

A CLOSER LOOK AT SELF-IMAGE IN MALE FOSTER CARE ADOLESCENTS

by

Susan Bell Lyman

Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

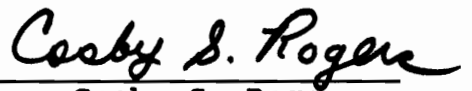
in

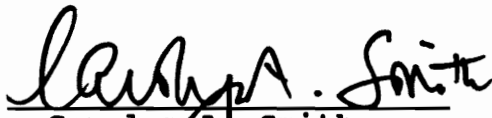
Family and Child Development

APPROVED:


Gloria W. Bird, Chair


Michael S. Sporakowski


Cosby S. Rogers


Carolyn A. Smith


Lawrence H. Cross

March, 1993

Blacksburg, Virginia

Abstract

Using the Offer Self-Image Questionnaire this study attempted to determine what differences exist between 58 male adolescents in foster care and their peers in the normal population and to establish if there are specific characteristics of the adolescent's background or foster care experience that are related to specific domains of self-image. Characteristics from foster care history included number of placements and length of time at the current placement. The individual background characteristics included were race, educational achievement and age. Foster care youth had lower family self-image and emotional health and higher social self-image when compared to the normative population. When compared separately to the normative population, white youth had higher than normal moral self-image and sexual attitudes and lower scores on family relations and emotional health. Black youth had higher social self-image scores. Lower scores on several domains of self-image were associated with being younger, being white, having lower academic achievement, having more placements, and staying at the current placement for a longer period of time. The implications of these findings for foster care placement decisions are discussed.

Acknowledgments

This dissertation could not have been completed without the immeasurable support of others. I would like to thank all of my dissertation committee members for their continued support and guidance. I would especially like to thank the chair of my Dissertation Committee, Dr. Gloria Bird, for her endless support at all stages of this study. Her encouragement and optimism made it possible to stay engaged in what seemed like an endless task. Thank you to Dr. Carolyn Smith for her generous offering of time and encouragement in my efforts to complete this task. Thank you to Dr. Lawrence Cross and Dr. Michael Sporakowski for their guidance and support not only through the dissertation process but throughout the course work that preceded it. Thank you to Dr. Cosby Rogers for her willingness to give of her time to support my endeavor but also for showing me the true meaning of an educator.

Special thanks must go to my family, without whom I would never have succeeded. Thank you to my two sons, Kai and Sean, for their patience and sacrifice when their requests for my time and energy were denied because Mom had homework. Special thanks to Sean for his support and for sharing my enthusiasm for computers which inspired me to make the most of this technology. Special thanks to Kai for his support of my aspirations and the inspiration that he

provided for me as he struggled through the challenges of his own college program. I am so pleased that we will be able to share the satisfaction of accomplishment for his first university graduation and my last. Last but by no means least is my appreciation of the support and encouragement that my husband, Scott, provided throughout this process. Scott made it possible for me to find the confidence and the courage to begin this endeavor and the determination and persistence to complete it. We started doctoral programs together and have finished them, still together, which is the ultimate accomplishment.

Table of Contents

Abstract	ii
Acknowledgments	iii
Table of Contents	v
Table of Tables	vii
List of Figures	viii
Introduction and Purpose	1
Review of the Literature	4
Family relationships and self-image	4
Foster care history and self-image	5
Individual characteristics and self-image	7
Summary and research questions	9
Method	10
Sample	10
Procedure	12
Measurement	13
Self-image	13
Foster care history	16
Individual characteristics	16
Data Analysis	17
Results	18
Discussion	21
Implications	28
References	31

Appendix A	49
Expanded Background and Literature Review	49
Family relationships and self-image	57
Self-image and foster care	61
Foster care history	63
Individual Characteristics	66
References	73
Appendix B	80
Methods and Results	80
Administration and scoring of the OSIQ	80
The distribution of questions in the eleven	
domains of the OSIQ	81
Data Analysis	89
Reference	90
Vita	95

Table of Tables

Table 1	Means, Standard Deviations and Sample T - Values for Foster care Adolescents (n=58) Self- Image Scores Compared to the Normative Population	44
Table 2	Means, Standard Deviations and Sample T - Values for White and Black Foster Care Adolescents Self-Image Scores Compared to the Normal Population.	45
Table 3	Standardized Beta Coefficients from Regressions of Adolescent Self-Image on Individual and Foster Care Characteristics	46
Table 4	Reliability Coefficients ¹ for 1980's Reference Group Males for the Eleven Scales of OSIQ ² (N=241 for each group)	91
Table 5	Correlations Between Foster Care History and Individual Characteristics	92
Table 6	Intercorrelations Between the Domains of the OSIQ	93
Table 7	Correlations Between the Domain of Self-Image and Characteristics of Foster Care History and Individual Background.	94

