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Résumé de l'article

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Keywords: foster care, identity, stigma, management strategies, adulthood

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Ever since Kools' 1997 and 1999 studies, qualitative research among youth with a history in foster care has consistently reported that they both anticipate and experience stigmatization (Ferguson, 2018; Havlicek, 2018; Michell, 2015; Ridge & Millar, 2000). The perceived stigma appears to be related to the adverse life experiences that necessitated the intervention of child protection services, but also to their placement in foster care (Dansey et al., 2019; Kools, 1999). Indeed, upon entering care, their status changes (Emond, 2014; Havlicek, 2018; Kools, 1999; McMurray et al., 2011). Once they become "foster care youth", many children and adolescents dread that their new status will change people's attitudes and behavior towards them.

Although youth are placed in foster care for their own protection, the label carries with it negative attributions and expectations that position them as deviant. Youth with a history in foster care often report being treated as "different", "bad", "violent", or "disturbed" (Colbridge et al., 2017; Emond, 2014; Kools, 1999; Rogers, 2017). Common stereotypes about why some youth end up in foster care have also been identified, including rejection and abandonment by parents because of the youth's problem behavior or delinquency, parents' drug or alcohol abuse, and extreme poverty (Emond, 2014, p. 199). In addition, foster care-experienced youth tend to be aware of and denounce the assumptions that they will be welfare dependent as they transition into adulthood (Mulkerns & Owen, 2008; Villagrana et al., 2018) and that they will become negligent parents themselves (Bermea et al., 2019).

The potential impact of stigma is especially preoccupying during the transition to adulthood, when young persons with a history in foster care are highly vulnerable (Goemans et al., 2018; Gypen et al., 2017; Teyhan et al., 2018). Due to past experiences (e.g., exposure to trauma and placement instability), as well as external factors (e.g., lack of social support and need to fend for oneself), this transition can be particularly abrupt and difficult for foster care-experienced youth (Mendes & Rogers, 2020). Research by multiple teams, including Brännström et al. (2017), Courtney et al. (2018), Gypen et al. (2017), Seker et al. (2021), Vinnerljung et al. (2015), and Zlotnick et al. (2012), has suggested that, as a consequence, youth with a history of placement in foster care do not generally fare as well as their counterparts without such a history, a contrast seen across multiple domains. For example, rates of incarceration, homelessness, unemployment, and hospitalization are higher among foster care-experienced youth than in the general population. Prevalence of mental health problems, substance abuse issues, and victimization are also higher among care-experienced youth. The fact that young persons with a history of foster care may be navigating the demands and challenges of autonomous life with low self-esteem and a stigmatized identity further complicate the transition (Colbridge et al., 2017; Havlicek, 2018; Mulkerns & Owen, 2008).

Concretely, stigma has been shown to impact the transition into adulthood of vulnerable young persons in at least three ways. First, youth who are the object of discrimination have access to fewer opportunities (Clark, 2012), including for identity exploration (Cosner Berzin et al., 2014).

Yet, identity exploration is a critical task of emerging adulthood (Arnett, 2000). Stigma also exacerbates vulnerable youth's tendency to consider self-reliance as a mark of "success" during their transition into adulthood, leading them to cut ties with care professionals and making them reluctant to ask for help in general (Samuels & Pryce, 2008; Villagrana et al., 2018). Fear of disclosing negative characteristics, including but not limited to placement in foster care, can lead youth to feel disconnected from their peers and contribute to social isolation (Kools, 1997; Moseson et al., 2019; Peterie et al., 2019).

Nevertheless, identity development is rarely the main focus of studies on youth with foster care experience, nor is it often considered as a measure of their well-being during adulthood (Ferguson, 2018; Marshall et al., 2020). Therefore, we know very little about why and how stigma manifests in some youth and not others, as well as how they deal with it. The current study addresses this oversight by analyzing how young women with a history in foster care integrate these experiences into their life stories. The focus is on discursive manifestations of stigma in participants' narratives about placement in foster care, their own perceptions of care-experienced girls and women, as well as how they self-present. Special attention is also given to the ways in which youth try to reduce, deflect, or eliminate stigma.

Public and Self-Stigma: Implications for Foster Care-Experienced Youth

Research tends to distinguish two types of stigma. The first is public stigma, which encompasses the concepts of social, enacted, external, and perceived stigma (Nguyen & Li, 2020). In the field of mental health, for example, public stigma is concerned with the general population's stereotypes and prejudicial treatment of people suffering from mental health problems (Corrigan & Rao, 2012). Public stigma takes place within a broader sociocultural context that makes it possible for negative attributions towards a group to emerge and to shape informal, professional, and institutional responses towards them (Link & Phelan, 2001; Pescosolido, 2013; Pescosolido et al., 2010).

