'What I really needed was a voice'
Steenbakkers, Annemarie Theodora

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CHAPTER 5.

How do youth in foster care view the impact of traumatic experiences?

This chapter is based on:

Abstract

Children in family foster care have been disproportionately exposed to traumatic experiences, which contribute to the problems and specific needs they experience. Despite the growing interest in the stories of children in foster care, only a few studies have focused on their lived experiences regarding traumatic events and the resulting impact. The aim of this study was therefore to ask youth themselves how they experience the impact of (chronic) trauma’s prior to living in a foster family. Episodic narrative interviews were conducted with 13 youth aged 15-23 (formerly) residing in family foster care in the Netherlands. The interviews were subjected to open coding and organized in themes and sub-themes using thematic analysis. The impact youth experienced from traumas in the past could be grouped in three themes: experiencing problems, searching for stability and personal growth, and experiencing no impact. The results highlight the clinical problems youth experience, related to posttraumatic stress symptoms and complex trauma. However, youth also indicate possibilities for a positive change after traumatic experiences, contributing to their personal growth.

Keywords
Family foster care ∙ Voice of children ∙ Complex trauma ∙ Child maltreatment
How do youth view the impact of traumatic experiences?

Introduction

Children in foster care have been disproportionately exposed to traumatic experiences (Dovran, Winje, Arefjord, & Haugland, 2012; Turney & Wildeman, 2017). Moreover, removing children from their families and familiar environment is an additional traumatic event for all children in care (Bowlby, 1980). Studies have shown that chronic traumatic events in childhood, such as maltreatment, contribute to impairments in a multitude of developmental processes (Cloitre et al., 2009; Van Der Kolk, 2005). Children could develop Posttraumatic Stress Disorder (PTDS), which is characterized by avoiding trauma related stimuli, re-experiencing the event, negative thoughts or feelings, and hyperarousal or reactivity (American Psychiatric Association, 2013). Furthermore, children in foster care seem specifically vulnerable to experience complex trauma (Greeson et al., 2011), which is defined as repeated interpersonal trauma by caregivers and the resulting dysregulation of affect, attachment, behavior, cognition and self-concept (Cook et al., 2005). Both children and their foster parents face the challenge of coping with the impact of these experiences and processing the underlying traumas (Greeson et al., 2011).

Children in foster care experience high rates of medical problems, mental health problems, and educational difficulties, which are often attributed to these traumatic experiences (Berrick & Skivenes, 2012; P. A. Fisher, 2015). Studies that directly link these experiences to outcomes report that children who experience more traumas have more unstable foster care placements (Villodas et al., 2016) and show increased traumatic stress symptoms (Dubner & Motta, 1999; Greeson et al., 2011), less adaptive coping skills (Browne, 2002), more clinical diagnoses (Greeson et al., 2011), and more behavioral and emotional problems (Greeson et al., 2011). In addition, the economic hardship and mental health issues of care leavers have been related to both the number and types of traumatic experiences (Bruskas & Tessin, 2013; Rebbe, Nurius, Ahrens, & Courtney, 2017). Many children in foster care consequently experience the severe impact of childhood trauma throughout their lives (Oswald et al., 2010). Available treatment programs often have disappointing outcomes, despite much awareness of the severe impact of childhood trauma (Bellamy et al., 2010). On the other hand, there is evidence that children in foster care can show resilience, since psychopathology and neurobiological changes caused by stress are not universal among children in foster care (P. A. Fisher, 2015).

Previous studies mostly focused on which and how many traumas youth in foster care experienced, on the clinical consequences of these experiences, and on what makes youth vulnerable for these consequences. However, there is a lack of studies that go beyond this clinical viewpoint and concentrate on how children in foster care view the impact of these experiences in their everyday life. Including the voice of children in research about traumatic experiences can provide insight into how they perceive and process these experiences,
and illustrate their meaning-making processes (McLean, 2005; Warming, 2006). Youth’s personal experiences can furthermore inform service planning, provide insights to improve treatment for complex problems, and assist care professionals to better understand and meet their needs (Whiting, 2000).

