



# Instability at Transitions and Within Continuity: Navigating Maltreatment and Relational Impermanence in Out-of-Home Care

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## Abstract

The current qualitative study examined the narratives of 23 young adult survivors of childhood maltreatment who experienced out-of-home placement. Semi-structured interviews were conducted in which participants were asked a series of questions regarding their perceptions of relational permanency and its impact on their development and resilience as maltreatment survivors. Thematic analysis revealed three key themes centered around experiences of and strategies to cope with relational impermanence. The first two themes examine how relational instability manifested as both “instability at transitions” across care contexts and as “instability within continuity,” wherein precarious relationships emerged independently of placement changes. Together, these themes grounded the third theme, “adaptive reorientation to instability,” which captures participants’ resilient responses to relational impermanence through the cultivation of openness toward uncertainty and acceptance of change. These findings extend existing scholarship on relational permanency in out-of-home care by delineating distinct dimensions of relational instability that shape youths’ care experiences. We argue that, beyond addressing placement instability, policymakers and practitioners should attend to the balance between legal and relational permanency, strengthen child welfare workforce stability, and prioritize trauma-informed training for individuals supporting youth.

**Keywords** Out-of-home care · Instability · Resilience · Former foster youth · Relational permanency

In the United States, one in every seven children is estimated to be a victim of abuse or neglect each year (Centers for Disease Control and Prevention [CDC], 2022); with substantiated maltreatment documented in more than eight cases per 1,000 children (Children’s Bureau, 2023). A robust body of evidence indicates that those who survive childhood maltreatment are at elevated risk for myriad biological, psychological, and behavioral risks across the lifespan, including epigenetic alterations, self-harm behavior, and interpersonal adjustment problems (e.g., Chang et al., 2024; Fares-Otero et al., 2023; Gardner et al., 2019; Hoertel et al., 2015; Shin,

2012). Although researchers and practitioners have appropriately emphasized the deleterious effects of exposure to child maltreatment, what is also concerning is the accumulating evidence that many important health risks are compounded by children’s later experiences in out-of-home care settings.

Indeed, while the child welfare system plays a pivotal role in protecting the rights of children (Barth et al., 2026), child welfare involvement itself has also been inadvertently linked with greater substance use, externalizing behaviors, criminal system involvement, and long-term mental health challenges (e.g., Garrido et al., 2018; McKenna et al., 2021). Though it should be noted that child maltreatment and child welfare involvement frequently represent concomitant risks to children’s well-being, recent studies suggest that contact with the child welfare system may confer unique risk for adverse developmental outcomes (Evangelist et al., 2023). Following the event(s) precipitating child welfare involvement, children may be exposed to new traumatic stressors, including involuntary separation from biological relatives and family members, peer victimization in congregate care,

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and unfortunately, the continuation of abuse and neglect by new caregivers (e.g., Loomis et al., 2020; Wechsler-Zimring et al., 2012). Consequently, out-of-home care experiences have been highlighted as a useful context for developing a more nuanced understanding of how the well-being of childhood maltreatment survivors may be augmented or bracketed in out-of-home care.

## Basic Psychological Needs and Maltreatment Survivorship

According to Deci and Ryan's (2000) self-determination theory, three basic psychological needs underlie all humans' motivation for growth and fulfillment, namely, autonomy, relatedness, and competence. *Autonomy* refers to the perception of being in command of one's actions and choices, allowing individuals to feel that they have more than a mere modicum of control over their lives. *Relatedness* involves feeling connected to others and promotes a sense of belonging. *Competence* reflects one's sense of self-efficacy, fulfilling the need to feel effective in one's environment. When basic psychological needs are met, individuals are expected to incur positive outcomes because they believe they are in control of their lives, take responsibility for their behavior, and determine their actions based on their personal values and goals (Ackerman, 2018). Consistent with this view, basic psychological needs satisfaction is linked to a range of positive adjustment outcomes in children and adolescents (e.g., life satisfaction, prosocial behavior, academic achievement; Leversen et al., 2012; Tian et al., 2018; Wang et al., 2019).

The beneficence of self-determination has been shown to extend to survivors of childhood trauma (Ravn, 2024). For example, a recent study by Rashid and colleagues (2025) found that basic psychological needs satisfaction supported the psychological functioning of young adults exposed to early life trauma. Conversely, basic psychological needs frustration has been found to explain the association between childhood maltreatment and the development of negative adjustment outcomes (e.g., internalizing symptoms; Gu et al., 2023). In this regard, self-determination theory is increasingly recognized as a valuable framework for understanding the well-being of maltreatment survivors in out-of-home care, as well as guiding efforts to enhance resilience and foster positive outcomes in this population (Smeyne et al., 2025).