Studies on social images of children and youth in foster care have confirmed that, in the general population, the "foster care youth" label carries negatives attributions (Calheiros et al., 2015; Vaz Garrido et al., 2016). For example, Calheiros et al.'s 2015 study in Portugal with 176 adult participants — "individuals with and without professional contact with children and youth in residential care" (p. 159) — found that the characteristics associated to children and adolescents in residential care were mostly negative. In a questionnaire asking respondents to list five attributes of young people in residential care, children were mostly described as "sad" and "needy", and adolescents as "rebellious" and "aggressive" (p. 165). In another Portuguese setting, Vaz Garrido et al. (2016) conducted two studies to compare "the social images people have about youths in residential care to those they hold about youths living out of care" (p. 439), and observed that the images of youth in residential care were more negative than those of young people in normative contexts. Perhaps even more troubling, professionals working with at-risk children and adolescents (25.3% out of 726 participants in the second study) had a more negative view of youth in residential

care than did laypersons (Vaz Garrido et al., 2016, pp. 449–450). As a result of public stigma, care-experienced youth often report being bullied and ridiculed because of their foster care status (see, e.g., Emond, 2014; Kools, 1997; Vacca & Kramer-Vida, 2012). Youth who have been placed in foster care are also very reluctant to disclose their status for fear of being judged (Emond, 2014; McMurray et al., 2011).

The second type of stigma is self-stigma. Public stigma can lead to self-stigma; that is, stigmatized people turn the prejudice against themselves (Rüsch et al., 2005). For foster care youth to internalize public negative attributions, however, young persons need not only to be aware of negative public attributions regarding foster care youth and agree that they are true, but also agree that they apply to them (Corrigan & Rao, 2012). Self-stigma is considered highly detrimental for youth's well-being as it is associated with low self-esteem, a fragile identity, and a tendency to self-isolate, as well as a reluctance to ask for help (Livingston & Boyd, 2010).

Self-stigma has not really been explored with regard to youth placed in foster care. However, a few studies have suggested that care-experienced youth's devalued sense of self could be explained by the internalization of stereotypes and judgements (An et al., 2020; Kools, 1999; Thomas, 2014; Villagrana et al., 2018; Vojak, 2009). It is well documented that negative designations and expectations, if internalized, are associated with a myriad of negative outcomes (Benoit et al., 2018; Hatzenbuehler et al., 2013; Livingston & Boyd, 2010). There is also some evidence to suggest that the negative impact of internalized stigma is persistent (An et al., 2020; Moore et al., 2016). Future research should therefore focus on manifestations of self-stigma in youth's discourses and narratives to determine whether care-experienced youth tend to agree or not with public negative images and whether they apply the negative images to themselves.

The Management of Foster Care-Related Stigma

Stigma management is conceived of as the process an individual uses in responding to stigma; it is aimed at eliminating, reducing, or at least managing stigma. From this perspective, those "labeled" are not necessarily affected by negative social images others have of them. In general, individuals on the receiving end of stereotypes have access to various responses; some effectively resist or deflect stigma entirely (Weitzer, 2018). In fact, some scholars have documented resistance to negative identities among youth placed in institutional contexts for behavioral and emotional difficulties (McKinney, 2014; Severinsson & Markström, 2015). Stigma management, therefore, allows for the possibility that youth with a history in foster care might be not weighed down by discrimination and could challenge public representation. Yet, this perspective also recognizes that stigma is structural. Therefore, stigmatized individuals might not have the resources to effectively protect their sense of self and the strategies used to fight back could perpetuate the power imbalances that create stigma (Roschelle & Kaufman, 2004).

One of the most comprehensive typologies of stigma management strategies was developed by Meisenbach (2010). It is based on two criteria: the individual's attitude about challenging (or not) public perception of the stigma, and the individual's attitude toward the applicability of public

stigma to himself or herself (p. 277). Individuals feeling stigmatized can therefore object or not to the negative beliefs about a particular group or occupation (fighting public stigma or enduring it); and accept or not that these stereotypes apply to them (fighting self-stigma or enduring it). Individuals who accept the public stigma and agree that it applies to them will likely try to convince themselves that they are at ease with the stigma, and either self-isolate or bond mostly with others who are stigmatized, whereas individuals who accept the public negative images, but challenge its applicability to themselves, will try to conceal, distance themselves from, or eliminate the stigmatized attributes (Meisenbach, 2010, p. 278).

As Meisenbach (2010) noted, there are individuals at the other end of the continuum who instead challenge public stigma. If they still feel stigmatized, their stigma management strategies will aim to convince others of how little control they have over the stigma, to highlight non-stigmatized parts of their identity, or to minimize the harm of stigma. Individuals who challenge public perceptions and reject their applicability to themselves may deny or ignore the existence of the stigma, or discredit their "discreditors".