Studies on the voice of children in foster care have illustrated how they experience living in foster care (e.g., Winter, 2010), the stigma attached to being a ‘foster child’ (Madigan et al., 2013), and the impact of placement breakdowns (e.g., Rostill-Brookes, Larkin, Toms, & Churchman, 2011). However, only a few studies focus on children’s accounts of traumatic experiences prior to care and the impact of these experiences. Youth interviewed by Riebschleger, Day and Damashek (2015), for instance, reported chronic traumas prior to care, such as caregiver substance abuse, maltreatment and neglect. Children have additionally pointed to the traumatic experience of being separated from their birth parents and community, and the grief and ambiguous loss that accompanies this (Herrick & Piccus, 2005; R. E. Lee & Whiting, 2007; Mitchell, 2017). To increase our understanding of the lived experiences of youth regarding the impact or traumas, this study aims to answer the following research question: What is, from the youth’s own point of view, the impact of traumatic experiences prior to living with a foster family? This includes both traumatic experiences that occurred while living with biological parents or other primary carers, as well as the traumatic event of being removed from parents’ care. A qualitative approach was chosen to gain an in-depth understanding of the lived experiences of youth (Flick, 2014).

Method

Participants

The participants were recruited as part of a qualitative study on the needs and experiences of children in family foster care in The Netherlands. A purposive sample of thirteen youth and young adults was willing and able to participate. To be included, participants had to have at least one foster family placement that lasted two years, and had to be an older adolescent or young adult. The first inclusion criterion was chosen because it gave participants the chance to build a relationship with at least one parental figure outside the birth family. The second inclusion criterion was set because older adolescents and young adults were expected to have the ability to reflect on their childhood in a coherent and detailed manner.

The age of participants varied between 15 and 23 ($M = 19.1$) and eleven of them were women (85%). Six participants were living with their foster family, while seven lived independently. On average, the participants had spent 7.5 years in foster care (range 2-16) and were 8.5 years old when entering care (range 0-17). The majority of participants reported no current mental health problems (78%). Those who did have current mental health problems either indicated a diagnosis of ADHD ($n = 2$) or autism spectrum disorder.
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(n = 1). For anonymity reasons, fictitious names for the participants will be used throughout this article.

**Instruments**

We conducted episodic narrative interviews (Flick, 1997). Participants were invited to elaborate on interview topics using every-day, concrete examples. The interview allowed participants to determine which stories they shared, and how deeply these were discussed. Interview topics broadly covered three themes: what did it mean to be a child living in family foster care, what were your needs while in care, and what was the impact of traumatic experiences on you? This article focuses on the stories youth and young adults told regarding the last theme. Since the actual traumas they experienced were not the focus of this study, we refrained from directly probing them about these experiences, in order to prevent eliciting trauma-related emotions and stress. Despite this, many participants chose to disclose the nature of the traumatic childhood experiences nevertheless.

In a short questionnaire, participants additionally reported on their age, length of stay in family foster care, current living arrangement and mental health issues.

**Procedure**

Information about the research project was shared with youth and care leavers by two foster care organizations, two youth support groups and through social media. They were asked to contact the researchers if they wanted to participate. Additional participants were contacted using snowball sampling. Through emails and telephone calls, more information about the study was shared with the participants. If they agreed to participate, an appointment for the interview was made.

The participants were visited at home, unless they preferred another location. The number of interviews varied between one and two, and a single interview lasted between one and two-and-a-half hours. All interviews were voice-recorded with permission of the participants. Informed consent was obtained from the participants after explaining the research procedure. Participants received a card with the contact information of the researchers and of two independent organizations that could provide after-care when they experienced negative consequences after recollecting their traumatic memories. The study was approved by the Ethics Committee of the host institution.

**Data analysis**

The interviews were transcribed ad verbatim, and of each interview randomly selected fragments were checked for accuracy. A team of three researchers analyzed the transcripts using open coding and thematic analysis (Braun & Clarke, 2006), supported by the software program NVivo 10. The aim of this analysis is to summarize the content of participants’
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stories by searching for recurring themes across the interviews. We treated the episodes narrated by the participants as a reflection of their reality, and hence started coding from the interview transcripts.

The transcripts were read and re-read twice, in order to get familiarized with the data corpus. The first five interviews were subjected to initial coding, in which the relevant extracts were selected and given a code: descriptive words that captured the essence of the extracts. Within each interview initial codes were collated to form (potential) themes. The themes of these five participants were compared and provided input for the codebook. The remaining interviews were coded according to the codebook. Analysis was a recursive process, therefore the researchers frequently discussed their coding, reflected on the coding process and tried to reach consensus when differences arose. This resulted in new insights and adjustments to the codebook, and consequently in adjustments to the previously coded interviews.

For this study, themes and codes were included if they represented events or experiences that the participants perceived as traumatic. Only traumatic experiences that occurred while living with their primary carers (birth parents or other carers) and the removal from their primary carers were selected, not those during foster care. Second, themes and codes were included that represented the impact and consequences of these experiences on the participants. The impact could have occurred anytime between the experience and the interview, thus was not limited to time in foster care.

