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Coping strategies in life stories of young adults with foster care backgrounds

Selviytymiskeinot kodin ulkopuolelle sijoitettuna olleiden nuorten aikuisten elämäntarinoissa

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ABSTRACT

The study, positioned at the interface of social sciences and psychological research, focuses on coping strategies identified in interviews with 18 young adults (between 18 and 32 years) with foster care backgrounds and living in Finland. In the interpretative phenomenological analysis (IPA; Smith & Osborn, 2003. Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology* (pp. 51–80). Sage), three main themes of coping strategies emerged: inward orientation, outward orientation, and influencing one's life circumstances. One additional theme, acceptance, was also identified, but it was only used in young adulthood. The findings highlight the importance of giving voice to young foster care adults' coping strategies, and sensitising foster families and professionals in the field to these strategies to better understand and support children and youth who face adversities.

ABSTRAKTI

Tutkimuksessa tarkasteltiin sijoitettuna olleiden nuorten aikuisten selviytymiskeinoja 18 yksilöhaastattelun avulla. Fenomenologisella analyysillä (IPA; Smith & Osborn, 2003. Interpretive phenomenological analysis. Teoksessa J. A. Smith (toim.), *Qualitative Psychology* (s. 51–80). Sage) tunnistettiin kolme pääteemaa liittyen selviytymiskeinoihin vastoinikäymisissä ja haasteissa: sisäänpäin suuntautuminen, ulospäin suuntautuminen sekä omiin elinolosuhteisiin vaikuttaminen. Lisäksi tunnistettiin keino, joka oli käytössä vain varhaisaikuisuudessa, hyväksyminen. Tulosten perusteella on tärkeää kuulla sijoitettuna olleita nuoria aikuisia koskien heidän selviytymiskeinojaan sekä lisätä sijaisperheiden ja lastensuojeluun osallistuvien toimijoiden ymmärrystä vastoinikäymiä kohtaavien ja kohdanneiden lasten ja nuorten kokemuksista.

KEYWORDS



Coping; foster care; young adult

AVAINSANAT

Selviytyminen; sijaishuolto; kodin ulkopuolinen sijoitus; nuoret aikuiset

Introduction

Foster care children and youth encounter hardships and, often, early traumas in their lives, which separate them from their age-mates. The term *foster care youth* is used here to refer to young

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people who have been placed in out-of-home care due to adversities that have endangered their health and development (Child Welfare Act 417/2007). These can include exposure to childhood maltreatment, marital violence, parental abuse of intoxicants, poverty, committing an illegal act, severe neglect or other traumatic experiences (Harden, 2004).

Regulation of one's emotions, cognitions, behaviours, physiology or even the environment in response to stressful events or circumstances is referred to as coping (Eisenberg et al., 1997; Skinner & Zimmer-Gembeck, 2007). Coping is an ongoing dynamic process that varies depending on the source of stress (Compas et al., 2001; Lazarus & Folkman, 1984). Some individuals show a capacity for positive adaptation, i.e. resilience (Masten et al., 1990) despite the presence of threatening circumstances or traumas, but some coping efforts may be considered ineffective and can actually hamper an individual's adaptation (Filipas & Ullman, 2006).

Individuals often utilise more than one coping strategy, and the selection used is affected by factors such as age, gender, and coping resources (Compas et al., 2001). Although prior research has indicated changes with age, a coherent understanding on the evolution of coping strategies is lacking due to differences in studied age groups and conceptualisation of strategies (Eschenbeck et al., 2018; Skinner & Zimmer-Gembeck, 2007). A review by Zimmer-Gembeck and Skinner (2011) indicated changes occurring from infancy to late adolescence in coping capacities such as support-seeking (from reliance on adults to more self-reliance), problem-solving (from instrumental action to playful problem-solving), and distraction (adding cognitive to behavioural strategies). With age children and youth become more skilled at discriminating between strategies most effective for dealing with certain types of stressors. Gender differences in coping strategies are most consistent between 15 and 19 years with females using more social support-seeking, problem solving and venting feelings, and males using more avoidant strategies (Eschenbeck et al., 2018; Flannery et al., 2018). In childhood and adolescence individuals are likely to have different coping resources which help them to handle stressors more or less effectively, and have direct effects on their physical and mental health (Marting & Hammer, 2004; Taylor & Stanton, 2007). These resources can be either internal (e.g. cognitive) or external coping resources (e.g. social support). Factors such as early environment may critically affect their development. Relationships often function as important coping resources (De Maeyer et al., 2015; Grey et al., 2015; Zambianchi & Bitti, 2014), but close relationships of foster care children and youth may also involve tensions which need to be managed (Tahkola et al., 2020).