Although stigma management, as a perspective, had not previously been used in research among youth with a history in foster care, four stigma management strategies used by care-experienced young persons were identified by Kools (1999). The first strategy was hiding their "foster care youth" status or selectively disclosing it to trusted friends and professionals (Kools, 1999, but also Dansey et al., 2019; Emond, 2014; Rogers, 2017; Steenbakkers et al., 2016). A second self-protection strategy was to defensively maintain a posture of indifference or defiance toward their "foster care youth" status. The third and fourth self-protection strategies were to distance themselves from others, and to keep superficial any relationships that did develop, thus avoiding getting close to people and being hurt by what they might think.

In addition to Kools' (1999) list, a couple of studies have highlighted discursive stigma management strategies related to how foster care-experienced youth self-present and how they discuss their placements. For example, Emond (2014), as well as Turcotte and Lanctôt (2019), highlighted that perceived stigma is apparent in the stories youth tell about being removed from home and placed in foster care. Inclusionary and exclusionary discourses can also be used (Denenberg, 2016). By choosing whom they identify with and whom they want to distance themselves from, youth can deflect or reduce stigma. The current study will therefore explore the strategies used by young people to manage stigma and will also consider the usefulness of those strategies.

Methods

The present study is part of a larger longitudinal research conducted in the province of Quebec by Lanctôt (2011–present), which follows a cohort of women into adulthood from their admission to residential care as adolescents. At Wave 6 of data collection, when participants were aged about 19, in-depth interviews were conducted with a subset of 20 young women. Participants were

interviewed either two or three times. The first interview focused on experiences in care and placement instability. The second, guided by a narrative identity perspective (McAdams, 1988, 1989, 2021), elicited participants' life stories. Finally, a third interview exploring young women's needs was guided by the Good Lives Model (Ward & Gannon, 2006).

The present paper draws exclusively on data gathered during the second interview and therefore on participants' life stories. As a communicative format, the life story is especially appropriate to the study of possible manifestations of stigma and how it is managed. First, the life story is conceived as a window into participants' identity work (Watson et al., 2015; Willis & Holland, 2009). It is through an evolving story of the self that young adults begin to reconstruct past experiences in ways that align with their present and their expectations about the future. Second, a life story format allows young women to be in control of how they self-present during the interview (Ballantine, 2021). Participants can therefore test discourses about experiences in care and outside care that reinforce, rather than threaten, "preferred identities" (Riessman, 2008).

Participants

A subset of 22 possible participants (20 of whom agreed to participate) was selected from the original cohort sample, based on three criteria. The first concerned past experiences in foster care. Research has shown that youth admitted to foster care can experience very different care pathways depending on age at admission, duration of care, and the number of placement moves and breakdowns (see, e.g., Hélie et al., 2017). Three placement trajectories in particular were identified in the original cohort sample using cluster analysis (Hébert & Lanctôt, 2016). We therefore randomly selected participants from each trajectory in proportions roughly similar to what we observed in the original sample. For example, three out of 20 participants were selected from those whose placement trajectory was very unstable — youth who had been placed as children and had moved an average of 19 times; this trajectory represented 6.37% of the original sample. Another six participants were selected from those (13% of the original sample) who had followed a trajectory in which they had been placed in care as children, but had been exposed to less instability except for a high turnover among care professionals assigned to their case. The final 11 participants had been placed as adolescents, had spent a comparatively short time in care, and had been exposed to little or no instability; this trajectory represented 80.65% of the original cohort sample.

Other sampling criteria included time elapsed since exiting care. We decided as a team that participants had to be at least 20 years old, to allow young women who had aged out of care at 18 a bit more hindsight. In the present study, the immigration generation of participants was also considered in order to test for cultural differences with regard to perception of stigma and strategies used to manage it. However, it is pertinent to note that we observed very little variance in the original sample with regard to this variable.

Procedures and Interview Guide

After securing ethical approval from the Université de Sherbrooke, our team's research coordinator contacted all selected participants to present the study's objectives and ethical considerations. Of the 22 individuals contacted, 20 agreed to participate. These signed a consent form, and were given an alphanumerical code and pseudonym for data presentation purposes. A $50 compensation was offered to all participants upon completion of the interview. The vast majority of interviews took place at participants' homes. All interviews, which lasted an hour and a half on average, were tape recorded and then transcribed by a professional firm. A summary description of the sample is provided in Table 1.