## Relational Permanency as a Unifying Threat to Basic Psychological Needs

Relational permanency constitutes a central mechanism through which the basic psychological needs for autonomy, relatedness, and competence are either fulfilled or undermined within out-of-home care contexts. *Relational permanency* refers to the development of lasting, loving connections (e.g., with other relatives, mentors, foster parents) that extend beyond youths' time in care, fostering mutual trust and respect (Brown et al., 2006). Relational permanency, therefore, not only requires a sense of relatedness and connectedness to others, but also involves youths' autonomy in actively fostering relationships. Further, relational permanency affords youth opportunities to develop practical skills and interpersonal competence through receiving adequate support and mentorship from trusted individuals. In line with this perspective, research points to a robust link between relational permanency and positive adjustment outcomes for youth in the child welfare system (e.g., Williams-Butler et al., 2018; Kothari et al., 2020).

Despite relational permanency being a stated priority in the child welfare system (Child Welfare Information Gateway, n.d.), extant research suggests relational permanency is rare and is more commonly experienced as relational instability. For example, a study by Salazar et al. (2018) reported that while most youth in care have a relational permanency goal, fewer than 7% achieve those goals. This is perhaps not surprising, as youth in care often experience instability in living arrangements, resulting in institutionally-driven disruptions to relationships with biological and alternative caregivers, separation from siblings, teachers, and communities of origin (Mishra et al., 2020). Several individuals with child welfare involvement report that the accumulation of multiple out-of-home care experiences creates a pronounced lack of agency in decisions that fragment their relational ties, including frequent challenges navigating temporary and transactional relationships (Ball et al., 2021).

Nonetheless, recent research points to important adaptive capacities demonstrated by maltreatment survivors with out-of-home care experiences (e.g., Carrera et al., 2024), underscoring the need to shift empirical attention towards understanding resilience processes in this population (Hamby & Yoon, 2024). Notably, individuals may establish relational permanency with service providers, peers, and romantic partners (Samuels, 2008), who may represent sources of continuity in their lives that exist independent of changes in placement settings. Yet, most dominant frameworks of relational permanency in child welfare are implicitly tied to placement instability, centering on relational instability and attachment problems resulting from churning placement decisions. As a result, current research

offers an incomplete understanding of the nuanced ways relational instability may exist across diverse relationships and contexts, as well as how youth work to maintain relational continuity, processes that may shape their connection, emotional security, and personal agency over time.

## Purpose of the Present Study

To address gaps in our understanding of how child maltreatment survivors experience threats to self-determination while navigating the child welfare system and early life trauma, the present study aimed to explore their perceptions of relational permanency and resilience. Guided by self-determination theory, this study attends to how experiences of relational instability intersect with maltreatment survivors' sense of autonomy, relatedness, and competence in out-of-home care contexts. Drawing on in-depth interviews with young adult survivors of child maltreatment who experienced out-of-home care, these experiences were examined using an abductive analytic approach.

## Method

### Participants

Participants were 23 young adults with a self-identified history of childhood maltreatment, recruited over a two-month period in 2024 by Fostering Success Michigan support coaches and Michigan Youth Opportunity Initiative (MYOI) program coordinators. Fostering Success Michigan is a program that provides connections to professionals who provide on-site support to college students with experience in foster care across the State of Michigan. The MYOI program serves Michigan youth active in the foster care system who are placed out of home from age 14 to 23, including youth aged 18 to 23 who have been placed out of home but are no longer under supervision of the Michigan Department of Health and Human Services. MYOI coordinators are youth development professionals who provide resources and training to improve youth outcomes in education, employment, housing, health, and community engagement. Coaches and coordinators were instructed to share the study information broadly with eligible individuals in their networks, resulting in a non-probability convenience sample.

Specifically, an electronic flyer was shared with MYOI coordinators and support coaches that were then distributed via email and/or text asking for volunteers who met the following criteria: (1) 18 to 25 years of age; (2) resident of the State of Michigan; (3) comfortable discussing experiences of maltreatment; and (4) having experienced at least one out-of-home placement. The flyer contained a link to

a screening survey that verified individuals' eligibility to participate, collected their contact information, and allowed them to book a time for the interview. In total, 46 individuals expressed interest by completing the screening survey. Among those who expressed interest, 13 individuals were deemed ineligible because they either had denied experiencing maltreatment or reported feeling uncomfortable discussing it in the screening survey. Thirty-three individuals met eligibility criteria to schedule interviews. Interviews were conducted until analytic saturation was reached, defined as the point at which completed interviews yielded little to no additional unique information. Saturation was assessed iteratively through concurrent data collection and preliminary analysis. Twenty-three interviews were ultimately conducted. Participant identification numbers were assigned sequentially at the time of eligibility determination, prior to interview completion; therefore, ID numbers referenced herein extend beyond the final sample size.

All participants completed the full interview protocol without withdrawing or terminating the interview early. Interviews ranged from 18 to 48 minutes, averaging 28 minutes. Participant ages ranged from 18 to 25 years old, the majority of whom ( $n=20$  [87%]) self-identified as cisgender women. The remaining three participants self-identified as cisgender men. Most participants identified as White ( $n=9$  [39%]) or Black ( $n=8$  [35%]), followed by Multiracial ( $n=4$  [17%]), and other race/ethnicity ( $n=2$  [7%]). Eight participants were parents to one or more children. A total of three participants had a bachelor's degree or higher, nine had some college education, one had a trade school education, seven had a high school degree, and three had some high school education.