Currently, knowledge is still scarce on the coping strategies adopted by foster care children and youth. A few prior studies have examined foster youth's coping styles (Jackson et al., 2017) and coping of foster care youth with histories of child abuse (Browne, 2002). The present study analyses the coping strategies of young adults who have experienced foster care in a family setting. It utilises the framework of avoidant and approach dimensions of coping strategies (Compas et al., 2001; Krause et al., 2008) to gain an understanding of coping from childhood to young adulthood.

Challenges and adversities in the lives of foster care children and youth

In childhood, many foster care children and youth have lived in homes where they have been exposed to traumatising experiences, such as physical, sexual or emotional abuse, either as a target or as an observer (Riebschleger et al., 2015). They have often been neglected, or they have lived in unsafe circumstances that endangered their wellbeing and development (Barber & Delfabro, 2009). The placement itself can also be viewed as a risk factor (Leathers, 2006), and the loss of the primary attachment relationship and adverse experiences in the birth family may hamper forming confidential relationships (Andersson, 2005; Schofield & Beek, 2005). Foster care children need to repeatedly negotiate their experiences of separation. Research supports the beneficial effects of keeping in touch with birth parents (Atwool, 2013; McWey & Mullis, 2004), but some children and youth experience the relationship as taxing and do not wish to see them (Lundström & Sallnäs, 2009; McWey et al., 2010). According to Franzén and Vinnerljung (2006), it is not uncommon

for foster care children and youth to lose a birth parent before the age of 18 years, which can result in further emotional load (Andersson, 2018).

The effect of adverse childhood experiences is not limited to time in foster care but dealing with troubling experiences may sometimes continue throughout life (Breno & Galupo, 2007; Riebschleger et al., 2015). For some individuals childhood experiences may cause toxic stress contributing to life-long impairments in learning, behaviour, and physical and mental health (Rebbe et al., 2017). Disruptions in the sources of support due to several placements or school changes may lead to insufficient social support when leaving care (Perry, 2006; Rebbe et al., 2017). Emotional burden may be carried into later life, which requires finding ways to deal with them (Bruskas & Tessin, 2013). Although the risk factors and life course of foster care children and youth have often been studied, their coping strategies have received much less attention. The purpose of this study is to examine young adults' coping strategies in light of their life stories.

Coping with childhood adversities

Perspectives of coping that are explicitly focused on childhood and adolescence differ from those of adult coping literature in that they mainly include unconscious/involuntary coping responses and take into account adversities that young people may face, such as divorce or parental conflicts (Compas et al., 2001; Skinner & Zimmer-Gembeck, 2007). Two broad dimensions often identified in coping research comprise approach and avoidant strategies (Compas et al., 2001; Krause et al., 2008). Approach coping strategies are oriented either towards the source of stress or one's emotions or thoughts, e.g. seeking social support or engaging in problem solving. Avoidant coping refers to strategies that are oriented away from the source of stress, one's emotions or thoughts, e.g. denial or behavioural avoidance. Although no single strategy of coping is categorically associated with only positive outcomes, avoidant strategies have typically been related to poorer adjustment and weaker health outcomes (Elzy et al., 2013; Littleton et al., 2007), whereas approach strategies are generally associated with more positive adaptation (Compas et al., 2001).