Table 1. *Description of the Sample in Terms of Foster Care Trajectories*

Pseudonym	Age at 1st placement	Duration in years	Number of placements	Number of moves	Number of care professionals assigned
Alex	13.63	1.30	3	3	4
Emma	16.36	1.14	3	3	4
Nathalie	17.06	0.78	1	1	3
Laurence	7.32	9.18	4	4	16
Vanessa	14.56	0.73	2	2	1
Annie	14.27	1.04	1	1	3
Stéphanie	14.32	0.77	1	1	2
Camille	16.61	1.16	2	2	2
Lili	14.94	0.77	1	1	4
Frédérique	16.24	1.05	3	3	4
Sophie	13.71	3.36	4	5	7
Marie-Hélène	11.11	3.93	5	5	10
Rose	7.48	8.51	8	9	13
Béatrice	11.81	11.15	11	20	1
Julie	12.95	7.62	12	15	9
Émilie	14.1	3.78	14	20	0
Danielle	8.18	11.13	8	10	13
Geneviève	7.97	4.59	8	10	14
Marie	13.27	6.05	7	8	3
Véronique	15.34	3.15	3	3	1
Mean (*SD*)	13.06 (3.12)	4.06 (3.63)	5.05 (3.95)	6.30 (6.03)	5.70 (4.99)

On average, as Table 1 highlights, participants had been placed at age 13 and had spent 4 years in foster care. They had been moved into and out of placement six times and been assigned six different social workers throughout their foster care trajectories. The subsample constituted for the present study experienced slightly more instability that the original cohort sample (Hébert & Lanctôt, 2016). This may be due to the fact that the participants retained at Wave 6 of data

collection were those who had spent more time in foster care and therefore were easier to contact for follow-up.

The interview guide was largely based on McAdams' (2008) Life Story Interview-II. Participants were invited to think about their lives as if they were shooting an autobiographical movie. They were instructed to focus on the memories, events, relationships, hardships, and successes that they wanted to depict so that the audience would understand why and how they became who they were. No direct questions were asked about their experiences in foster care, to ensure that participants themselves could decide whether and to what extent their various placements would feature in their stories.

Analysis

Working together with our research team, we developed a general strategy for analyzing qualitative data, inspired by the principles of consensual qualitative research (Hill et al., 1997, 2005). This strategy has been tested successfully with three sets of qualitative data so far (Lanctôt & Turcotte, 2018; Turcotte & Lanctôt, 2019, 2021). This strategy allows us to render the process of qualitative data analysis more transparent, and therefore more credible, by (a) involving at least two researchers at every stage; (b) conducting occasional audits with a third researcher less involved in the process; (c) holding regular meetings to discuss and revise all aspects of the coding; and (d) documenting all questions raised and decisions made. Two researchers worked together to develop and test the codebook. All interviews were coded by both researchers, using the QDA Miner software. A third researcher was asked to test the final version of the codebook on one interview; we obtained a 94.4% intercoder agreement regarding the relative importance of all codes. After that, five interviews were coded again by three researchers, this time achieving a 97.6% intercoder agreement.

We created four main codes with which we analyzed the data related to identity and stigma in participants' narratives. We used the expression "perspective" in all four codes to refer to the various positions or points of view from which stigma might manifest. All four codes were inspired by previous studies on narrative identity and stigma. For example, both the narrative identity perspective and the literature on stigma emphasize the social/relational nature of identity and stigmatization (Link & Phelan, 2001; McAdams & McLean, 2013). Under our first code, "the perspective of others", we regrouped all excerpts related to how participants feel they are perceived or expect to be perceived by others. Since inclusion and exclusion discourses are major stigma management strategies (Aiello & McQueeney, 2016; Grittner & Walsh, 2020; Roschelle & Kaufman, 2004; Trautner & Collett, 2010), the second code was named "perspective on others". Under this category, we coded all excerpts in which participants discussed other groups of people and, in particular, other care-experienced youth. A third major code, "perspective on the self", related to the well-established fact that negative social images of foster care youth and the interiorization of stigma become apparent in how youth self-present (Colbridge et al., 2017; Kools, 1999; Severinsson & Markström, 2015). Our fourth and final code, "perspective on placement",

focused on how participants talked about their experiences in foster care. Qualitative studies among foster care youth have shown that the ways in which they discuss placement and experiences in care is identity work (Munford & Sanders, 2015; Schofield et al., 2017).

Findings

Are Care-Experienced Youth Fighting Back Against Stereotypes?

Participants definitely perceived a social taint about being "foster care youth". Based on what they had experienced personally, but also what they had seen, read, and heard, participants discussed negative social images of youth with a history in foster care. For example, Béatrice reported that she had been shunned because of her history in foster care. Indeed, she recalled that once her history in foster care had been disclosed to her friends, some parents decided that she wasn't allowed near their children because she was probably a "bad person" and a "delinquent".