### Procedure

This study was approved by the first author's Institutional Review Board. Participants gave written informed consent to participate in the interview and to have the interview audio-recorded. After providing informed consent, a doctoral-level researcher conducted the semi-structured interviews with the participants over Zoom. Participants were allowed to join from a location of their choosing, provided that it was a private space with adequate internet connectivity. Participants received a \$50 Amazon or Target gift card for completing the interview. Interview audio-recordings were transcribed verbatim using a professional service. Transcripts were de-identified using ID numbers to ensure confidentiality.

In the semi-structured interviews, participants were asked a series of open-ended questions about what changes they perceived in their communities and culture during out-of-home placement(s), how they navigated instability and

cultivated a sense of belonging across placements, and the challenges they perceived as affecting their resilience and development while involved with the child welfare system. To promote a trauma-informed perspective, a former Fostering Success Michigan campus coach was consulted during the development of all interview questions. While conducted as part of a larger study on former foster youth's perspectives on geographical and relational separation, most interview questions were specifically designed to address the research aims of the current study.

For the purposes of the present study, participants were asked about their sense of belonging, characteristics of their family of origin and their placements, relational permanency, and the factors they believe have contributed to their resilience: "Could you describe your out-of-home placement(s) and what your experience was there?"; "Do you feel like you have at least one lifelong connection with a caring adult?"; "How did the presence or absence of these enduring relationships impact your sense of security throughout your journey?"; "How do you think your experiences in the child welfare system have shaped your perspective or beliefs in life?"; and "In reflecting on your experience of maltreatment and out-of-home placement as a developing youth, what do you believe contributed to your sense of resiliency?"

### Analytic Approach

Coding and thematic analysis were conducted by the first author with one doctoral-level and one MSW-level research assistant in Atlas.ti v9.7 to identify and interpret patterns in participants' narratives. First, the coding team independently read the interview transcripts, noting preliminary coding themes. Second, an initial codebook consisting of emergent themes was developed. Using an abductive coding approach (Tavory & Timmermans, 2014), sensitizing concepts from self-determination theory (e.g., autonomy, competence, and relatedness; Deci & Ryan, 2000) and the protective factors literature (e.g., relational permanency) informed early code development while remaining open to inductively derived codes grounded in participants' narratives. Third, the coding team applied the codebook to each transcript. Coders engaged in iterative discussions to address any coding disagreements, making adjustments to the codebook as appropriate, until consensus was reached on all coding. Coding proceeded iteratively and abductively, with multiple rounds of refinement as analytic insights and theoretical integration developed. As with code development, higher-order themes were also informed by theory. Following peer review, the coding framework was further refined and transcripts were recoded to promote conceptual clarity and coherence.

The research team comprised child welfare professionals with backgrounds in developmental psychology and social work, which may have shaped both data collection and analysis. To enhance reflexivity in the analytic process, the research team engaged in several reflexive practices, including regular discussions during team meetings to examine and challenge assumptions, biases, and interpretations. To further promote trustworthiness, alternative case analysis was used to highlight less-common participant perspectives (Booth et al., 2013).

## Results

When asked about how childhood maltreatment and out-of-home placement experiences have influenced survivors' sense of relational permanency and resilience, several themes emerged. As expected, the concept of relational instability was prevalent in most participants' narratives. In the first two themes, we present how relational instability manifested as both "instability at transitions" between care contexts and as "instability within continuity," wherein precarious relationships emerged independently of placement changes. These themes ground the third theme, "adaptive reorientation to instability," in which we present participants' perceived resilience to relational impermanence. A list of the final themes, descriptions, indicative codes, and exemplary excerpts is provided in Table 1 and is described in the following text.

### Relational Instability

The majority of respondents pointed to the significant role of relational instability in their experiences as survivors of maltreatment and its impact on their subsequent development. We further identified two specific forms of relational instability described by participants, including relational ties broken by changes in caregiving context and placement determinations ( $n=14$ ), as well as those that arose within a preserved placement ( $n=16$ ).

#### Instability at Transitions

Relational instability during transitions reflects youths' disproportionately limited decision-making power in placement processes, which often resulted in disruptions to and imbalances within their relationships. Relational instability was frequently attributed to institutional forces that constrained respondents' relational autonomy, leading many to feel coerced or controlled in decisions regarding the maintenance of significant relationships. For instance, Participant 7 had been separated from their siblings when entering

