother1" related to the concept of social worker's perception of Black teenage mothers' stage of development in the foster care system. The variable "mother1" was developed with the following questions below. There were $n = 50$ responses to the variable mother1, the mean = 7.6, median = 8.1, standard deviation tabulated at 1.70 and the range was from 2.4 - 10. The items were grouped based on patterns of behavior that could be considered, when assessing the development of Black teen mothers in foster care.

Q20. On a scale of 0-10, how strongly do you agree/disagree with the following statement: Teen mothers in the New York City foster care system should be investigated for suspected abuse of their children like any other person who is reported to the New York State Central Registry.

Q21. On a scale of 0-10, how strongly do you agree/disagree with the following statement: Teen mothers in the New York City Foster care system value the level of supports that they received while they are in foster care.

Q30. On a scale from 0-10, how would you rate the confidence of teen mothers in foster care compared to older adult mothers?

Q41. On a scale of 0-10, how trusting are Black teen mothers in the New York City foster care system of their case aide support staff?

Q44 On a scale of 0-10, how strongly do you agree/disagree with the following statement: Teen mothers in foster care believe that motherhood will teach them how to love.

Q45. On a scale of 0-10, how strongly do you agree/disagree with the following statement: New York City Child Welfare Services greatly supports teen mothers in foster care.

Q47. On a scale of 0-10, how strongly do you agree/disagree with the following statement: Service providers inform teen mothers of their parental rights before they start to service them.

Q48. On a scale of 0-10, how strongly do you agree/disagree with the following statement: Teen mothers sometimes experience judgment from service professionals, which impacts the service professional's ability to support their parenting needs.

Q49. On a scale of 0-10, how would you rate the impact of teen mother's race/ethnicity in the overall quality of services provided?

Q50. On a scale of 0-10, how strongly do you agree with the following statement: Teen mothers in the New York City foster care system are counseled on how to keep their children safe.

Test of Significance

The Cronbach's alpha for the following Q20, Q30, Q21, Q41, Q44, Q45, Q47, Q48, Q49 and, Q50 was .70, indicating a moderate reliability between these variables. Similar to above, the total for each question was added and a mean was generated for each participant as a new generated dependent variable. Using this variable, tests of significance were used to explore possible relationships. Consequently, due to my interest further ANOVA analysis were conducted. The first ANOVA was to analyze the possible significance between the variables "mother1" and "identity". The results of the analysis are that there is not a significant relationship with the participant's identified ethnicity and the variable "identity" which was grouped to capture the identified race of participants. The p-value for this analysis was greater than 0.05 and therefore there is no significance between the participant's responses to "mother1" and "identity". Consequently, "mother1" and "identity" did not impact how participants may have perceived the developmental stage of Black teenage mothers' in the foster care system, $F(48) = 0.23, p = 0.96$. There was also an ANOVA analysis conducted between "mother1" and Q3 and there was no significance, $F(48) = 1.13, p = 0.35$. The same was demonstrated for an ANOVA analysis between "mother1" and Q 9. "Which gender orientation do you identify with" $F(48) = 1.85, p = 0.18$. A final ANOVA was conducted between "mother1" and the variable Q4 "Which New York City Borough do you work in?". The p value being greater than 0.05 demonstrated that there is no significance between which borough you work in and your response to the variable group "mother1". $F(48) = 1.28, p = 0.29$.

Section Eight

Consequentially, the purpose of chapter eight is to assess the results of the analysis and to review them in conjunction with the literature that was previously discussed in this dissertation. Chapter eight will also discuss how continued research for this population can benefit society as a whole and some of the challenges that occurred throughout this study, as it relates to the professional perception of social workers and Black Teen mothers in the New York City foster care system.

It is important to note that twenty-eight percent of the participants that took this survey have worked in an institutional setting that houses teen mothers in foster care and fifty-seven percent of the participants who answered the survey had worked with teen mothers in foster care for a period of zero to five years. When participants were asked about which race they identify with sixty-one point thirty-eight identified as being Black or African American and seventy-six of them were female.

The demographic information represents that most of the participants identified as of Black or African American race and most of them were women, who have worked with this population from zero to five years. It is also important to state that the data represents that the participants in this survey reside in all five boroughs in of New York and there is a small cadre that reside outside of NYC. However, it is interesting that most of the participants have never worked in an institutional setting and nor have they been a child in foster care.

Results of Analysis

RQ1: Do social work professionals perceive that complex trauma exists for Black teen mothers in the foster care system?

The first research question focused on the perception of trauma and its potential impact on teen mothers in foster care. The relevance of this question is connected to the lived experiences of this population as children and as adults, which may be related to some level of trauma. In this section and the next two moving forward, we will examine the connection between three of the survey questions as it relates to the main research questions of this dissertation.