In research on coping with childhood adversity, the foci have been twofold: coping on a general level (Krause et al., 2008; Rebbe et al., 2017) or coping with specific traumas, such as sexual abuse (Wright et al., 2007), chronic illnesses (Compas et al., 2012) and parental substance abuse (Holmila et al., 2011). In addition to foster care youth (Jackson et al., 2017) and adoptive children and youth (Reinoso & Forns, 2010) childhood coping has been studied among asylum seekers and refugees (Ní Raghallaigh & Gilligan, 2010; Schweitzer et al., 2007). The unique combination of experiences of adversity in the biological family leading to foster care, experiences in care, and membership in two families provided the basis for the present study. It analysed the life stories of young adults who have experienced family foster care, with respect to coping strategies they were currently using or had used in the past to cope with challenges and adversities.

Methods

Participants and data collection

The data comprised 18 individual interviews that were collected from Finnish young adults with family foster care backgrounds. According to Finnish law, children or adolescents can be taken into care, and substitute care must be provided if their health or development is seriously endangered by a lack of care or other circumstances in which they are being reared, or they seriously endanger their own health or development by substance abuse, committing an illegal act or other than a minor offence, or by any comparable behaviour (Child Welfare Act 2007/417). There are three main forms of substitute care in Finland – foster care, residential institutions, and professional family foster homes. Family foster care is the most frequently used form of placement (THL, 2020). In 2019, a total of 18,928 children and youth were placed in out-of-home care in

Finland during the year 2019, out of which 11,178 were taken into custody. The length of time spent in out-of-home care varies greatly but taking a child into custody is often a permanent solution. For instance, out of 0–15-year-old children who were taken into care at the end of 2017, 93% were still in out-of-home care two years later. Aging out is the most common way to exit foster care for these children and youth (Finnish Institute for Health and Welfare, 2019).

The participants were recruited through purposeful sampling to reach young adults who had experienced foster care in a family setting. The recruitment was mainly implemented using social media. A public invitation to participate in the study was published on the first author's Facebook page, and members of public and foster care organisations were invited to share the invitation on their own Facebook pages. Twelve interviewees contacted the first author directly, and six were reached via contacts among their family or friends. The mean age of the participants was 25.4 years (ranging from 18 to 32 years), and 14 participants were female. Seventeen interviewees were living on their own, and one was still living in a foster family. Most of the participants were currently employed, and a few participants were studying or on paternal leave. Three participants had their own children. The length of the time spent in foster care varied among the participants, being on average 10 years. Of the participants, two had been in foster care less than 5 years, six between 5 and 10 years and ten participants more than 10 years. Most of the participants had been in only one foster family. The age at which the participants had entered foster care varied between 1 and 15 years, taking place on average around 7 years of age.

Interviews were conducted between March and June 2018 by the first author in the participants' hometowns in locations chosen according to the wishes of the participants. Interviews were audio recorded. Participation was voluntary and each participant was given an informed consent form before data collection. All participants gave written consent to use the data for scientific purposes. An ethical statement was requested from the Ethics Committee of the University of Jyväskylä, and it was received before the data collection. To ensure the anonymity of the participants, descriptive details were either changed or deleted from the citations.

Data collection followed a narrative approach with the focus on the participants' narration of their life experiences. A timeline method (Adriansen, 2012; Sugarman, 1986) was used in which the participants were asked to describe their life course from their early experiences to the present and into the future. At the beginning of the interviews, incentive words were presented to the participants for their free use in order to encourage them to talk about their significant life experiences and the issues that had helped them face their challenges and adversities (Gaskell, 2000). A list of questions was used that were selected from a question battery previously used in interviews with people who had had extreme life experiences (Ylöstalo, 2018). These questions were utilised mainly when the interviewee talked about adverse life experiences: e.g. How did you react? What gave you hope? Did someone else treat you in a way that evoked hope? The interviews (ranging from 40 min to 2 h 19 min) were transcribed verbatim, constituting a total of 430 pages of transcribed text.