List of Figures

Figure 1	Offer Self-Image Scores on Eleven Domains for Adolescents in Foster Care and the Normative Population.	47
Figure 2	Offer Self-Image Scores for White and Black Foster Care Adolescents and the Normative Population	48

Introduction and Purpose

Controversy regarding the effects of foster care placement affects placement decisions and may inhibit the appropriate use of this intervention. Recent social work practice and policy views foster care as a last resort because of the perception that the harmful effects of removal from the home outweigh the benefits (Fanshel, 1992; Hartley, 1984; Howing, Kohn, Gaudin, Kurtz, & Wordarski, 1992; Lawder, Poulin, & Andrews, 1986).

Investigation into the socio-psychological status of foster care children has found that they are a population at high risk for both medical and psychosocial problems (Hochstadt, Jaudes, Zimo, & Schachter, 1987; McIntyre & Keesler, 1986). The combination of these findings with reports of high rates of behavior problems (Bohman & Sigvardsson, 1980; Frank, 1980; Littner, 1974), and school problems (Canning, 1974; Fanshel & Shinn, 1978, Gil & Bogart, 1982) among foster care children have fueled a growing concern regarding the value of foster care and a growing resistance to the use out-of-home placement (Fanshel, 1992; Lawder et al., 1986).

There is, however, another body of research suggesting that placement in the foster care system may not necessarily be detrimental to children (Fanshel & Shinn, 1978; Fein, Maluccio, & Kluger, 1990; Timberlake, Pasztor, Sheagrin, &

Lammert, 1987; Wald, Carlsmith & Leiderman, 1988). Fanshel (1992) reviewed the state of foster care since the influence of permanency placement legislation and concluded that the foster care "system is inappropriately undervalued in that there is research evidence that it rescues many children from a life of failure" (p. 49).

Investigations of the characteristics of adults who spent their adolescent years in foster care consistently report that former foster care children closely resemble adults reared in comparable socioeconomic situations and found no evidence of higher rates of criminality, mental illness or marital failure than in the general population (Festinger, 1983; Maluccio & Fein, 1985; Spatz-Windom, 1992; Zimmerman, 1982). Even the very early studies of the effects of foster care on adults found that most were law abiding citizens who functioned independently in society and were living in favorable conditions (Baylor & Monachesi, 1939; Meier, 1965; Solo, 1956; Theis, 1924).

One explanation of these mixed results is that the adverse effects that children suffer as a result of being placed in foster care do not necessarily hinder adult functioning. An alternative explanation is that other experiences have allowed for recuperation from earlier adverse effects. In either case, self-esteem, as a major determinant of general mental health (Rosenberg, 1985),

could play a significant role. Marton, Golombek, Stein, and Korenblum (1988) found that in adolescence, positive self-esteem was associated with competence in personality functioning and adaptive skills. Offer, Ostrov, and Howard (1981) stated that, "unacceptable feelings about oneself have been assigned a critical role in emotional disturbance in virtually every major theory of psychopathology" (p. 114). The terms self-image and self-concept have been used interchangeably in the research literature (Peterson, 1981). Offer, Ostrov, and Howard (1984) argued that self-image is not markedly different from self-esteem but rather that self-image represents a partitioning of self-esteem, providing a more specific assessment of its components across in various dimensions or aspects of life.

The pattern of loss experienced by foster care children including loss of family, peer relationships, and community is likely to influence the way that children view themselves (Fanshel & Shinn, 1978; Feinstein & Giovacchini, 1979; Timberlake et al., 1987). By examining the different aspects of the self-image as reported by adolescents themselves it may be possible to not only identify negative and positive global self-image but also identify a pattern of self-image for foster care youth. Given the controversy over the use of foster care as an intervention and the effects that this debate has on placement decisions it would

be valuable to know how foster care youth view themselves and to determine if there are characteristics of either the background of the child or the foster care experience that affect that view.

Review of the Literature

Family relationships and self-image

Gecas (1981) argues that within the intimate, intensive, relatively enduring nature of family interactions the "socialization that takes place is usually the most pervasive and consequential for the individual" (p. 170). In adolescence, parental support, parental control and parental participation continue to exert an influence on self-esteem (Demo, Small, & Saven-Williams, 1987; Gecas, 1971; Gecas & Schwalbe, 1986; Hoelter & Harper, 1987; Hoffman, Ushpiz, & Levy-Shiff, 1988; Thomas, Gecas, Weigert & Rooney, 1974). Cooper, Holman, and Braithwaite (1983) investigated the relationship between self-esteem and children's perception of family cohesion and found that a lower degree of family support resulted in a lower level of self-esteem. Chubb and Fertman (1992) found a positive relationship between self-esteem and sense of belonging in one's family.