All efforts were made to assess research question one from a more concrete lens. Therefore, survey questions number twenty-seven “In your view on a scale of 0 to 10, how often does teen mothers in foster care experience a trauma that impacts their self-identity?”, question twenty-two “In your professional opinion on a scale of 0-10 is it possible that teen mothers in foster care experience trauma, that impacts their self-identity and self-confidence as a parent?” and question nineteen “On a scale of 0-10 does poverty impact the parenting capacity of many teen mothers in foster care?” were examined by using various tests. These tests were, in part, t-tests, ANOVA’S, and a regression analysis. The ANOVA analysis conducted revealed that there is no correlation between participants' responses regarding trauma and their identified gender. Consequently, the gender demographic of participants did not impact their responses. Hence there does not appear to be a relationship between the gender of the participants and their responses to the above questions. The Cronbach’s alpha analysis was conducted for the variable group entitled “life” and the results demonstrated that there was low reliability between the group. In order to further assess if the variables had any further impact on research question one. A t-test analyzes comparing Q9 “which gender orientation do you identify with?”, and each of the variables in “life” individually and there was no significance between each of these variables around trauma and the gender of participants. The data implies that the gender of participants

may not have impacted their perception around research question one, as it relates to Black teen mothers in the New York City foster care system and trauma.

As previously mentioned, in the review of the findings I was surprised that the genders of social work participants did not impact their perceptions as it relates to resiliency and Black teen mothers in foster care. This was especially because research shows women and men tend to think differently about many subject matters. According to the article by Hyde, it reflected that male and female social workers see many situations from a different lens. Males were identified as being very forward and concerned about their current situation, while females were identified as being more “docile” and or less forward in their approach (Hyde- 2003). Trauma is not unique to the discussion of social workers and clients. After many different types of life experiences, trauma can manifest in multiple ways. Since this is such, one could hypothesize that the gender of a professional working with a client may lead to a different lens depending on the gender of the social worker (Dorbin,1989). Hence, the researcher still maintains that the lived experiences of social workers as individuals’ matter. According to Hyde’s article, the gender of professionals may impact how they perceive and or approach a matter of concern. I would say that this is an analysis outcome that I would recommend be further expanded and assessed. This is important because further research may give more understanding of why and how the different thought processes of males and females exist.

Additionally, the ANOVA analysis that was conducted elicited data that demonstrated that the borough by which participants reside or are employed or whether they had even been in foster care had no significance to their perspective on trauma and teen mothers in foster care. However, the regression analysis that was completed did demonstrate that there is some significance related to the time one has worked with the population and their perception of

trauma. In reviewing the previous literature for this dissertation, the articles regarding trauma and teen mother spoke to the population itself and trauma's possible impact on their capacity (Herman, 2015) and there were a cadre of articles that spoke to defining trauma in different manners (Jensen, 2021).

As a result of there being no previous literature found, further literary research was conducted using key words to describe social work professional's demographics around employment. These searched included key words such as "social worker professional longevity", "social work employee work profession" and "Length of service in social work". Despite research showing that there is significance between the length of time a social work professional is employed and their professional perception around teen mothers and trauma, there were no scholarly articles located that spoke to the personal demographics of social worker and whether it has impact on their personal perception. It is my recommendation that further research is needed to support how we as social workers perceive our own demographics and or whether we recognize them as a factor in our performance.

RQ2. Do social work professionals perceive Black teen mothers in foster care as resilient?

The resiliency of teen mothers in foster care is important their capacity to be effective parents is even more important. Resiliency requires the individual to believe that their circumstance of the present is not their continued life experience of the future and it is important to believe in that notion. Hence, when a teen mother is in the NYC foster care system, resiliency is something that is developed as a lived experience of the system while they make all efforts to be the best parents that they can. In looking at the variable parentingx the outcome of the Cronbach's alpha analysis was seventy, which implies that there is a moderate relationship between these seven variables. In order to move forward with the research of question two A t-

test analysis was run to analyze the relationship between the variable parentingx and Q9 “which gender orientation do you identify with?”. The p-value represents that there is significance between the gender of the participants and their responses to the “parenting” variable, which may also attribute to how participants perceive resiliency and teenage mothers in foster care. As previously stated this outcome does not surprise me because the male and female thought process regarding professional and or life matters presents with indifference at times (Hyde,2003). This concept is also in line with what was discussed in the Dorbin article.

An ANOVA analysis was conducted to assess if the variable “identity” which asked participants to identify with an ethnicity, had any significance to the “parentingx” variable. The p value outcome implies that ethnicity has an impact on how participants responded to the variables parentingx. This does not surprise me and in fact lend more credence to my thought that the demographics of professionals has some impact on our perceptions, further research on this discovery may bring additional theories to existence. Another ANOVA analysis was performed with parentingx and the variable Q7 “how long have you worked with teen mothers in foster care?”. The outcome of the analysis demonstrated that there was significance between the resilience of Black teen mothers in foster care and the length of time the research participants’ have worked with teen mothers in foster care.

One could hypothesize that this may be a common factor because the length of time that a professional spends with a group, may impact their understanding of its functioning and dynamics. As it relates to this outcome further research should be conducted and again this new discovery may lead to further conceptual development of social work theory, as it relates to the longevity of social work professionals’ employment. I was able to do a literary search to regarding the length of employment and social workers and there was no information locates.

Again, there is little information disclosed regarding the personal demographics of social work professionals but these are some of the variables that continue to show up as impactful to our perceptions. The additional, ANOVA analysis conducted between “parentingx” and Q3 “which New York City Borough do you reside in?” did not show any significance and neither did the analysis between parentingx and the variable Q4, “Which New York City Borough do you work in?”. My recommendation is that further research should occur on this discussion to assess the next steps and on how the research findings can further expound upon this discovery.