Another manifestation of public stigma can be found in Stéphanie and Marie-Hélène's comments about how friends and neighbors would never "suspect" (to use their expression) their history in foster care. Stéphanie had recently told a couple of new college friends that she had been placed in residential care as a teen. She emphasized that her friends were very surprised to find out about her history in foster care since she was perceived as a "little family girl" who seemed like she had "never experienced anything". Marie-Hélène discussed how her foster care status had been invisible to neighbors in her town, because she was well mannered and never used her background as an excuse to contravene social norms. Stéphanie and Marie-Hélène both took pride in the fact that their "foster care youth" status was not apparent since care-experienced young people are expected to talk and behave in ways that make their devalued attributes obvious.

Being both care-experienced and a young mother was described as an intersection of stigmas likely to ignite concerns about the intergenerational transmission of child maltreatment. Almost all of the 10 mothers[1] in the sample discussed a common public expectation that child protection services would intervene to place their children in foster care. They felt that they were assumed to be negligent or violent because of their own history in care and because of their age.

Finally, questions about what impact a movie based on their lives could have often led participants to hope aloud that their film would debunk common myths and stereotypes about "foster care youth", especially the idea that young persons are placed in care because of problem behavior and that they have a low chance of "recovery". This is illustrated in Vanessa's comments:

> And I think that for other girls, my movie could revive their flame, give them some hope that maybe they lost, because not all girls — but also boys — not all children in foster care have problems like delinquency or are members of street gangs. For many of them, it is because they were neglected or because their parents didn't have

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[1] One of the ten was pregnant at the time of the interview.

the resources to take care of them. So, you know, people have prejudices about people in foster care, like that they are delinquents or that they are unrecoverable, but on the contrary. There are way more lost souls than rebels in foster care, in my opinion. So, they all deserve some glimmer of hope.

While participants discussed public stereotypes held by the larger population about youth with a history in foster care, they mostly feared the negative attributions of care professionals. Practitioners' interactions with care-experienced youth were interpreted as manifestations of distrust and biased judgement towards them. Words such as "delinquents" and "dangerous" were used frequently to describe how care professionals perceived and treated them. In residential care specifically, as Marie-Hélène, Emma, and Julie all noted, the physical environment and security personnel reinforced this image of foster care youth as presenting a risk from which professionals had to be protected.

The Role of Youth in Reinforcing Foster Care-Related Stigma

Although participants wanted to challenge preconceived ideas through their "movies", one troubling finding is that most of them agreed with negative attributions regarding youth with a history in foster care. One stereotype that participants appeared to endorse is that youth placed in foster care are partly responsible for their removal from home. While the young women recognized that some foster care youth experienced considerable adversity in their family of origin (e.g., maltreatment, exposure to trauma, neglect), they also believed that placement was something you deserved because of some condition (e.g., mental health problems) or because of severe problem behavior.

Another example of agreement with stereotypes regarded the (mostly gendered) negative expectations participants had about youth with a history of care as they transitioned into adulthood. A common image used to represent the beginning of this transition was that of foster care youth ending up on the street with garbage bags to hold their possessions the day they turned 18 years old[2] — a terrible position from which to begin a new life. In addition to this assumption, participants felt that young women were expected to be engaged in prostitution, to become young single mothers, and to expose their children to intimate partner violence. Such expectations were universally held in our sample, but it is worth noting that only a few based their judgement on actual encounters with former foster care youth. For example, Julie remained in contact with a lot of women with whom she had been placed. Her comments emphasized the perceived high probability that young women in transition out of care and into adulthood would get involved in sex work:

> You know, sometimes I will mention that I was placed in youth centers and all, but it's because there are many girls that I know from there. Sometimes, it's like, "Hey,

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[2] The age of majority in Quebec is 18 years.

how are you?", "I'm good!". You know, I'm like, "I'm good". But at the same time, I'm like, "Ah, another one", you know — that's really what I tell myself. Yes.

[laughs]

No, but I don't want to. I don't want to be negative, but it is so true. Sincerely. It's incredible! Like on Facebook, people will contact me like, "Weren't you in [name of a youth center]? And I'm looking at their profile pics and she's an exotic dancer or an escort. You're like, "Ah! Again!". Yes.

You know, one time I would like one to come forth and say, "I'm studying at university …"

For most participants, however, such negative public attributions were not grounded in personal experience, but rather based on so-called "statistics" that participants were made aware of. For instance, Stéphanie noted that 98% of care-experienced youth who became mothers were doing so as an inadequate coping strategy to avoid and deny their problems. Yet, she was not in contact with anybody from her past in residential care, including young mothers. Likewise, Emma talked about the well-being of foster care youth during their transition into adulthood, drawing on what she felt was well-established common knowledge:

Emma: Three quarters of girls exiting youth centers are not doing well.

Interviewer: But when you say that three quarters of girls are not doing well when they transition out of care, why do you say that? Is it something that you observed?