Data analysis

The data were analysed using interpretative phenomenological analysis (IPA; Smith & Osborn, 2003) to make sense of the interviewees' personal and social worlds. This involved identifying expressions of coping strategies with respect to experiences of challenges and adversities. The first author was responsible for analysing the data, but all authors participated in discussions at different stages of the analysis. At the first stage of the analysis, the first author read the transcripts several times to gain an understanding of the ways in which the interviewees talked about how they coped with challenges. The left margin was used to make comments on what was interesting or significant about what the interviewee said, and the right margin was used to jot down emergent themes, which were later collected together as a list. Clusters of themes were noted as well as hierarchies among themes. At the second stage of the analysis, the data were treated as a whole and connections between the lists of clustered themes were identified. During this step, certain themes were left

out and a few themes were merged which led to a smaller final set of themes and subthemes. Four main themes of coping strategies were identified, most of which included several subthemes (Table 1). The dimensions of avoidant and approach coping were utilised as a broader framework, but the main focus was on specific coping strategies expressed by the interviewees.

Results

The participants talked about both their childhood experiences as well as recent events with respect to challenges and coping. Three main themes of coping strategies were identified: (1) inward orientation, (2) outward orientation and (3) influencing one's life circumstances. A fourth theme, acceptance, involved a coping strategy that was only used in young adulthood. At least two of the coping themes were identified in all 18 interviews, and participants often utilised several specific coping strategies within a theme (see Table 1).

Inward orientation

The participants used avoidant coping of an inward orientation in two different ways: to repress their thoughts and feelings or to escape. Most of the participants used (or had used) the strategy of *repressing thoughts and feelings* when facing difficult situations or feelings. Many of them had utilised the strategy of keeping silent: they had sought to keep difficult feelings or experiences on the inside – often subconsciously – blaming themselves for the situation or having suicidal thoughts. Difficult experiences or feelings had sometimes been kept on the inside for years:

It was said to me that let's not talk about this to anyone, so I have never talked about it at all to anyone. I have been a normal child in primary school and there was nothing special. It came as a "flashback" in secondary school when the dating relationships began. When there was a recurrence of the experience, suddenly, it all went past my eyes.

Some of the participants repressed thoughts and feelings through distractions, such as adopting a performance orientation or getting absorbed in an imaginary world. Distractions helped them to not

Table 1. Themes of coping and specific strategies used.

Approach	Theme	Subtheme	N (Number of the participants who used the subtheme)	Specific coping strategy
Avoidant coping	Inward orientation	Repression of thoughts and feelings	12	Keeping silent Distraction
		Escape	13	Seeking approval Leaving the situation Focusing one's attention elsewhere Active suppression of anguish
Approach or avoidant coping	Outward orientation	Ventilating feelings	18	Expressing emotions Talking Doing things
		Seeking safety	11	Seeking safety from an adult Spiritual support
Approach coping	Influencing one's circumstances	Cognitive rationalisation	13	Creating rules and routines and maintaining them Understanding underlying factors Decision to step back and take distance
Approach coping	Acceptance		13	Forgiveness Acceptation of experiences, situation and/or oneself

think about the repressed sides of their lives by occupying their minds with something else: 'It [the imaginary world] was so strong that when there was something bad going in my life at the moment, I did not necessarily understand it because I was somewhere else.' Suppressing thoughts and feelings could also indicate a form of pleasing others or seeking acceptance in relationships. One participant described approval seeking as follows:

I have sought for approval very much from men, and it has led to many one-night stands, which has not given me any good feelings but compounded the bad feelings I have had.—The need to seek approval was so strong that I could not resist with it. I did not think [about it] and nobody knew about it.

Many participants used the coping strategy of *escape* in situations when they had felt a need to physically get away from a difficult situation or to avoid intense feelings. Especially in childhood when exposed to conflicts in the home, the participants used a strategy of leaving the situation. They hid by themselves or with their younger sibling in a place that felt safe to them such as their room, or they ran away. One participant built a safe place: 'I had this habit that every time when I was scared, I built like a hut under the table. I had several books there with me. Although I did not know what was [written] in them, I went into the hut.' The strategy of escape could also be used consciously by focusing one's attention on listening to heavy music or school or work duties. One participant, among many others, sought escape from reality by reading books: 'And I read, I read all the books through and through, as it was also like an escape from reality, reading books like Harry Potter.' For a few participants, escape was manifested in active suppression of anguish through excessive alcohol use or suicide attempts in the extreme.