The past literature does not speak to the demographics of professionals and or their length of employment as it related to their capacity to understand or perceive the level of resiliency that Black teen mothers in foster care may possess. The previous articles in the literature review spoke more to understanding the definition of resilience (Greene, 2008) and how the concept of resilience is connected to teen mothers in foster care (Battle, 2023 & Haight, 2008). Consequently, I also attempted to research additional articles by using key word terms such as “social work professional’s length of employment” and “longevity in social work”. I was unable to find any articles that speak to this aspect of the social work profession. Due to the fact that the research shows that there was some significance as it relates to the length of work experience with this population and perception of professionals, further research is needed to explore this variable further.

RQ3. Do social work professionals perceive Black teen mothers as primarily adults or children within the foster care system?

Research question three should serve as a professional public service announcement that alarms the profession of social work and child welfare as whole. The reason being is that as professionals our perspective on the population of Black teen mothers may impact how we see

them in their parenting roles, which is also in some way connected to their parental capacity. The notion was to assess if social workers envision Black teen mothers as primarily adults or children within the foster care system.

Although the Cronbach's alpha was .70 the ANOVA testing for between the variable group "mother1" and the proceeding variables showed no significance. The discussion of whether teenage mothers in foster care are children or adults is a long standing discussion, which has puzzled many professionals. As a result of the Cronbach's alpha calculation an ANOVA was done, to determine if there was significance between the variables "identity" and "mother1". Another ANOVA was conducted with the variable of Q3 "Which New York City Borough do you reside in?" and Q9 "Which gender orientation do you identify with?" Although there was no significance found in each of the analysis. The subject matter still remains relevant and further qualitative research may serve best so that participants are able to vocalize how they feel in person to the researcher.

The development of teen mothers in the NYC foster care system is an important subject matter. It serves to bring further insight to professionals on what the populations thoughts are regarding how they are perceived by social work professions. It also aide with professionals becoming more in tune with their perceptions around the subject of development as it relates to teenage mothers in foster care. I previously hypothesized that there would be significance as it relates to the NYC borough participants reside in, gender and their race. This is due to the fact that perceptions are based on our lived experiences and demographics of who we are. When we do not acknowledge these factor they serve as more of a deterrent than an asset. It is my recommendation that further research is needed around this discussion from a qualitative perspective. Whereas the plausibility of social desirability bias has less of a chance to impact the

decision making of participants, especially because this subject matter is tension stricken in many societal discussions. I am making this recommendation because I hypothesize that social desirability bias had a great impact on my survey participant's responses.

. In review of the previous literature, the racial makeup of social work professionals and where they reside was not a part of the findings. In fact, the personal demographics of social work professionals servicing teen mothers in foster care was not a variable divulged in any of the previous articles reviewed. Nor were there any articles that were located in the additional literary research around the races of professionals having an impact on their perception. It is my recommendation that these factors are added to the authors research title, which gives full disclosure to the reader regarding who the author is.

There is further research needed on social work professionals' race and residence location to assess if there are further variables connected or are there demographic variable that can be measured but there are unspoken society dynamics related to this discussion. As result of the recommendation for continued research, I did some more literary research on unspoken societies. An unspoken society consists of social norms and behaviors that are not documented and its functions relate to a group of people that subscribe to its existence through beliefs and actions (Kruses, 2011). The unspoken culture also has an impact on how the group functions independently and dependently within society (Krusen,2011).

Many different variables attributed to the concept of the unspoken society's existence, which may have concluded the responses by the research participants in my dissertation as it relates to the New York City borough by which each of them worked. The idea of having an unspoken society requires its members to conform to the norms of that community. The analysis shows that the borough by which each participant works showed significance in how they

responded to research question three. Based on the definition of an unspoken society, these responses could be based on the perception of the unspoken social service society, that is governed by the New York City boroughs in which employees work.

Social Work Education

The reasoning for this study has a direct correlation with scholarly education, particularly in the social work field. Having young social workers in the collegial stage of their careers understand that it is alright to have personal perceptions of a subject matter, but what is more important is to not to allow that personal perception to drive how they service the clients that they work with. This starts with building a safety science-oriented community within the social work field that allows professionals to acknowledge when they are challenged with a subject matter that their client is faced with. Practicing in this manner may impact how professionals relate to clients. This could also be seen as the beginning of a cutting edge thought on how we as social work professionals keep ourselves psychologically healthy and safe. Further research in this area will certainly support the initial vision around professional perception and impact upon clients.

Additionally, this research effort on teen mothers in foster care can vastly increase the dissemination of social work knowledge, skills, and values. Social workers must be educated on all life topics so that when they work with complicated case discussions, they can support their clients through them with less countertransference. As clinical studies of the social work field evolve, professionals with little or no client experience with families must receive some practice experience while in school.

Lastly, the subject matter of teen mothers in foster care and other life matters could be beneficial in clinical studies for students to enhance their critical thinking skills. Additionally, up-and-coming clinicians must gain substantial knowledge and practice skill sets and value their importance to our profession. All of which will guide their feelings about a particular subject matter that their clients are facing. Educating new social work professionals from this lens builds upon healthy working relationships that still foster some autonomy for the employee.