**Table 1** Themes, Descriptions, Coding, and Exemplary Excerpts

Theme	Description	Indicative Codes	Example
Relational Instability			
Instability at Transitions	Disruptions to interpersonal relationships that occur in conjunction with placement changes or other major transitions between care contexts.	<ul style="list-style-type: none"> <li>• Separated from biological family</li> <li>• Environment change</li> </ul>	"I got placed with my dad, and I was really upset about that because no one told me that that decision was being made or anything about that. And my dad lived in Pennsylvania, so I had to be really far away from my sisters and change schools, and I didn't know when I'd come back, so it took away a lot of autonomy." (P15)
Instability Within Continuity	Meaningful relationships were experienced as fragile or provisional because continuity was constrained, even when placement was preserved.	<ul style="list-style-type: none"> <li>• Provider turnover</li> <li>• Volatile relationship quality</li> </ul>	"I had this one worker that I created an absolute amazing, strong bond with, or at least that's what I thought I did, and then she just left. There was no, 'Hey, you're getting a new worker. This is your new worker. I'm going to introduce you.' Just straight up left. And that broke me. That was the first healthy relationship that I thought I had made before this." (P11)
Adaptive Reorientation to Instability	A positive stance toward instability characterized by acceptance, openness to change, and resilience.	<ul style="list-style-type: none"> <li>• <i>Amor fati</i></li> <li>• Acceptance of limitations to free will</li> </ul>	"I feel like it shapes my perspective that there's always a bigger picture. Sometimes I think I can get focused on little things in my life that may or may not be working. But with being in foster care and going through the process... That makes me just look at there's a bigger picture than all the other small moments where I was uncertain and didn't like how things were going." (P29)

Note. *N*=23

foster care. In this case, the participant attributed additional relational restrictions to the authority exercised by their foster parents.

[My sister] ended up going off to college, and we ended up being able to talk, but my foster parents heavily restricted it, where I was not allowed to talk to her on anybody's phone but my foster mom's, and then I could only text her one day a week in a one-hour timespan. So, it heavily affected the relationship. (P7)

Narratives consistently referenced experiences of restricted access to and diminished opportunities for sustaining critical relationships following removal from the home. For example, participants reported that communication was systematically stifled by prohibitions on youths' access to phones and, in some cases, by the denial of opportunities to have written correspondence (i.e., paper letters) shared with their loved ones. These constrained relationships were experienced as "really stressful" as participants described not knowing how loved ones were doing or whether they were safe. Reflecting on her experiences, Participant 8 highlighted the persistent effects of institutionally-imposed relationship disruptions, which continued to shape her interactions nearly five years later when she was granted the opportunity to meet her younger siblings.

This system took our relationship away. They took our memories away. When I met my sibling, I couldn't remember what they looked like. I couldn't remember the sound of their voice, couldn't remember the sound

of their laugh... They were like, "I never want to see you again. I can't call you my sister. I just can't." (P8).

Participant 8 understood the initial disruption of her sibling relationships as driven by systemic factors, producing relational impermanence instead of opportunities for enduring bonds. The resulting grief persisted for years, as she was limited in being able to meaningfully reconnect with past shared experiences and had little agency to reconstruct those significant relationships later in life.

For other participants, relational instability during transitions extended beyond their initial placement determinations, as out-of-home caregivers with whom they were first placed reportedly "kicked [them] out of the home." Many of these experiences persisted into later stages of care, including transitions out of foster care and into legally permanent caregiving arrangements, such as adoption or reunification.

I got adopted when I turned 10, but then that's when my brother got adopted as well by the same people. Once I got adopted and then my brother came along as well, they just started avoiding me because they told me they stopped liking me when they saw how my brother looked, because he was way more light-skinned than me... I wanted to do anything and everything to get attention from [my adoptive parents], for them to acknowledge me when I was younger. But yeah, then I guess it didn't work out like that. They ended up giving me up back into foster care. (P25)

In this excerpt, Participant 25 was placed into what is formally considered a more permanent relationship, namely, adoption. He described seeking connection, acknowledgment, and attention from this legally recognized and ostensibly trustworthy relationship. However, he instead experienced rejection from these caregivers, which he attributed to racial bias and colorism. Consequently, Participant 25 lost not only what initially appeared to be an opportunity to form a stable caregiver-child relationship but was also forcibly separated from his brother and transferred to a new placement.

Repeated placement transfers were common among participants. The cumulative effect of frequent changes in caregivers contributed to a generalized sense of relational instability. As one participant described, “You never know when you’re going to leave. They just tell you to come pack your bags and go” (P17). As a result of these experiences, Participant 17 reported struggling to invest in relationships not only with caregivers but also with promising opportunities to form peer relationships across placements.

It really does mess with my brain. Always moving, never having a stable place to stay... For a long time, I struggled with forming friendships... I still do struggle with friendships, maintaining friendships, because still inside of me, I still have that fear that randomly somebody’s going to be like, “Okay, pack your bags. You’re leaving today” ... Almost any moment, they can be like, “Okay, you’re done. We don’t want you anymore. Go away.” (P17).

As illustrated in this excerpt, Participant 17 became accustomed to intervening external forces that determined whether they could cultivate and maintain close relationships, including those outside of the caregiver-child relationship. This pervasive destabilizing influence undermined the participant’s sense of agency within relationships and led them to withhold connection with others as a form of self-protection.