Outward orientation

Outward orientation refers to seeking support from resources outside of oneself, or identifying the coping strategy from the outside. Sometimes the coping strategy was oriented away from the problem, such as lashing out in aggression, but sometimes it involved seeking safety from an adult. Outward orientation, thus, was manifested in ventilating feelings or by seeking safety. *Ventilating feelings* typically meant expressing emotions through crying, yelling or aggressive behaviour. Expression of distress via aggressive behaviour can be seen as avoidant coping:

I was very aggressive. Once I told off a teacher by writing on the blackboard full of rude words. I apologised for it for the next two years I think. I got caught for pilfering at a shop. I smoked a cigarette for the first time. I threw things about, even in a small classroom, when I lost my temper. I threw desks and chairs and whatever I got hold of at the teacher. But I did well at school, only my behaviour was extremely bad then at the end of primary school.

Ventilating feelings to ease emotional pain could also take the form of talking to a close person, a parent, friends, teachers, a counsellor or a therapist. Many participants had engaged in a long therapeutic process and some were planning to begin therapy. One participant had just contacted mental health services because she or he no longer wanted to deal with difficulties alone:

I went to the psychologist for the first time in many years. And I booked the appointment because a lot of things have now happened, and I feel that I might not be able to deal with this all by myself.—I have been responsible for myself, but now when I have my own family and a child, I can't take the risk that I will become paralysed.

Many participants vented their feelings by actively doing things, for instance, by engaging in physical exercise: 'I had learned to take anger or fear or sadness or aggressive feelings out in some physical exercise. I could always, when possible, just go for a jog or do some sports or do anything at all.' Some participants felt that going into nature helped them: 'I went to the forest. And it feels so stupid to look back at that. I went to the forest, and I blathered aloud all kinds of stories in there. It was like my therapeutic process.' Keeping a diary, writing empowering texts or creating art were important for many young adults: 'I wrote a great deal of different texts, not short stories but like poems and all kinds of thoughts. It was like a part of something; I dealt with the experiences in that way.'

Several young adults manifested outward orientation by *seeking safety*. Especially in childhood, this involved difficult or intimidating situations at home, and they either sought safety outside the home or had a safe adult at home. One participant described contacting adults outside of the home: 'I have gone to the authorities and told about a situation at home where my parents were fighting. And I said that I do not want to go back there ever.' Spiritual support was another way to seek safety for a few participants. One of the participants kept a diary and wrote texts to God: 'I did not anymore write like "Dear diary", but I began to write to God, and they are like my prayers and my thoughts to God.'

Influencing one's circumstances

Most of the participants coped with challenges and adversities using approach coping by seeking to influence the circumstances either mentally or physically. They used *cognitive rationalisation* in three different ways: by creating rules and routines, by deciding to step back and take distance, or by seeking to understand the underlying factors. Some participants sought to control their life by creating rules and routines and maintaining them; for instance, they had regulated their alcohol use or had begun dieting. One participant described not using intoxicants during bad times: 'I am really strict about not touching intoxicants at bad moments, because I am scared that I could ... I could go to that world easily, because I know it is quite typical of us who are in foster care.' For many participants, cognitive rationalisation meant distancing from their birth parent or taking time to travel. Some participants saw taking distance from their birth parent as a necessary step for their own wellbeing:

In a way, I took distance from the background or generally from the family. And it has been a necessary change for me, that as well. At some point, I did not even see my siblings hardly at all. It is quite a strange thing. You kind of feel guilty about it ... It is complicated, but now, retrospectively, you can see that it was separation. It was like necessary for me in order to feel well.'