Student Curriculum

Social Work students can further thrive by allowing the lived experience of practice to be a part of the class learning experiences. Additions to student curriculums will enable new practitioners with little life experience to have exposure to some of the highest-risk families facing serious life situations, and they can benefit from the support of a social worker. In some cases, a new clinician may over-identify with a client and demonstrate their emotional feeling about the matter shared, which could bring about role reversal in the interaction. The client then feels compassion for the social worker and is even guilty that they shared the life circumstance that brought about trauma to their life.

Students' early exposure to clients while they are in the classroom learning will also allow new clinicians to develop an engagement style and thought pattern of how not to be overwhelmed while they are working with complex case scenarios/client matters, such as teen mothers in foster care. Internships in different community-based organizations, contract agencies, or city government agencies would be the ideal training ground for new clinicians as a learning opportunity.

Regarding systems, the perceptions of professionals are critical because it impacts how they perform and or implement actions needed to assist clients. When working with teen mothers in foster care, employers must pay attention to professionals working with these clients. Systematically, when hiring new employees, it is crucial to understand their natural perspective on many complicated life matters, and one way to do this is to have them participate in a voluntary survey to give some insight to the employer. While making all efforts to measure the employee's perspective on complicated subject matters continuously, open-ended communication must occur in supervision. If we begin to make these minor changes in some of the systems that govern our work as professionals, it can improve the service outcomes for this population.

This research effort allows professionals to self-evaluate their feelings and perceptions of teen mothers in foster care. Once we as professionals know our biases and perspectives regarding a subject matter, we can guard our thoughts in a way that does not impact our primary mission of working with the client, allowing us to stay true to the ethics outlined in our required performance as social workers.

Social Work Practice

This study provides helpful information on how servicing professionals who work with this population daily perceive their actions. The data can lead to the formulation of training that will assist professionals in addressing their complex feelings about this population and possibly changing their perception, which may impact their decision-making for these case types.

There are times when teen mothers' trauma experience is so vast that they struggle with recognizing sincere relationships with professionals who seek to assist them. It may be effective

for teen mothers in foster care to see the outcomes of service providers assigned to work with them. Therefore, they will be able to recognize when professionals are authentic in their engagement and genuinely want to support them for continued success.

The data that has been garnered from this dissertation can serve as a cog to develop training and or coaching opportunities for professionals who seek to shed further insight on how a professional's personal perspective can impact their decision-making capacity while working with this fragile population. Social work schools should seek to research this discussion further and possibly have class sessions that lend insight as to personalities, perception and the implication how these variables have strong impact on how social work professionals practice with clients.

Limitations

After the study was completed, Social Desirability Response bias may have played a significant role in the survey responses that were received for this survey but there is no concrete level of measurement to determine if SDR was a factor at all (Larson, R. B., 2019). However, the need for most humans to not be seen in an unpleasant light lends to the notion that some responses to this dissertation survey analysis were impacted by Social Desirability Response bias.

When using a survey to assess participant responses it is important to consider why social desirability bias exists and questions must be framed positively. According to Charles when surveys are developed regarding “sensitive topics” participants are charged to think about how they feel about a subject matter and their feelings may go against the social norms of society

(Charles, 2018). These feelings of being un-conforming to societal norms may have some impact on the respondent's participation in the survey research study (Charles, 2018).

Research implies that social desirability can be decreased if the language used in survey questions is devised in a forgiven manner (Charles, 2018). The questions developed should not elicit participants to believe that their feelings are wrong. In addition, to decrease social desirability "forgiving language" (Charles 2018) may also allow participants to not feel that their answers may have a more negative impact than a positive attribute to the research effort.

Secondly, the timeframe by which participants had to respond to the survey could have been a limitation and this may have been due to competing priorities. Another limitation to this research study was running the risk of not having enough responses. Hence the outreach to solicit potential anonymous and voluntary participant was expanded to include New York City Preventive Services, Foster Care and the Administration for Children Service Division of Child Protection Child Protective Staff.

There were $n=50$ responses to my survey. As previously stated, the link was sent to the leadership of preventive service provider agencies, foster care agencies, and subsequently to the N, Y.C Administration for Children Services Division of Child Protection. All three agency types are centralized in New York City and they are responsible for service engagement with Black teen mothers in the New York City foster care system at different levels.

The recruiting effort plan in the methodology section was planned to secure the population of participants that I was interested in hearing from to conduct my research. However, some of the nuisances and barriers to working with private social service agencies, government, and civil servant employees were not factored in. However, the contact information for private

agencies within New York City is public knowledge. The challenge for my research effort was getting approval from each of these agencies' leadership, to consent to their employees having access to the survey, which included the high-level administrators being the distributors of the survey link. In these instances, the barriers were that the private and government agencies needed to get legal consultation before participating in my research study. This implies that there may have been some thought around risk management and their employee's participation in my study.

The barriers to recruiting participation with the ACS Division of Child Protection staffers also included legal consultation from their office of general counsel. The additional caveat was informing the local union that the ACS CPS staff are connected to, and waiting for a week regarding any possible concerns that they may have had about their membership participation in my research effort. Although there was no push back, the delay in time may have been a barrier to the number of survey responses that were received during the allotted period.