Emma: Well, no, but it is statistics, you know. Everybody says it. You know.

Interviewer: Ah, I thought that was something you observed yourself …

Emma: No. No. Well, I saw one after, and like, same situation as before. She was back with her [pimp]. And another one, same situation as well. She was placed because she had problems with her mom, and she was still having problems with her mom now that she was out. And she had to find an apartment because it wasn't working out with her mom. You know, nothing had changed.

Participants therefore felt that most youth with a history in foster care are likely to experience a difficult transition into adulthood from which they will emerge even more damaged. Again, these bleak future perspectives were perceived as somehow deserved because foster care youth refused to accept responsibility for what had happened to them and refused to work on themselves.

Although participants expressed a desire to debunk some stereotypes, they themselves turned out to be harsh critics of youth with a history in care. Since all the young women interviewed were former foster youth themselves, our analysis turned to the ways in which participants managed that incongruity.

Do Young Women Accept That Stereotypes About Foster Care Youth Apply to Them?

"I'm not like other foster care girls": How former foster youth resist self-stigma.

As we focused on identifying stigma-management strategies, we realized that participants' adherence to negative public attributions about foster care youth served an important purpose: it allowed them to self-present as not part of the care-experienced group. The stronger the caricature, the easier it was for participants to distance themselves from it. The young women we interviewed had strong feelings indeed about being personally labeled a "foster care youth" and actively resisted the stigma that came with it. To illustrate, we use an excerpt from the interview with Danielle, who strongly reacted to an implication that she was even in the same group as other foster care girls:

> **Interviewer:** What do you mean by "they didn't learn anything"?
>
> **Danielle:** Well, in the sense that I changed for the better.… Today, all the girls I was placed with in youth centers have become prostitutes and escorts — and exotic dancers. In a way, they just continued to do what they were doing when they were admitted in care. Because they were placed for these exact reasons. And they just continued when they got out. Maybe they will eventually realize, but in the meantime, it's a shame.
>
> **Interviewer:** Okay, so what you are saying is that *when you compare yourself with these girls …*
>
> **Danielle:** Well, compare is a big word. I don't compare myself with escorts. But it affects me in a way, because I know and I like some of them.

Participants used two main exclusionary discourses to argue that they were not "foster care girls". The first centered on how they did not belong in foster care ("I should have never been placed in the first place"). There were many variations of that message. Stéphanie recalled how shocked she was after being admitted into foster care when she realized how different her background was from other girls that had been placed. She came from what she thought of as a "regular family", and everything from her family's socioeconomic situation to her social abilities and manners allowed her to distance herself more:

> But you know, I come from a family that is very present, even though we had our problems. Everybody has a stable job, everybody went to school and graduated, nobody in the family really has a drug or alcohol problem, things like that. So, although we all have problems, I would say my family is more like a regular model in society, I don't know. I don't want to generalize, but about 100% of the girls I met had a different reality, like their family context, or economic situation — their lifestyle, things like that.

… Like often it's in the way they carry themselves or react. I don't know, I lost my idea [silence]. The mentality, I guess — tackling things with a bit less class or things like that. At my house, there's a minimum that is required socially, you have to be like this and that. Maybe less during my rebellious phase, but like in the day-to-day, attitude-wise, and in the ways we interact with each other. It was different.

Stephanie's narrative was the most elaborate, in terms of complete rejection of the label of "foster care youth". Most participants simply aimed to show that their problem behavior was less severe than that of other girls placed and so did not require such drastic measures as removal from home and placement. For example, Emma mentioned that the girls she was placed with would scream and "blow up" to the point that security personnel had to intervene and physically restrain them. Distancing herself in that way allowed her to question how she had found herself placed in their company. Camille had a similar discourse as she explained that she had a rebellious phase in adolescence, but never expected that there would be such an extreme consequence as being removed from home and placed in residential care. After all, she thought placement was reserved for the "the crazy violent types that would hurt their parents by giving them hell".

A second exclusionary discourse used by some participants focused on how well they were functioning as young adults. Because they were not welfare-dependent, involved in sex work, or faring badly as young adults, they felt they were not really "foster care youth" ("I did not become a statistic"). Examples of "functioning" included going back to school, holding a good job, being in a loving intimate relationship, and having none of the "negative" attributes mentioned previously (e.g., being a single mother, being a sex worker, being a victim of intimate partner violence). Vanessa is a good example, as she was studying in college to become a care professional herself. Her story is particularly interesting because her older siblings had been placed in foster care before her. Her efforts to distance herself therefore focused on how members of her own family had failed to "change the vicious circle" while she had succeeded. In her "movie", she mentioned that her siblings represented "the persons I would be if I hadn't evolved". She refused to let her placement in foster care define her like it defined them:

Interviewer: Okay so you mentioned "deviant" persons like your siblings …

Vanessa: Yes. Yes. In fact, they don't do much with their days. So that's it. They live close by. [laughs] I go see them often. Of course, it makes me question my future, the person I want to be, like I tell myself: when I turn 25, it's like in 5 years, I wonder where they'll be. They're older than me, but I feel like — I don't know how to say it. It's like life is a vicious circle: whether you want it or not, you're born into a family and history keeps repeating itself. And it's like they don't care that history is repeating, but I do. I told myself: "No, I am going to change things, I'll do what I must so it's better for me and for my family." … They are what I would — have become if I had not taken back control.