Relational instability, whether arising concurrently with, as a consequence of, or cumulatively across placement changes, underscores the significant power imbalances between youth, their caregivers, and institutional actors, highlighting how authority figures directly constrained youths’ opportunities to establish stable and supportive relationships in out-of-home care. Participants made concerted efforts to preserve the few remaining bonds they had while in care, yet were often prevented from doing so. They also experienced repeated displacement from trusted caregivers, reinforcing the perspective that relationships were conditional and provisional, determined by those with greater authority.

### Instability Within Continuity

Whereas relational instability at transitions emphasizes disruptions associated with changes in care contexts, instability within contexts of continuity highlights relational volatility that did not directly result from placement decisions. Relational instability within continuity captures survivors’ experiences of unreliable or untrustworthy individuals and relational ruptures that occur independently of structurally-imposed relationship dissolutions. For example, Participant 1 described perceiving most people in their social network as untrustworthy and highly volatile, to the point where it felt as though some of those individuals were “not the same person.”

People just have phases, like one week we’re fine and then all of a sudden, they’re just not the same person. Or if I’m going through something, a lot of people don’t want to help until I’m back on my feet. (P1)

As reported by Participant 1, several respondents described feeling particularly vulnerable during their out-of-home care experiences, often longing for caring relationships that later became one-sided and, at times, manipulated by individuals to whom they had grown close. In some participant narratives, this level of manipulation was so extreme that it constituted not only relational abuse but also physical abuse. For example, Participant 6’s trust was egregiously violated by a staff member who exploited it to engage in sexual grooming behavior.

I constantly have my guard up, because I have had situations where I thought somebody was there for me and had my best interest in mind, but they really didn’t... So, my trust has been damaged with keeping contact with staff. (P6)

After confiding in someone she believed was there to support her, she was met with coercion, resulting in a long-lasting disruption to her ability to form trusting relationships with individuals who were purportedly there to provide safety and care. Similarly, Participant 30 described how an adult outside her family, who had previously agreed to adopt her, unexpectedly abandoned those plans. She recalled feeling particularly hurt by this individual: “You ruined my life... You wanted to be nice or something and help me out... I never needed that. I really just needed someone who would’ve taken care and been by my side like I expected her to be” (P30). Although she knew she could not rely on her own mother for support, she was most deeply hurt by this individual, whom she had come to view as someone she could depend on.

Also evident in participant narratives were relationship ruptures within contexts of continuity, which were not necessarily characterized by untrustworthiness or unreliability, but by relational deterioration. For example, Participant 20 reported that, although her grandmother provided her with safe and stable care after being placed with her, their relationship quality declined quickly thereafter: “We’re her grandkids, and she loves us, she’s not going to let us just go into the system without at least trying, but there’s resent that comes from that too. So, I feel like it made my relationships worse.” She attributed this relational deterioration to the additional burdens placed on the relationship: “I’m in her house, and I’m causing her more stress” (P20). While she had never lost trust in her grandmother, she noted perceiving growing “resentment” and a sense that her grandmother “didn’t like [her] anymore” as their relationship evolved within the new context of her care.

Such relational ruptures were frequently referenced in participants’ descriptions of their relationships with caseworkers, therapists, and other child welfare professionals, many of whom initially represented healthier and potentially more permanent relationships for youth with histories of relational instability. Participants described initial apprehension, followed by efforts to invest in these relationships, only to report that they “lost more relationships than [they] built” and “had more workers than [they] did placements,” reinforcing and broadening feelings of relational impermanence.

Never ever make promises you can’t keep, and if you’re going to get up and leave – if you’re a worker and you’re no longer going to be a kid’s worker – you need to let them know that... I had this one worker that I created an absolutely amazing, strong bond with, or at least that’s what I thought I did, and then she just left. There was no, “Hey, you’re getting a new worker. This is your new worker. I’m going to introduce you.” Just straight up left. And that broke me. That was the first healthy relationship that I thought I had made before this. (P11)

As demonstrated in this excerpt, substantial emotional harm arose from unexpected and ambiguous relationship losses with trusted individuals. For Participant 11, this loss was entirely unexplained, leaving her to grapple with feelings of uncertainty and abandonment on her own. This relational rupture was particularly deleterious because she considered it one of the first viable and healthy relationships she had been able to cultivate since entering care, one that was not inherently vulnerable to the variable placement changes she had experienced previously.

For others, like Participant 7, the sudden departure of a trusted caseworker, who had been promoted and was therefore no longer working with them, occurred without an opportunity to establish what that change meant for their relationship: “I was like, ‘Okay, that’s great. Good for you,’ but man, I wish I had those supports, though.” Participant 7 not only felt the loss of a relationship, but also recognized that the bond they had developed over time, one they came to see as an important resource, could not be easily replaced with their next caseworker. Several participants noted that caseworkers with whom they had formed particularly strong bonds with, especially those who acted as their advocates, were often removed from their cases or even lost their jobs. As Participant 6 explained, relationships they viewed as dependable and meaningful were frequently disrupted: “I know I lost a lot of good advocates, just because they wanted to help out and it backfired on them.”