As it relates to responses from participants for Q7, it presented with some flaws but the data that was shared was still valuable to the assessment of the overall research question. Hence the limitation is that this question for future research would have to be charted and presented in a different manner. Additionally, challenges in gaining information from large New York City bureaucratic agencies have a great impact on social welfare research efforts. This greatly delays research that includes the functioning of these institutions and ultimately serves to stifle continuous discussions that may lead to the resolution of some of these social service matters.

Lastly, there is little research on this subject matter, and I am labeling this as a limitation because the subject matter is so important as it relates to the next generation of parent and children. If we do not acknowledge that the quality of services that teen mothers are being provided in foster care by professionals who have personal perceptions may impact their

functioning, we will have young family units that will continue to be dependent upon systems supports for extensive periods of time, in and out of foster care.

Implications and Areas of Further Research

In this section of chapter eight, we will further reflect that continued discussion on this subject matter should include the population of teen mothers in foster care to hear their assessment of the social work professionals that they work with. What is their viewpoint on whether the professional perspective of social work professionals impacts the way that they are serviced? Further research should be done in the New York City foster care system as to their assessment of this discussion and if they see any existing barriers that can be addressed to deter or resolve this area of concern.

In most research efforts, we can expect that the information and data we learn can bring about significant change to society's functioning; therefore, it is essential to note that all information learned during each research process is valuable. In this dissertation, the research assessment serves to understand the perception of modern-day social work professionals on the impact of trauma and teen mothers in foster care and how resiliency plays a role in this discussion.

Lastly, due to the competing priorities of life and professional responsibility, along with the need to have time-sensitive responses to the survey, I would say that in further research efforts, if survey tools are used to collect research data, they should not go beyond 20 questions. This may allow for more responses that are concretely completed within an allotted time frame.

Social Policy and Procedure

The policies and procedures governing the care of teen mothers and their current rights while in foster care are vast, but there is little information on the professional perspective of trauma and teen parents in foster care. There is little information on social workers' insight regarding how agency/governmental policies and procedures impact their understanding of the resiliency of teen mothers in foster care. Based on the data from this research, policy changes can place teen mothers and their children in a better place to receive adequate support.

Policy changes can help providers avoid the administrative hardship that comes along with servicing vulnerable population families. When there are few administrative steps for a clinician to complete to support a teen mother in foster care, it impacts the balancing of the time /quality of services provided to the young families. This type of research also lends to the consistent evolution of the social work field and how it should look at policy changes and enactments of actions by professionals.

Currently, the state/New York City policies that govern the service interventions for teen mothers in foster care do not place trauma at the forefront of the parenting efforts of a teen. The connection of a teen mother's life experience as a child, combined with a certain level of life trauma, still hinders her capacity to be resilient enough in her parenting efforts with a solid protective ability.

Teen mothers are considered young adults with children entitled to make decisions regarding their child's needs and overall care. The policy and procedures allow teen mothers to have this level of autonomy until it is determined otherwise or there is open disclosure by the teen parent of their incapacity to be a parent. One could say that the policy and laws utilized to

service mothers in foster care must heavily consider complex trauma and the impact on the parental capacity of a teen mother from a systems perspective.

The policies and procedures governing the care of teen mothers in the New York City foster care system and their current rights are important to their resiliency but there is little information on the professional perspective of trauma and teen mothers in foster care. There is a need for more discussion around policy and procedure that serves to further highlight this discussion from a public service announcement perspective. This causes lawmakers, politicians, and public service officials to take on this discussion from a different viewpoint while allowing society and communities to become more aware of what teen mothers lived experiences are from a systemic perspective.

Summary

In this dissertation, the concept was to assess the perspective of social work professionals as it relates to trauma and teen mothers in foster care. This research demonstrated that there are some demographic variables of the individuals who responded to this survey that show some significance to the perception of social work professionals. The findings showed that there is significance between perception and the length of time a social work professional has worked with a population. The finding of significance between the variable parentingx and identity demonstrates that the racial identity of participants impacted how they perceived the resiliency of Black Teen mothers in the New York City foster care system. This was not surprising because it further solidifies my thought on how our lived experiences as people first, has some influence on our professional perception. I would like to see how these findings are further examined in a group discussion qualitative research effort, devised of multiple nationalities and with all social work professionals.

However, there were also demographic characteristics that showed no significance to research questions that were identified to analyze trauma, social work professionals' perceptions, and Black teen mothers in NYC foster care. The conclusion of this study serves as great insight regarding the next phase of this research discussion, which should be with Black teen mothers in foster care having the opportunity to share their opinions on the subject matter of trauma. How do they believe that they are perceived by social work professionals in New York City as it relates to their lived experiences? It would be beneficial to the continued research to hear their insight as it relates to their own trauma and capacity to be resilient in their lived experiences.

Although one may have concerns regarding the low-level significance of some of the analysis, this dissertation research still has value because it sheds insight on what can be further developed from the existing findings, what we know exists at present time, and what remains a hidden factor to our continued societal need. There is still a need to bring the discussion of trauma and Black teen mothers to the forefront of the social work world. There are minimal research articles that speak about this subject matter from a quantitative perspective and or that gives insight around the resilience of this population.