But not all young women we interviewed had access to the same discourse. Some participants were themselves engaged in sex work, or had been so in the past (Laurence, Marie, Julie); half the sample were mothers or about to be; and a few disclosed incidents of intimate partner violence. Their strategy instead was to acknowledge inconsistencies between their willingness to distance themselves from other former foster care youth and how they were faring as adults, but to shift the blame to their placement in foster care. Yet, having not been able to avoid becoming a "statistic", this stigma management response appeared to be less effective for them.

Julie, for example, hoped out loud that she would meet a former foster care youth who was not a sex worker. During the interview, she explained that her history in care led her to see sex work as a way to be financially independent at 18. She then disclosed that she had turned to exotic dancing to make ends meet. She expressed that she was not "proud" of her occupation:

> … But you know, sincerely, if I had not been placed in youth centers, I never would have become an exotic dancer. Sincerely. It's really because when I got out — I had nothing! They don't give you money. You don't have a bank account with money in it when you leave like: "Here, take this money and get yourself an apartment". No. You get out and if you can't count on your parents, you're alone. So, what is the easiest for a girl to make money quickly? To dance! Of course, you can look for a job, but the it will take more time to gather the money, you know? Like if you dance, you'll get 2-3 months' rent in a week. But if you have a normal job, it will take you almost a month to get the same amount.

> … It's not perfect. Sometimes I think back and the fact that I was placed makes me mad.… But I did eventually realize that it made me the person I am right now and I am proud of that person. Maybe I'm not proud of the job that I have, but it's like: "There's nothing I lack, there's nothing my child lacks". That's what is important to me.

For Julie, but also for others who felt that their present situation confirmed some negative public images about "foster care youth", it seemed harder to avoid self-stigma completely. Yet, participants were able to reduce the negative consequences of a tainted identity by blaming placement for creating problems that had not been there before.

Discussion

The present study explored stigma manifestations in the life stories of young women with a history in foster care, as well as the strategies they used to manage it. Findings show that participants were very aware of the public stigma that accompanied "foster care youth" status. Negative social images of foster care youth were indeed discussed throughout the interviews. However, being care-experienced themselves did not incite participants to challenge the stereotypes. On the contrary, the young women we interviewed reinforced the stigma by depicting

foster care youth (and girls in particular) as deserving of their placement and likely to reproduce a vicious cycle of maltreatment and deviance. Further stigmatizing the stigmatized allowed participants to self-present as not belonging in the "foster care youth" group and to develop a more coherent identity.

The main contribution of the current paper is to show how pervasive and potentially harmful the foster care-related stigma is. It threatens youth's identity by raising self-doubt on many fronts: why they had been placed in foster care, how they will fare as adults, and what they will expose their children to. The underlying assumption appears to be that placement in foster care is the youth's own fault, that they deserved removal from home because of mental health or behavior problems, and that it is therefore their own responsibility to "get better". During the transition into adulthood, they must be ready to "function" autonomously as soon as they turn 18. During and after the transition, young persons with a history in care struggle to find ways to maintain a positive identity, a task made more difficult by the negative attributions that the "foster care youth" label implies about their character and future.

It is therefore not surprising to observe the strength with which participants fought back against the applicability of negative attributions to themselves in their narratives. They used the pretext of making a movie about their life as an opportunity to show who they really were as individuals and what really happened to them. Participants wanted to invite care professionals to "watch their movie" so that they could understand why they had really been placed in care and why they acted the way they did.

What was surprising, however, was the main strategy used to resist self-stigma: to completely reject their "foster care youth" status by painting a very stereotypical picture of girls in care. Research has shown that distancing oneself is an effective stigma-management strategy; for example, some sex workers compare their sex work activities to those of others to show how theirs are more "respectful" or "morally superior" (Levey & Pinsky, 2015). Studies have also suggested that the stigmatized can discriminate against other marginalized groups to avoid being targeted themselves (Craig & Richeson, 2012; Shapiro & Neuberg, 2008). However, members of a minority group reinforcing and spreading stigmatizing attitudes towards other members of the same group is less documented (see, e.g., Sellnow-Richmond et al., 2022). This management strategy, called intragroup stigmatization, is considered dangerous as it can worsen the outcomes for the group that is the target of prejudicial attitudes and behavior. For example, for the sake of distancing from a tainted identity, it can lead individuals to endorse policies and measures that have a negative impact on their own group (Mendoza Lepe et al., 2022).