Across participant narratives, these cases demonstrate how relational instability, even within contexts of continuity, can generate lasting feelings of rejection and undermined participants’ ability to form lasting relationships, even when the relationships themselves were otherwise supportive. What made this form of relational impermanence particularly harmful was that it was often unexpected or uncommunicated, occurring with individuals whom youth had perceived as most likely to be stable and worthy of building a relationship with.

### Alternative Cases

While the primary emergent themes of relational instability reflected interpersonal volatility both within and beyond placement changes, a small subset of participants described experiences of notable stability within these relationships. For example, Participant 9 shared that although they had experienced unstable relationships with several of their caseworkers, at least one individual retained a constant presence: “They’re actually still around now... They always check on me and whatnot, even completely unrelated from work. They’re always asking me how the pregnancy’s going, getting me gifts, taking me to appointments, always making sure I’m taken care of.” Other participants referenced a handful of individuals who “never once let me down,” “were consistent when nobody else really was,” and who were “rooting for me through everything that I’ve been through.” These cases illustrate variation in participants’ experiences and highlight that not all relationships were unstable, even in the context of broader relational instability.

## Adaptive Reorientation to Instability

The theme of adaptive reorientation to instability illustrates that, despite experiencing multiple forms of relational instability, survivors of maltreatment often found ways to respond resiliently and make meaning of these difficult experiences ( $n=19$ ). Reflecting on their respective journeys, participants described identifying “a lot of beauty in the dirt,” pursuing healthy relationships “moderated by my boundaries,” and developing a sense of clarity: “Now that I know who’s going to be there and who’s grounded, it’s like it doesn’t affect me.” For Participant 25, their troubling experiences of relational instability in care were reframed as an opportunity to exert control over their approach to life.

You make yourself. Your life is what you want to make it. It could be crappy, or it could be good... I grew up and changed my complete mindset about everything or anything... It may not happen how I want it to happen, but it happens, and whatnot. I went through a lot since I was in foster care, and it changed me, and it made me a completely different person. Foster care, I feel like it broke down everything about me, and it built me back up all over again. (P25)

For this participant, experiences of relational instability in care were often coupled with limited autonomy. In this regard, they reclaimed agency in turning their attention to focus on aspects of life over which they did have control, namely, their mindset. This contributed to the development of a newly defined self, one that was capable and competent in approaching life with an open stance and perceiving it as something they could shape, at least in part, even when circumstances did not unfold as desired.

Several participants also described that coping with instability in their lives required significant acceptance and flexibility. Put simply, many emphasized that their journey was about embracing “trial and error.”

I would say one thing I’ve noticed that sets me apart is the ability to move on and the ability to separate your emotions from your future... People who are exposed to situations – stressful situations, problems, and death – they find solutions. And some people, they find good solutions. Some people find bad solutions. (P10)

As illustrated in this excerpt, the capacity for psychological distancing and flexibility emerged as central components of participants’ coping repertoire and resilience. An enduring willingness to engage with both the challenges and successes that the future might hold enabled participants to navigate stressful situations with a practical, forward-looking vision.

In line with this perspective, Participant 14 embraced radical acceptance, reflecting that “whatever’s going to occur is going to occur,” and further demonstrated self-appreciation, attributing their resilience to the fact that “I just kept rerouting myself... and I’m happy I made it this far.”

Despite experiencing considerable instability in their relationships, participants consistently described reframing these experiences and carefully reorienting their energy toward navigating the uncertainties, instabilities, and unexpected challenges they encountered in life.

There’s always a bigger picture. Sometimes I think I can get focused on little things in my life that may or may not be working. But with being in foster care and going through the process... That makes me just look at there’s a bigger picture than all the other small moments where I was uncertain and didn’t like how things were going. (P21)

As demonstrated by Participant 21, their capacity to step back and navigate the uncertain and unexpected hardships of past adverse experiences supported resilience-related metacognition. Specifically, they were able to refocus on “the big picture” during difficult times, drawing encouragement from both the challenges they had already endured and those they recognized themselves as capable of overcoming, while also accepting that uncertainty and insecurity were part of their process and progress.

Indeed, participants often used the words “adaptability,” “ability to bounce back,” and described feeling like “a strong person” and “proud,” as they reflected on their resilience processes. In recognition of such strengths, participants also articulated gratitude for the challenges and hardships associated with relational instability. As Participant 1 reflected, “Everything that I went through, I went through for a reason, and everything that I’ve learned, I’ve learned for a reason.” Collectively, participants acknowledged the significant harm imposed by relational volatility, yet simultaneously acknowledged its meaningful contribution to their personal development and capacity for growth. They were able to appreciate their journeys for everything they entailed, including both the challenges and the positive moments, highlighting their capacity for flexibility, resilience, and acceptance.