All of the articles that were read for this research did not mention the demographics of the social work professionals who completed the work. One would ask why not? Based on the research analysis outcomes for my dissertation, this viewpoint is worth further discussion and assessment. As professionals, our demographics should be assessed as part of the work because my research shows that the length of time social workers have worked with the population of teen mothers in foster care, and the identified race of participants and where they reside in NYC all impact the perception of participants as it relates to trauma and teen mothers in the NYC foster care system.

Lastly, I would also offer that the findings of this dissertation could bring a new perspective to the world of academia, as it relates to how collegial social work students are trained on how to address their perceptions when they appear to be impactful to their engagement with clients.

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Foster Care - Child Welfare Information Gateway

<https://ocfs.ny.gov/programs/cps/manual/2020/2020-CPS-Manual.pdf>

Administration for Children Services- Preventive Services Directory

<https://www.nyc.gov/assets/doh/downloads/pdf/csi/acskit-directory.pdf>

OCFS Persons in Need of Supervision

<https://ocfs.ny.gov/programs/youth/pins/resources.php>

Preventive Services - ACS

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi-ut7otImFAxVCL1kFHWFyDJ4QFnoECBwQAQ&url=https%3A%2F%2Fwww.nyc.gov%2Fsite%2Facs%2Ffor-families%2Fprevention-services.page&usg=AOvVaw0VsgvdjqInxmHf-b4HjjsX&opi=89978449>

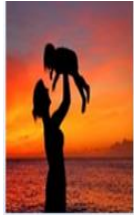
Preventive Service Manual-OCFS

https://www.google.com/url?sa=i&url=https%3A%2F%2Focfs.ny.gov%2Fmain%2Fpublications%2FPreventive%2520Services%2520Guide%25202015.pdf&psig=AOvVaw1EroQf6CoP_HwFCLLpaccV&ust=1716526843928000&source=images&cd=vfe&opi=89978449&ved=0CAUQn5wMahcKEwiItab3_qKGAXUAAAAAHQAAAAAQBA

Persons in Need of Supervision (PINS) | Division of Youth

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwij-rPu4mFAxXdFVvKFHYtOD50QFnoECBwQAQ&url=https%3A%2F%2Focfs.ny.gov%2Fprograms%2Fyouth%2Fpins%2F&usg=AOvVaw06UOufvCVTNM_yj_CbLkab&opi=89978449

Appendix A



Yeshiva University Wurzweiler School of Social Work

Volunteers Needed for a Research Study on Trauma and Parenting Mothers in Foster Care!

Qualifications:

- Participants must be professionally employed and/or have provided services to parenting mothers in Foster Care, AND
- Participants must be employed in Brooklyn or the Bronx, NYC

Requirement for Participation:

Completion of the following anonymous survey:

https://yeshiva.co1.qualtrics.com/jfe/form/SV_cHAs20LdL7sTtyu

Potential Benefits:

Participants will contribute to knowledge that may improve the service benefits and outcomes for parenting mothers in foster care!

For More Information:

Please contact Dr. Christine Vyshedsky, study chair, at Christine.vyshedsky@yu.edu or at (646) 592-6841



Appendix B

Participant E-mail Inquiry

Greetings!

My name is Christine Vyshedsky, and I am a professor at the Yeshiva University Wurzweilder School of Social Work. Currently, I am serving as a research chair for one of our students who seeks to understand the perspective of social work professionals, who have worked with teen mothers in the New York City foster care system. Hence, your voluntary participation in this research effort is being requested.

This is an anonymous survey that will be in existence for 6-8 weeks and your responses are greatly appreciated.

If there are any questions, please reach out to me at the contact information below. Additionally, please see the attached flyer and the direct insert below that will give participants access to the research study.

https://yeshiva.co1.qualtrics.com/jfe/form/SV_cHAs20LdL7sTtyu

Thank You,

Christine Vyshedsky, PhD, LCSW

Yeshiva University

2495 Amsterdam Avenue

New York, NY 10033
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Appendix C

Teen Mothers in Foster Care

Start of Block: I

Q1 INFORMED CONSENT FORM- PLEASE READ BELOW:

This survey is part of a dissertation project and the purpose of which is to better understand a professional's perspective of trauma as it relates to teen parenting mothers and their children in foster care. Please complete this survey only ONCE.

INFORMATION ABOUT PARTICIPANTS INVOLVEMENT IN THE STUDY: Your participation in this study is completely voluntary. Your participation in this study will require the one-time completion of an anonymous survey regarding your attitudes and beliefs on does trauma impact teen mothers and their children in foster care. The survey below is expected to take approximately 10-15 minutes to complete, and all responses are anonymous; you will not be asked to provide any potentially identifying information and your responses cannot be linked back to you. At the end of the survey, you will submit your survey to the student investigator.

RISKS: There are no known risks to you for participating in this study, as all information provided will remain strictly anonymous. You may choose not to participate in this study prior to or any time during your participation, you can skip any questions that you wish not to answer, and you may end the survey at any time by simply exiting the web link.