Some participants used cognitive rationalisation in seeking to understand what had happened to them. They described that they had understood much of the behaviour of others or their own behaviour and choices through reflective work. One participant described seeking to understand the inappropriate behaviour of a parent: 'In a way I understand it [the behaviour]. My parent had been in a children's home and had been abused. – It is a wonder that my parent continues to be alive.' Another participant described being the recipient of rude behaviour from siblings but had come to the realisation that it had been something that they had resorted to because of modelling: 'I had decided already then that when I grow up, I cannot blame them for this.'

Acceptance

Acceptance was utilised only at an older age when the interviewees reflected on their past experiences. Acceptance can be defined as approach coping where the participants consciously sought to change their attitude towards their difficult experiences or their close family members. The participants expressed the strategy of acceptance via forgiveness or acceptance of their experiences, current situation or themselves. One participant described how forgiveness made things easier to accept:

I believe that the biggest thing in my case that I can be here and smile and say that I am content with my life is that I have been able to forgive the people who have offended me.

Many participants talked about the acceptance process as still being incomplete. Participants described still working through bitterness and seeking to forgive:

Bitterness comes to my mind right now. I try to (get rid of it), but perhaps I still have [bitterness] towards my parent.—And I attempt to let go of it and I work hard with it. And I hope that in the future, I won't be bitter anymore, but I still struggle with it.

Discussion

This study examined coping strategies in the narrated life stories of 18 young adults who have experienced family foster care. The young adults utilised both avoidant and approach coping strategies to deal with past experiences of adversity and current challenges. Four coping themes and their subthemes were identified which varied according to different challenges and phases of life.

The first coping theme, inward orientation, was manifested in most of the life stories of young adults. The participants utilised the avoidant coping theme by repressing their thoughts and feelings and through escape. Reasons for keeping difficult feelings on the inside consisted of feeling ashamed or fearful, having been told not to tell anybody about their experiences, or being in a situation in which talking about or showing emotions was forbidden or difficult. A corresponding coping strategy, suppression of thoughts and feelings, was identified by Phanichrat and Townshend (2010) in their study among young adults with experiences of childhood sexual abuse. Negative emotions arising from abuse or other traumatic childhood experiences may lead to avoidant coping and keeping silent, which may have unhealthy outcomes in the long run (Gibson & Leitenberg, 2001; Phanichrat & Townshend, 2010). Distraction, identified here within the subtheme of repression of thoughts and feelings, is one of the most commonly identified coping strategies in the literature (Compas et al., 2001; Skinner & Zimmer-Gembeck, 2007). Participants described both behavioural and cognitive distraction, e.g. escaping to an imaginary world, most often at a younger age (see also Skinner & Zimmer-Gembeck, 2007). Most participants had made a conscious effort to physically get away from a difficult situation or avoid intense feelings. Some resorted to listening to heavy music, drinking or suicidal ideation as an attempt to get away from a hopeless situation. Avoidant coping via excessive drinking and self-harm had also been identified in Steenbakkens et al.'s (2019) study of foster care youth. Phanichrat and Townshend (2010) identified a similar coping strategy, naming it escapism.

The second coping theme, outward orientation, was manifested in the life stories in two different ways: ventilating feelings and seeking support. Ventilating feelings (McCubbin & Patterson, 1986; Mullis & Chapman, 2000), help seeking and seeking social support are often mentioned in previous literature as coping strategies (Compas et al., 2001; Phanichrat & Townshend, 2010; Skinner & Zimmer-Gembeck, 2007). Other people are significant resources for development of resilience across all ages (Compas et al., 2001; Skinner & Zimmer-Gembeck, 2007). Outward orientation was manifested in the majority of the life stories, but some participants utilised several ways to ventilate their feelings, e.g. through aggressive behaviour, whereas others used only one specific coping strategy.

The third coping theme, influencing one's circumstances, involved affecting one's circumstances either physically or mentally, utilising cognitive rationalisation, e.g. by creating rules and routines, and by seeking to understand the underlying factors for parental behaviour. Rules and daily routines normalise life and increase the sense of security for many foster care children and youth (Hedin et al., 2011). Creating rules and routines for oneself, such as engaging in daily chores or regulating alcohol use, helps to manage some sectors of life in a difficult situation or amidst difficult emotions. Many participants distanced themselves from their birth parents because of frustration over communication or meetings with them. Deliberating over whether to maintain or avoid contact with birth parents has also been recognised in previous studies (Andersson, 2018; Chateaufneuf et al., 2018; Moyers et al., 2006).