## Discussion

The present study was conducted to examine how childhood maltreatment survivors with out-of-home placement experiences perceive relational permanency in the child welfare context, and how they understand their own resilience as

survivors. While the current literature largely frames relational instability as placement-driven, participants' narratives in this study indicate that it extends beyond placement changes to include a broader range of interpersonal disruptions. Specifically, two dimensions of relational instability emerged from participant narratives, including one dimension characterized by externally-driven relational destabilization facilitated through placement determinations, and another marked by volatility and unpredictability in relationships that were not affected by instability in placement settings. These bifurcated dimensions of relational instability appeared to have both shared and unique implications for maltreatment survivors' experiences of autonomy, relatedness, and competence.

### Dimensions of Relational Instability and Basic Psychological Needs Frustration

First, with respect to autonomy, the two dimensions of relational instability revealed varying degrees of personal control. Instability linked to institutionally-driven placement changes and legal permanency decisions, for example, often occurred with little to no input from youth in care. This finding aligns with that of prior studies, which emphasize that youth in out-of-home care lack significant control over where they are placed and who remains present in their everyday lives (Smeyne et al., 2025). Under these circumstances, the disruption of relationships was not necessarily perceived by participants as personal failings, but rather as manifestations of systemic constraints on choice and autonomy in their relationships imposed by authority figures.

In contrast, relational instability that occurred within the context of placement continuity appeared to produce a form of relational "whiplash," reflecting the unpredictable shifts in trust and connection experienced by youth. That is, while participants were acutely aware that caregivers in placement settings were often impermanent, their relationships with certain figures, such as caseworkers, kin, or non-relative mentors, were perceived as more viable opportunities to establish relational permanency. In these relationships, maltreatment survivors exercised volitional choice in pursuing connections with individuals they initially deemed relatively stable. Unfortunately, however, many of these relationships ultimately ended in unexpected or unexplained ruptures, often leaving youth with unresolved emotions and a sense of ambiguous loss. In some cases, participants attributed these disruptions to institutional factors, such as staff turnover; in most instances, however, the ambiguity surrounding the termination of these relationships left survivors feeling disempowered and uncertain about how much they could or should invest in future relational bonds.

Second, when considering the role of relational instability in maltreatment survivors' need for relatedness, it was notable that instability associated with placement transitions was typically perceived as resulting from an external, identifiable cause (e.g., court orders, service eligibility). When participants understood and identified these sources of relational instability, even while emotionally painful, it appeared to reduce feelings of inherent disconnection from loved ones. Alternatively, individuals who experienced volatile shifts in relationships that had previously been considered supportive reported feelings of betrayal and abandonment. This form of relational instability was particularly disruptive to trust, emotional security, and the belief in one's ability to build close connections in the future. This aligns with evidence highlighting the profound harm of foster youths' exposure to undependable or unreliable relationships during critical developmental periods (Curry, 2019).

Third, the basic psychological need for competence was differentially frustrated across the two dimensions of relational instability. Instability prompted by placement moves was often accompanied by practical challenges, including outright prohibitions or time constraints that limited opportunities to develop competencies in relationship maintenance and formation. Because these relationships were legally defined by the extent to which the individual was placed under their care, participants felt a lack of depth in those bonds, and reported that their caregivers were less motivated to invest in their personal development. Indeed, prior work underscores how relationships that are contingent on guardianship or legal permanency status are often experienced as provisional and transactional (e.g., Ball et al., 2021). Interestingly, insofar as individuals exposed to multiple placement settings are more likely to experience adverse adjustment outcomes (e.g., Bederian-Gardner et al., 2018; Fisher et al., 2013; McGuire et al., 2018), research also indicates that youth with greater emotional, behavioral, and developmental challenges experience frequent placement instability (e.g., Clark et al., 2020; Gendron-Cloutier et al., 2024). This suggests that individuals who stand to benefit most from strong relational bonds that can support positive attachment and developmental trajectories are especially unlikely to have the opportunity to experience stable, nurturing relationships that can strengthen their socioemotional competencies.

Conversely, participants who experienced relational instability within the context of placement continuity reported that, although they were taken aback when these relationships suddenly deteriorated, they were nonetheless positively impacted by the investment of the individuals supporting them. These mentors often played a critical role in helping youth develop essential life skills over time, including practical competencies, a sense of connection,

and advocacy on their behalf. This ongoing mentorship fostered confidence in participants' ability to achieve their goals and supported their personal growth, even in the face of relational impermanence.

### **Instability and Flexibility: Considerations for Promoting Resilience in Survivorship**

These said, while relational instability represented a central threat to self-determination for child maltreatment survivors, participant narratives also pointed to several strengths cultivated as a result of such experiences. This finding does not imply that individuals were not negatively impacted by relational instability or were no longer affected by it after exiting the child welfare system; rather, it highlights meaning-making and reframing of adversity as a critical resilience process (Aadnanes & Gulbrandsen, 2018) in navigating relational impermanence.