The codes were split into two groups: a group of codes on traumatic experiences, which we use for illustrative purposes, and a group of codes on the perceived impact of these experiences. The codes regarding the impact were reviewed and collated into new subthemes and then grouped into overarching themes. This process was discussed among the authors until consensus was reached about where each code should fit. The analysis resulted in three themes: Experiencing problems, Searching for stability and growth, and Experiencing no impact. Two of these themes also consist of subthemes (see Table 5.1).

**Results**

Participants reported a total of 38 traumatic experiences. The majority of these experiences were the result of acts of omission or commission by their parents. Youth and young adults (from here on referred to as ‘youth’) reported experiencing traumas due to inadequate parenting, parental mental health issues, neglect, abuse (physical, sexual, emotional) and the absence of their parents. Examples are not receiving enough food, having to care for siblings, and an incarcerated father. Other traumas involved maltreatment by other adults close to the participant, such as sexual abuse by an uncle. All participants were placed out-of-home, and about half the youth mentioned specific traumatic experiences surrounding this event, such as the separation from their parents.
Some youth were very young when they were removed from their homes and could not recall their traumatic experiences. Four participants could not remember anything from before their foster care placement, and one remembered only parts of it. They learned about their adverse home environment later during their childhood, which included instances of parental substance abuse and neglect. While we considered removing them from the analysis, their stories illustrate how they believed these experiences and hearing about these experiences had an influence on them, despite not being able to recall the events.

Table 5.1. Overview of the Themes and Sub-Themes Depicting the Perceived Impact of Traumatic Experiences

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
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<td>Experiencing problems</td>
<td>Internalizing problems</td>
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<td>Anger</td>
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<td>Loss</td>
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<td>Social problems</td>
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<td>Traumatic triggers</td>
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<td>Lagging behind</td>
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<td>Searching for stability and personal growth</td>
<td>Stability in care</td>
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<td>Preserving sameness</td>
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<td>Looking for answers</td>
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<td>Turning negativity into positivity</td>
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<td>Changing the future</td>
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<td>Experiencing no impact</td>
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Table 5.1 shows the three themes and the accompanying sub-themes depicting the perceived impact of traumatic experiences as narrated by our participants. These themes are aggregated over the participants, indicating that different youth reported similar impact and that youth experienced multiple types of impact. Below, the themes and subthemes will be described and illustrated with quotes from the interviews.

**Experiencing problems**

Participants mentioned problems resulting from their past that could be characterized as *internalizing problems*. While some indicated feeling depressed or sad because of their past, others closed themselves off from their emotions or environment. The latter group wanted to keep people at a distance, or did not want to acknowledge what had happened. The out-of-home placement specifically left youth with a profound fear of being abandoned again, by their foster parents but also by their friends or partners. Youth dealt with this by either complying with what their foster parents expected of them, or by not bonding with their foster parents at all, to avoid getting hurt again. Traumatic experiences also had a negative...
impact on youth’s self-esteem: they indicated feeling inferior and were ashamed of their experiences. Other internalizing problems participants mentioned were being preoccupied with their traumatic experiences, having nightmares, being afraid of the dark, and having trouble sleeping. Youth had a hard time dealing with these feelings, commenting on the urge to drink heavily, exert control over their food intake, seek out risky situations, and harm themselves.

‘I cut myself for a while. In that time I felt like I was nothing, and I was scared to become like my dad. I did not want to hurt people [like my dad did], so I hurt myself instead of others. That was really a shitty time.’ Araja.

An emotion that stood out in the stories of the participants was anger. They were angry about their experiences at home and about the out-of-home placement. Their anger was mostly directed toward their parents. Youth also commented on the fact that they in general became more prone to anger, and had angry outbursts because they were anxious and lacked trust in their new caretakers. Especially the experience of sexual abuse caused a lot of anger: toward the perpetrator, toward people who knew about it but did nothing, and toward people showing any signs of sexual behavior.

‘We had the feeling [aunt] knew perfectly well what was going on [sexual abuse], but she did not care because we were not her children… I have been so angry with her.’ Jennifer.