The fourth coping theme, acceptance, represented a coping process seeking reconciliation with respect to adverse childhood experiences, current situation or oneself. Some participants described feeling a relief through forgiveness, whereas some struggled with bitterness. All of the participants talked about the incompleteness of their acceptance process. This finding is consistent with the study by Phanichrat and Townshend (2010), in which young adults with experiences of sexual abuse described their coping with the trauma as an ongoing process. The coping theme of acceptance resembles the meaning-focused coping identified by Folkman and

Moskowitz (2004), which emphasises the importance of positive emotions in a stress process and includes strategies such as seeing positive aspects in difficult life experiences and accepting the current situation as it is.

Taken together, the findings of the present study echo the previous coping research among children and adolescents (Hampel et al., 2005; Skinner & Zimmer-Gembeck, 2007; Zimmer-Gembeck & Skinner, 2011), wherein coping strategies vary depending on the individual, the specific challenge and the phase of life. Nevertheless, the present study showed that it is possible to identify some coping approaches typical of individuals facing the challenges and adversities related to foster care, such as seeking safety and escape. This study also showed that great variations exist in the set of specific coping strategies utilised by the young adults. Some of them described using many specific coping strategies within all coping themes, whereas others utilised only one specific strategy. Differences in the specific coping strategies may stem from the participants' different life situations, the resources available to each participant and their personal characteristics. For example, some participants may have had more social resources, such as safe adults, to turn to than others. Previous studies of coping have indicated that an individual's development shapes every aspect of how people deal with stress (Skinner & Edge, 1998; Skinner & Zimmer-Gembeck, 2007). In the life stories of this study, most avoidance coping strategies were utilised at a younger age, and, as is natural, the strategy of acceptance was used only at an older age.

This study has a few limitations that should be mentioned. First, all participants had experienced foster care in a family setting, and, thus, we cannot ascertain whether the results would be similar among young adults with different foster care placement backgrounds. Second, reflecting on childhood experiences in a life story interview may be demanding for some individuals, and retrospectively recounting experiences is naturally affected by the long time lag. Third, the participants represented different ages, the youngest being 18 years of age and the oldest 32 years of age. Being at different phases of life could have affected how participants narrated their past and current coping. Especially, utilisation of the acceptance strategy may vary according to age and the phase of life, as life experiences, such as reunions with a birth parent or becoming a parent, may affect coping. We also acknowledge that the environment (e.g. quality of family relations, availability of supportive peers) has a powerful impact on the efforts of children and youth to cope with everyday life (Skinner & Zimmer-Gembeck, 2007), and this individual-environment interaction was identifiable in many stories of the study participants. Unfortunately, a more detailed analysis of environmental factors that would explain why certain coping strategies were utilised was beyond the scope of this article. In future research, there is a clear need to investigate the development of coping strategies, for instance, by imposing a life course perspective to understand the intersections between individual lives and the contexts in which these lives unfold, how individuals cope with the challenges of specific experiences, and how individuals construct their own life course through the choices and actions they take within the opportunities and constraints of their environment (Elder et al., 2003).

In conclusion, the present study contributed to the literature by exploring coping strategies of individuals with foster care backgrounds. We identified a diversity of coping strategies that may inform caregivers and professionals to better understand the different ways foster care children and youth withstand adversity and difficult life events. This knowledge may also help children and youth to become aware and reflect on their own coping strategies, which may be especially important at the transition phase from foster care. Youth aging out from care have an amalgam of psychological, social and economic needs, and they have varying resources to cope with these needs on their own. Many participants of this study had benefitted from close peer relations and support offered by foster care organisations at the beginning of their independent life. Our findings emphasise the importance of after-care, currently provided in many countries by public sector and/or foster care organisations, which have a key role in offering different forms of support to these youth.

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