BENEFITS: The responses from this study will be used to further understand trauma as it relates to teen mothers and their children in foster care. This exploration can help to influence the schools of social worker education and training of students who will work with this population. It can also help to assist professionals with the improvement of the quality of services that are provided to this population in New York City.

PROTECTIONS: All information and data collected from you through your participation in this study will remain strictly anonymous. No potentially identifying information will be collected from you. The researcher will keep all study materials (e.g., collected data) on the investigator's password-protected computer or on a password-protected computer owned by the researcher's chair. No one other than the principal investigator and her dissertation chair will be able to access the data collected from this study. For analyzing and reporting the findings of this study, all demographic information will be summarized to further protect the human participants in this study.

CONTACT INFORMATION: If you have questions at any time about the study or its procedures, you may contact the dissertation chair:

Christine Vyshedsky, PhD, LCSW
Yeshiva University
2495 Amsterdam Avenue
New York, NY 10033
(908) 403-3899

PARTICIPATION: Your participation in this is completely voluntary and does not in any way impact your professional standing at your college/university. By selecting "yes" below, you are accepting the terms of this informed consent. If you choose to participate in this study, you are asked to submit this form only one time. If you wish to not participate in this study, please exit this survey now or indicate this below.

Thank you!

Yes (3)

No (4)

Q2 Questions number 3 to 11 serves to capture the demographics of each participant.

Q3 Which New York City Borough do you reside in?

Manhattan (1)

Bronx (2)

Brooklyn (3)

Queens (4)

Staten Island (5)

I reside outside of NYC (6)

Q4 Which New York City Borough do you work in?

- Manhattan (1)
 - Bronx (2)
 - Brooklyn (4)
 - Queens (5)
 - Staten Island (6)
-

Q5 Have you ever been placed in foster care?

- Yes (1)
 - No (2)
-

Q6 As a professional have you ever worked in an institutional setting that houses teen foster care mothers and their children ?

- Yes (1)
 - No (2)
-

Q7 How long have you worked with teen mothers in foster care?

- 0 -5 Years (1)
- 5-10 Years (2)
- 10 years + (3)
-

Q8 What racial origin do you identify with ?


- Black (1)
- White (2)
- Latinx (3)
- Other (4)
-

Q9 Which gender orientation do you identify with?

- Male (1)
- Female (2)
- Neither (3)
-

Q12 On a scale of 0 to 10 how valuable is your engagement with children AND families in the New York city foster care system.

0 1 2 3 4 5 6 7 8 9 10

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Q13 On a scale of 0-100 do you believe that you have had some impact on the population of teenage mothers in the New York City foster care system?

0 10 20 30 40 50 60 70 80 90 100

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Q14 In your professional opinion, on a scale of 0 to 10 how likely is it that teen mothers in the New York City foster care system will struggle with food, clothing and shelter insecurity for themselves?

1 2 3 4 5 6 6 7 8 9 10

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Q15 In your professional opinion, on a scale of 0 to 10, how likely is it that teen mothers in the New York City foster care system will have some complications with providing for the basic life needs of their children? (Food, Clothing and Shelter)

0 1 2 3 4 5 6 7 8 9 10

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Q16 In your professional opinion, on a scale of 0 to 10 how likely is it that teen mothers will experience homelessness while they are in foster care?

0 1 2 3 4 5 6 7 8 9 10

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Q17 In your professional opinion, on a scale of 0 to 10, how likely is it that teen mothers will have some complications with providing for the basic life needs of their children? (Food, Clothing and Shelter)

0 1 2 3 4 5 6 7 8 9 10

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Q18 On a scale of 0-10 how likely is it that teen mothers will experience homelessness when they are discharged from the New York City foster care system?


0 1 2 3 4 5 6 7 8 9 10

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Q19 On a scale of 0-10 does poverty impact the parenting capacity of many teen mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

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Q20 On a scale of 0-10 should teen mothers in the New York City foster care system be investigated for suspected abuse of their children like any other person who is reported to the New York State Central Registry.

0 1 2 3 4 5 6 7 8 9 10

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Q21 Using your professional insight on a scale of 0-10 do you believe that teen mothers in the New York City Foster care system value the level of supports that they received while they are in foster care?

Click to write Click to write Click to write
Label 1 Label 2 Label 3

0 1 2 3 4 5 6 7 8 9 10

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Q22 In your professional opinion on a scale of 0-10 is it possible that teen mothers in foster care experience trauma, that impacts their self-identity and self-confidence as a parent?

0 1 2 3 4 5 6 7 8 9 10

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Q23 In your professional opinion on a scale of 0-10, does having a baby fill an emotional trauma void of abandonment for many young mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q24 On a scale of 0-10 do the majority of teen mothers in foster care face isolation and stigma from their peers who are not parents.

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q25 On a scale of 0-10 does racial disparity impact the parenting capacity of many young mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q26 On a scale of 0-10 do you believe that BIPOC teen parents in foster care receive the same quality of service as their WHITE counterparts?

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q27 In your view on a scale of 0 to 10, how often does teen mothers in foster care experience a trauma that impacts their self-identity?

1 2 3 4 5 6 6 7 8 9 10

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Q28 Thank You for your responses thus far! Questions 27 to 43 were devised to capture your professional work experiences with the teen mother population in the last ten years.