The out-of-home placement specifically entailed a physical and emotional loss of their birth parents. For some, the placement resulted in a complete absence of contact, temporarily or up until the interview. Participants who remained in contact with their birth parents had to deal with the loss of physical closeness. While some were happy with the contact arrangements, others mentioned forced visitations, rigid arrangements or a lack thereof, and birth parents not honoring the arrangements. The emotional loss of parents resulted in feelings of loneliness and isolation. Youth missed their parents, whether they had contact with them or not, and they felt alone and lost without them. Youth with no parental contact mentioned they could not compare themselves to their parents; were they becoming like them or not? Throughout the placement youth felt they lost having a real mom and dad, and some were jealous of children who had an ‘ordinary’ family. Moreover, the bond between them and their foster parents was characterized as different from the bond with birth parents. One participant reported that the bond felt more temporary.

‘…a foster child is a person who basically is alone. Despite that they have [foster] parents that take care of them, they do not have a mom and dad. I don’t think a child will ever feel that way.’ Jennifer.
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Besides experiencing the loss of their parents, youth also mention being far away from their friends and having to change schools.

Social problems were also described by participants, indicating that traumatic experiences changed how they interacted with people. They mentioned having difficulties to trust other people. Youth who were sexually abused by a man, specifically mentioned having trouble trusting men. Most warded off men and romantic relationships entirely. One participant, who felt particularly lonely after leaving the foster family, did seek a lot of male attention, but without the emotional commitment.

‘I had certain views, such as that I would never be able to love a boy, because they were all the same. That’s the perception I got, because one person ruined it.’ Maaike.

Other social problems were the need to have control in social situations, which participants attributed to powerlessness regarding the traumatic experiences. Moreover, interacting with other people was described as being more difficult when these people did not understand the traumas they had experienced. Lastly, having cared for their siblings resulted in some youth being overly caring toward others and not taking care of themselves, while others tried to control the behavior of peers like they used to control their siblings.

The participants described how various situations could trigger memories of the traumatic experiences. These situations were frightening, and they tried to prevent these situations or withdrew from them if possible. In general, youth indicated that certain topics during conversations or on television could be triggering, such as parents, drugs or sex. Youth also mention some specific triggers. Arguments reminded youth of the fights back home, and some expected physical punishment during arguments. Youth with abuse histories indicated that engaging in sexual activities was very difficult and that being naked made them feel vulnerable. Other triggers included kitchen knives, a pat on the shoulder, Arabic men with beards, and noticing symptoms of manic depression.

‘In the beginning I found it difficult when people were arguing, because my parents used to argue often. It would bother me a lot, and I really needed to talk about it.’ Charlotte.

Finally, youth felt their past caused them to lag behind compared to other children. The environment in which they grew up did not support them to develop autonomy or talk about sensitive issues.

‘My foster family was very focused on talking about things. But I really wasn’t. I was brought up with the fact that I should shut up and do as I was told, so I never learned how to have those conversations.’ Jennifer.
Some felt their overall development lagged behind compared to their peers. Moreover, traumas made youth feel more vulnerable than others, and made it difficult for some to concentrate on school. As a response, youth tried hard to prove their capabilities, not only to others, who sometimes expressed their low expectations, but also to themselves.

**Searching for stability and personal growth**

Youth indicated that the out-of-home placement provided them with the opportunity to search for a stable and safe environment in care. After much instability before, foster care provided them with a more structured environment in which they were properly taken care of. Despite the provision of external stability, youth needed some time to adjust to this new normal. One participant for example mentioned she had to get used to eating three meals a day. After this initial period of searching, many youth indicated that they were happy with their placement and felt they could be children again, instead of bearing too many responsibilities. Having the feeling that they could stay with their foster parents until adulthood, helped youth to overcome some of their anxieties. Furthermore, the stability of the foster home was seen as a fresh start, where they had the opportunity to grow.

‘*Those small things gave me the feeling that I could start over. That I had the possibility to become who I wanted to be.*’ Jennifer.

Youth also wanted to preserve sameness in order to experience stability, which meant keeping certain people, objects or situations the same as before the out-of-home placement. Siblings placed in the same foster family, friends or partners could remain a safe haven for them. For other youth, stability was found in continuing certain activities, such as going to (the same) school, engaging with their hobbies and practicing their religion. Lastly, some youth attributed much value to objects they took from their parents’ home or to their pets. This sameness seemed to contribute to their sense of belonging and identity.

‘*The feeling of not belonging in the foster family* did not last long, because I was still living in the same city and my normal life simply continued. I hung out with the same friends and I was going to the same school.*’ Emma.