The implications of the present study can be organized around two ideas. First, stigma is structural, and challenging negative designations about foster care-experienced youth is a shared responsibility (Liegghio, 2017). While we applaud initiatives aimed at empowering and enhancing narrative abilities to prevent the interiorization of stigma, some of which have shown interesting results (Evans et al., 2018; Hansson et al., 2017; Ma et al., 2019), such initiatives also reinforce

the notion that youth should self-protect. Thus, they risk contributing to care-experienced youth's tendency to overvalue self-reliance and independence during the transition to adulthood. One promising avenue is to engage youth, professionals, policymakers, and even researchers in a necessary discussion about the indicators of well-being used to evaluate how former foster care youth are faring in adulthood. Both at the policy and practice levels, a risk-centered perspective tends to dominate, with a focus on outcomes in education, employment, and health as measures of well-being. Yet, as noted by Bakketeig and colleagues (2020, p. 3):

> By limiting the definition of what it means for a care-experienced person to 'do well' to what are effectively indicators of economic potential/productivity or of cost to society, we (as researchers, policy makers and professionals) fail to attend to the rich dynamic and relational complexity of lives lived. In doing so, we risk reinforcing a stigmatizing construction of care experienced people as something other. These tendencies are likely to shape care experienced people's biographies in multiple ways — for example, by informing the priorities established in the policy and services designed to support them, as well as through the micro-sociological interactions of everyday lives in time.

Researchers have therefore not only argued for a greater focus on the strengths and resilience of young persons as they prepare for adult life, but also for a better understanding of how youth themselves define "success" or "doing well" in adulthood (Bakketeig et al., 2020; Frimpong-Manso, 2018; Hare & Bullock, 2006; Schofield et al., 2017; Sulimani-Aidan, 2017).

Second, stigmatization occurs within relationships (Link & Phelan, 2001; Meisenbach, 2010). In the case of foster care-experienced youth, it has been suggested that care professionals should play an important role in reinforcing or disrupting stereotypes (Emond, 2014; Kools, 1999; Severinsson & Markström, 2015; Vaz Garrido et al., 2016). Educating professionals, notably by debunking stereotypes and myths and replacing them with facts, is considered an effective solution (Corrigan et al., 2012). In terms of how practitioners should interact with youth placed in foster care in particular, Munford and Sanders (2015) recommended that care professionals should aim to create "safe relational places" by helping youth make strong and secure connections with adults, by trying to understand the meanings behind youth's behavior, and by helping youth to understand themselves. Most importantly, care professionals should question the words and expressions they use to refer to care-experienced youth, their past, and their future. Language propagates stereotypes and prejudice to the point that it can affect the quality of care offered by professionals (Ashford et al., 2019) and thus youth's engagement in treatment and recovery (Werder et al., 2022). Advocates and organizations such as The Adolescent and Children's Trust (TACT) [3] have therefore worked with young people in care to suggest better, less stigmatizing, ways of referring to care-experienced youth and their stories.

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[3] https://www.tactcare.org.uk/a-reflection-on-language-that-cares

The present study has important limitations. The sample size is small, composed uniquely of women, and potentially biased in terms of placement instability. Indeed, participants as a group had been placed for longer and experienced more placement moves and breakdowns than the original cohort sample. This could have affected their identity development and increased their desire to dissociate from their "foster care youth" status.

A second limitation is concerned with the challenges of studying stigma as outsiders — as researchers unfamiliar with the experience under study. This presents the risk of further ostracizing research participants and failing to capture the complexity of their experiences. To limit these risks, we chose to give participants complete control over their stories and how they self-presented (Ballantine, 2021). We wanted them to be able to choose what they would depict in their "movie" and how it would be portrayed. In fact, two of the women we interviewed mentioned having made the decision not to show a particularly difficult experience because it was too personal or did not fit with their preferred identities. In the end, the importance they gave to being in control of their stories as adults was a telling indication of what little power they felt they had over how they were perceived as "foster care youth".

A final important limitation is the descriptive nature of our findings. We focused on manifestations of stigma, but during analysis, larger questions emerged about why certain youth appeared more affected than others by the stereotypes associated with the "foster care youth" label, which management strategies were more effective, and how some participants developed a more positive or coherent narrative identity than did others. Having opened the door to larger discussions about foster care-related stigma, future studies should focus on its determinants, how public stigma can lead or not to self-stigma, and outcomes for foster care-experienced youth in terms of identity coherence and maturity.

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