Q29 In your professional assessment on a scale of 0-10 should New York City foster care agencies who service teen mothers' contract with outside stakeholders who specialize in young adult care.

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q30 In your professional opinion on a scale of 0-10 what percentage would you say that teen mother in foster care are just as confident as older adult mothers?

0 1 2 3 4 5 6 7 8 9 10

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Q31 On a scale of 0-10, does professional bias influence the outcome of suspected abuse cases investigated against black teen mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

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Q32 On a scale of 0-10 , at what percentage does professional bias influence the outcome of suspected neglect cases against black teen mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

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Q33 On a scale of 0-10 how likely is it that teen mothers in foster care will present with a sense of loss as it relates to their childhood.

0 1 2 3 4 5 6 7 8 9 10

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Q34 On a scale of 0-10 how plausible is it to say that an assessment for developmental needs should be required for teen mothers in the New York foster care system?

0 1 2 3 4 5 6 7 8 9 10

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Q35 On a scale of 0-10 how plausible is it to say that an assessment for mental health needs should be required for teen mothers in the New York foster care system?

0 1 2 3 4 5 6 7 8 9 10

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Q36 On A scale of 0-10 how strongly do feel that the current New York City Foster Care System provides enough therapeutic assistance to teen mothers in foster care.

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q37 On a scale of 0-10 how strongly do you feel that Child Protective Service Involvement impacts the psycho- social functioning of young mothers in foster care.

0 1 2 3 4 5 6 7 8 9 10

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Q38 As a mandated reporter please share on a scale of 0-10 how familiar are you with the New York State Central Registry.

0 1 2 3 4 5 6 7 8 9 10

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Q39 On a scale of 0-10 , what percentage of your total reporting to the New York State Central Registry was to safeguard BIPOC children?

0 1 2 3 4 5 6 7 8 9 10

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Q40 On a scale of 0-10 how important are Community resources to teen mothers and their children when they are discharged from the New York City foster care system?

0 1 2 3 4 5 6 7 8 9 10

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Q41 In your professional opinion on a scale of 0-10 how trusting are black teen mothers in the New York City foster care system of their case aide support staff?

0 1 2 3 4 5 6 7 8 9 10

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Q42 In your professional opinion on a scale of 0-10 does resiliency factor into the life of a teen mother who is in foster care.

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q43 On a scale of 0-10 how important is it for New York City to develop specific laws, policies and guidelines, to govern the legal actions taken on teen mother foster care cases in family court?

0 1 2 3 4 5 6 7 8 9 10

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Q44 In your professional opinion on a scale of 0-10 is it plausible that teen mothers in foster care believe that motherhood will teach them how to love?

0 1 2 3 4 5 6 7 8 9 10

Please Slide ()



Q45 On a scale on 0-10 how true or untrue is this statement? New York City Child Welfare Services greatly supports teen mothers in foster care. 0 being untrue - 10 very true.

0 1 2 3 4 5 6 7 8 9 10

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Q46 In the final survey questions numbered 44-48 please select the response that best fits your current mindset on the subject matter of black teen mothers in foster care.

Q47 On a scale of 0-10 , how likely is it that service providers will inform teen mothers of their parental rights before they start to service them?


0 1 2 3 4 5 6 7 8 9 10

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Q48 On a scale of 0-10 , what percentage of time do you perceive teen mothers experience judgment from service professionals, that impacts the service professional's ability to support the teen mothers parenting needs?

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Label 1 Label 2 Label 3

0 1 2 3 4 5 6 7 8 9 10

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Q49 On a scale of 0-10 does race/ethnicity play a role in the quality of services provided to young mothers in foster care?

0 1 2 3 4 5 6 7 8 9 10

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Q50 On a scale of 0-10 , are teen mothers in the New York City foster care system counseled on how to keep their children safe?

0 1 2 3 4 5 6 7 8 9 10

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Appendix D



February 26, 2024

Jess Dannhauser
Commissioner

Andrew White
Deputy Commissioner

Eileen Johns
Associate Commissioner

Sara Workman
Executive Director
Division of Policy, Planning &
Measurement

150 William Street
17th Floor
New York, NY 10038

Maryann Ponton-Thomas
Yeshiva University Wurzweiler School of Social Work
500 West 185th Street
New York, NY 10033

Ms. Ponton-Thomas:

I am pleased to inform you that the Administration for Children's Services (ACS) hereby grants final approval of your proposal "*The Perception of Modern-Day Social Work Professionals on the impact of Trauma and Black Teen Mothers in the New York City Foster Care System*" submitted on February 5, 2024. The approved protocol is attached to this letter.

ACS expects that you will abide by all federal, state and local laws governing ethical research.

Please keep in mind that any future revisions of this project require review and approval from ACS in advance of implementation. In addition, you are required to submit a draft copy of your work to the Division of Policy, Planning, and Measurement for review before any type of publication. We require that you report the following to us: adverse events, protocol modifications, deviations, updates and continuing review approvals.

ACS remains committed to the highest quality research and evaluation to ensure the safety and well being of the children and families of New York City. I wish you continued success with your research.

Sincerely,

Sara Workman
Executive Director, Justice Analytics and Child Welfare Reporting
Division of Policy, Planning & Measurement