Childhood experiences left youth with many questions for which they searched answers. They wanted to understand what had happened to them and why their parents, who should have cared for them, harmed them. This ‘mystery’ had to be solved in order to find closure. Specifically the out-of-home placement was a confusing event for youth, because they did not understand why they were placed in foster care, or why their parents could not care for them anymore. Another experience that often led to questions was a history of sexual
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abuse. Youth wanted to understand why the perpetrator did it, or they were so young that only later they started to realize what had happened. Finally, youth tried to understand why their parents had maltreated them. They created a new and more realistic image of their parents by coming to terms with the harsh reality of their histories, by trying to learn more about their histories, and by trying to understand their parents’ problems.

‘I really wanted to know why my mother couldn’t take care of us. I knew her boyfriend was not right, but nobody wanted to say anything to me. There was always this big mystery about it. I was so done with that.’ Shanti.

Although traumatic experiences often negatively impacted youth, this could be turned into something positive. Youth indicated that having dealt with traumas made them more mature compared to their peers, and more capable to deal with difficulties in future situations. Traumatic experiences also made youth more caring toward others, because they had cared for their parents or siblings, or because they experienced the positive effects of people caring for them. Some participants mentioned being able to reconnect with their birth parents after the out-of-home placement, because this made it possible to focus on their relationship. Lastly, some youth mentioned that they learned to trust their intuition and were less prone to fight with people.

‘Because of my childhood and how I grew up, I always want to help others and be there for them.’ David.

Many youth coped with the past by not engaging with it and focusing on their future. Others mentioned how they shaped their future using lessons from their past. Youth who had drug- or alcohol-abusing parents were very aware of their own perceptions about these substances and risks associated with drugs and alcohol. In addition, youth did not want their own children or other children to experience the neglectful and abusive upbringing they received. They were keen on becoming adequate parents and caretakers in the future. Lastly, youth who grew up in impoverished conditions were more aware of the value of money compared to their peers.

‘I will do anything to not become like her [mother]. Seriously everything. And later, I want to become a good mom.’ Tessa.
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Experiencing no impact
Although all participants mentioned negative consequences from traumatic experiences, they also illustrated that some experiences did not affect them, and that some experiences did not affect them in every situation. Many youth did not feel that their school results were affected by traumatic experiences. Some kept school and their (foster) home separated, because this allowed them to be a regular student and consequently gave them a sense of normalcy. Others mention that they were doing well at school because of the out-of-home placement and the opportunities they got from their foster parents. Youth who did not remember certain events because of their young age, mentioned how some of these events therefore did not affect them. Moreover, some youth indicated that the past did not make them feel sad. The absence of negative consequences did not withhold foster parents or professionals to be concerned about the traumatic experiences of youth. Some participants experienced their concern as intrusive and unnecessary.

‘They all think that, because I’ve been through a lot, that I cannot handle [school], and that [my experiences] will hold me back.’ Joyce.

Discussion
This study investigated the impact youth experience from traumatic experiences prior to living in family foster care. The perceived negative impact of these traumas, such as anger, internalizing problems, social problems and traumatic triggers, confirm clinical studies indicating symptoms related to PTSD (American Psychiatric Association, 2013) and dysregulations related to complex trauma (Cook et al., 2005; Van Der Kolk, 2005). Our findings suggest that even youth who do not remember their traumatic histories can experience negative consequences when hearing about their backgrounds. In addition to negative impact, youth indicate the possibility for positive change after traumatic experiences.

While none of the participants reported a diagnosis of PTSD, many did experience symptoms related to this diagnosis. Especially re-experiencing the event and angry reactivity stand out in the stories of the participants. Youth report a great variety of triggers that cause intrusion of trauma-related memories and feelings, which can subsequently result in suppression or withdrawal (Ehlers, Hackmann, & Micheal, 2004; Kleim, Graham, Bryant, & Ehlers, 2013). In addition to perceptual triggers, youth indicate the presence of auditory triggers when encountering certain conversation topics, and contextual triggers, such as engaging in certain activities. This variety in triggers makes it difficult for foster parents and professionals to pro-actively prevent intrusion. Regarding the reactivity resulting from traumatic experiences, the stories of youth indicated that anger was an important negative consequence, which was mostly geared toward the perpetrator of the abuse and neglect.
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Anger rumination has been identified as an important link between childhood traumas and PTSD in other research (Glück, Knefel, & Lueger-Schuster, 2017). While anger and resentment are legitimate emotions after experiencing interpersonal trauma (Murphy, 2003), coping with these emotions seems specifically important for youth in foster care, especially when these are geared toward their birth parents to which they might feel a sense of loyalty (Atwood, 2013).