Indeed, while participants did not necessarily reinterpret the constraints on their self-determination imposed during out-of-home care, they reoriented their perspective on how relational instability affected them. They mourned the hardships imposed by relational impermanence while also adopting acceptance and a compassionate stance toward their past relationship experiences. This flexible reappraisal of adversity is perhaps most clearly captured by Friedrich Nietzsche's philosophical concept of *amor fati*. In this positive, existential view, one embraces and celebrates all aspects of life, including suffering and loss, as necessary and even purposeful (Elgat, 2016). For instance, the very volatility that had initially adversely impacted maltreatment survivors was later cited as a source of strength, not because it would grant them greater self-determination in the future, but because it had fostered psychological flexibility, bolstering their confidence in their abilities to face and embrace the unexpected challenges and turbulence they found to be implicit in life.

The long-term costs of relational instability should not be overlooked, and empowering maltreatment survivors to gain agency in their lives remains an important goal. However, given current limitations in the child welfare system's ability to provide stable placements and secure relationships, attempts to inflate youth self-determination through interventions may not be effective for all individuals, particularly those exposed to high levels of relational impermanence (e.g., Blakeslee et al., 2020). These efforts may inadvertently stifle what participants in our study found most helpful, specifically, acknowledging and making meaning from these challenges to self-determination. This shift in perspective aligns with the principles of dialectical behavior therapy (DBT), which emphasizes the acceptance of multiple viewpoints and the recognition of the need for

both change and acceptance. Prior research has demonstrated DBT's effectiveness in treating trauma-related symptoms and self-harm behaviors among survivors of child maltreatment (Bohus et al., 2020; Görg et al., 2017; Steil et al., 2011), issues that are particularly prevalent in foster and residential care settings (Rouski et al., 2021). Social workers could benefit from integrating DBT techniques into trauma-informed approaches, assisting youth in navigating life's adversities, including those beyond their control.

### **Implications for Practice and Policy**

The present findings comport well with current evidence that relational permanency is a rare reality in the lives of child welfare-involved youth (e.g., Samuels & Pryce, 2008). Our results suggest that efforts to address relational impermanence in out-of-home care must consider multiple dimensions of relational instability, including those that exist and extend beyond changes in care settings. While minimizing placement changes may reduce transitional disruptions to relationships, these efforts could be further strengthened by incorporating a focus on the durability and predictability of relationships, for both formal and informal relational permanency (Stott & Gustavsson, 2010). To address relational instability that occurs independently of placement changes, such as high workforce turnover, it is crucial to implement trauma-informed agency policies and provide specialized training for child welfare professionals when supporting youth who have experienced multiple losses. This training should focus on managing necessary relationship terminations and transitions in a manner that enhances youths' relational safety and minimizes potential harm (e.g., Many, 2009). Furthermore, building established, communal spaces, such as mentorship programs where youth can connect with a network of mentors and peers, may offer a more consistent environment for building lasting relationships (Avery, 2011; Poon et al., 2021).

### **Limitations**

Despite the contributions of the present study, there are important limitations that should be noted. First, our findings are representative of participants who volunteered to participate in the interview and self-identified as survivors of child maltreatment. Thus, our sample may be biased in that it reflects individuals who felt comfortable sharing their maltreatment experiences. Relatedly, participants were recruited through MYOI program coordinators and support coaches for transitioning youth who had mentoring relationships with participants. Our findings may therefore disproportionately reflect the experiences of individuals who are aware of, or have access to, formal support resources, and

resilience processes described herein may be less transferable to individuals who are not engaged with formal support programs. Second, the sample was predominantly composed of individuals who identify as cisgender women. Extant research indicates that female youth in out-of-home care tend to exhibit greater developmental assets and educational success (Kirk et al., 2012; Tessier et al., 2018). As such, the perspectives captured in this study may present comparatively positive developmental trajectories, highlighting the importance of continued work that specifically examines the unique experiences and challenges of male-identifying survivors of maltreatment. Third, due to limited resources, we were unable to conduct member-checking to verify the interpretations made by the research team with the interviewees.

## Concluding Thoughts

This qualitative study examined the experiences of young adult survivors of childhood maltreatment, highlighting their experiences of relational permanency in the child welfare system and their perceptions of factors that have contributed to their resilience. Survivors pointed to relational instability, both as a product of placement-driven disruptions as well as within contexts of continuity, going beyond generalized notions of relational impermanence. Despite the rejection, abuse, and disappointment many survivors sustained in their early relationships, they also endorsed a radical reorientation to the relational instability that they experienced, approaching the future with acceptance and embracement of change. Taken together, the present findings suggest that, beyond addressing placement instability, policymakers and practitioners should focus on balancing legal and relational permanency, enhancing child welfare workforce stability, and prioritizing trauma-informed training for those supporting youth.

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## Declarations

**Competing interests** No relevant financial or non-financial interests to disclose.

**Ethics Approval** Approval was obtained from the University of Michigan ethics committee. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

**Informed Consent** Informed consent was obtained from all individual participants in the study.

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