In addition to PTSD symptoms, youth also experience a variety of other problems that correspond with complex trauma. Interpersonal traumas by caregivers can result in dysregulations of affect, attachment, behavior, cognition and self-concept (Cook et al., 2005; Van Der Kolk, 2005). Detachment from parental figures, trust issues and fear of rejection relate to attachment difficulties. Moreover, the removal from birth parents seemed to instigate feelings of ambiguous loss in youth, which contributed to attachment difficulties. Ambiguous loss refers to situations in which loved ones are either psychologically present but physically absent, or psychologically absent but physically present (Boss, 1999). These results highlight the interconnectedness of the impact of traumas by caregivers and the removal from these caregivers on the attachment representations of youth (see also Schofield & Beek, 2009). Dysregulations of affect were also common among youth. They shared feelings of anxiety, sadness, depression and anger when recollecting the impact of traumas. Furthermore, youth indicated problems with cognition, behavior and self-concept when sharing their concentration problems, problems interacting with others, and low self-esteem. These results confirm other studies which indicate that, in addition to PTSD and related symptoms, complex trauma is an important theoretical construct when examining the impact youth in foster care experience from their traumatic experiences (Greeson et al., 2011).

Youth also illustrate processes that underlie their problems and how they cope with them. Many dysregulations were attributed to fear of rejection, losing trust in their environment, feelings of inferiority, and powerlessness. Youth in this study employed various kinds of coping with the impact of their experiences. While some coping mechanisms were adequate, such as seeking answers to complete the trauma narrative, many indicated inadequate coping, such as heavy drinking, avoidance, and self-harm. Foster parents can assist youth with adopting more appropriate coping mechanisms in order to prevent further problems from inadequate coping (Browne, 2002).

Finally, this study sheds light on the possibility for positive change after traumatic experiences. First, youth mentioned that traumas did not always impact them, or not in all situations. Secondly, youth indicated traumas could stimulate them to search for stability and personal growth. Some youth might have experienced posttraumatic growth, which means developing oneself beyond the previous level of psychological functioning (Tedeschi & Calhoun, 2004). In this study, youth mentioned being more mature, being able to cope
with stressors, and a keenness to not repeat the past. Several studies have shown the possibility for posttraumatic growth in adults (see Schubert, Schmidt, & Rosner, 2016 for a review). Although studies on posttraumatic growth in children have been conducted, determining whether an increase in psychological functioning stems from posttraumatic growth or normal childhood development is challenging (Kilmer, 2006). Future research could investigate experiences of posttraumatic growth in children in foster care and how to stimulate posttraumatic growth.

**Strengths and limitations**

The retrospective design of the current study allowed for insight into the impact youth experienced throughout foster care and the processes over time. However, the time between the experienced impact and the interview could span multiple years. This might make it difficult for participants to differentiate between the impact from traumatic experiences prior to care and experiences in care, such as placement changes and stigmatization. A strength of this study is that it centered around youth’s voices. Nevertheless, their narratives might be shaped with the help and insights of foster parents and professionals. Future research could explore how conversations with foster parents and other professionals shape the stories of youth. With regard to the study design, we chose a thematic analysis that searches for themes in the stories of participants. This analysis aims to summarize the content of participants’ stories by aggregating codes over cases (Braun & Clarke, 2006). Hence, case-specific information and narrative characteristics of participants’ stories are omitted. A final limitation is that the participants represent youth who are willing and able to take part in an interview study and were reached by our recruitment methods. Hence, youth and young adults who currently experience problems, such as severe mental health issues or homelessness, or care leavers who did not remain in contact with their former foster parents might not have been included because they were not reached or did not feel comfortable or capable of participating.

**Implications**

Youth in foster care are able to recognize the clinical impact traumas can have on them. Stimulating their awareness of these processes helps them understand their own behavior and reactions, and could stimulate them to seek help when needed. Conversations about these sensitive subjects should be characterized by trust and interest (Steenbakkers et al., 2016). Interventions should not only focus on youth’s lived experiences of problems, but also on their lived experiences of processes underlying problems, such as fear of rejection and powerlessness, and focus on helping youth find adequate coping mechanisms. Foster parents and professionals should be aware that also traumatic experiences that are not remembered by youth may have a negative impact on them, especially when youth become
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more aware of their histories. In addition, youth can be made aware of the growth they are already experiencing or could experience in the future. Foster parents are important actors in these processes. They can help youth understand the impact of traumatic experiences, prevent intrusion if they know youth’s history, and identify therapeutic needs.