Otto (1977) reported that when family support is low, adolescents define themselves more in terms of their social relationships and less in terms of the son/daughter role.

In an investigation of social support and self-esteem in adolescence, Hoffman and associates (1988) found that support from friends was influential primarily when that from mothers was absent.

Raschke and Raschke (1979) report an inverse relationship between family conflict and self-esteem. Only 2.6% of foster care children appear to enter care because of their own physical, mental or emotional handicap, with the remainder entering care because of some family dysfunction (Tatara, 1989). There is evidence to suggest that removal from the family may enhance self-esteem due to a reduction in the inconsistent interactions and conflict that characterize many dysfunctional families (Beck & Jones, 1973; Justice & Justice, 1976; Minuchin, 1981).

Foster care history and self-image

Low self-esteem has been found to be a characteristic of foster care children (Gil & Bogart, 1982; Hicks & Nixon, 1989) with weakened family ties being associated with low self-esteem and identity confusion (Palmer, 1990). These findings for foster care youth are consistent with the findings of studies involving intact families that examine the interaction between family relationships and self-esteem.

Beyer (1986) attributed the difficulty in transition to independence for foster care youth to a lack of strong

relationships in their lives. For adolescents in foster care these strong relationships may develop in the foster placement but only in those circumstances which offer the opportunity to develop those relationships. There are several factors inherent in the foster care system itself that may influence that opportunity. There is considerable evidence that when foster children are removed from their homes they undergo a process similar to grieving and that it takes time and support to reintegrate their lives (Norton, 1981; Palmer, 1990). The initial negative effects of separation and placement can be counteracted by stable foster care placement (Festinger, 1983; Triseliotis, 1980). Length of time in the current placement is an indicator of stability and indicates the length of time that the youth has had to adjust to a new environment and to form new supportive relationships that can help promote a positive self-image.

The number of placements that the youth has experienced is another indicator of stability of the placement experience. In reviewing the evidence, Horejsi (1979) stated "There is some evidence of long term negative effects caused by multiple placements" (p. 22). More recent findings support the suggestion that multiple placements are detrimental to self-esteem in foster care children (Hicks & Nixon, 1989; Fein et al., 1990). The effects of multiple

placement in later life is not as conclusive with Festinger (1983) finding that number of placements was not a predictor of sense of well-being as an adult.

Individual characteristics and self-image

There are also individual characteristics of the youth that potentially influence self-image for this population. Studies addressing the issue of race differences have produced varied results with some studies finding that black youth have lower self-concepts than white youth (Osborne & LeGette, 1982; Stenner & Katzenmeyer, 1976) and others finding that black youth have higher self-concepts than white youth (Richman, Clark, & Brown, 1985; Simmons, Brown, Bush, & Blythe, 1978). Findings by Rosenberg (1979), Griffin and Korchin (1980), Bachman and O'Malley (1984) and Wade (1991) suggest that there are no differences in self-esteem based solely on race.

In addition, there are findings that the foster care experience may impact black and white youth differently. Festinger (1983) found that former foster care youth were generally satisfied with their lives and had a positive sense of well-being as measured by the Rosenberg self-esteem scale. The only exception was that "the self-ratings of whites from group settings were consistently less positive than those of young adults in the general population at large" (p. 246). There is also evidence that black youth

stay in care longer than white children (Goerge, 1990; Jenkins, Diamond, Gibson, Hendricks, & Marshood, 1983) and that black children return home at half the rate that white children do. A positive relationship has been found between length of stay in care and number of placements (Fanshel & Shinn, 1978, Knitzer & Allen, 1978) and the negative impact of multiple placements on self-esteem has been established (Hicks & Nixon, 1989).

Age has been found to be an important factor in the development of self-image, with younger youths having a less developed sense of themselves (Offer et al., 1984; Singh, Verma, Arora, & Agrawal, 1986). Studies investigating self-image report stability and positive change across adolescence (Demo & Savin-Williams, 1983; Dusek & Flaherty, 1981; McCarthy & Hoge, 1982; Mullis, Mullis & Normandin, 1992; O'Malley & Bachman, 1983; Wallace, Cunningham, & Del Monte, 1984).

Weinstein, (1960) found that well-being in foster care children was related to their understanding of their foster care status and to their understanding of how the foster care agency functioned. Younger children did not have the ability to understand as well as older children. More recently, Harter (1985) investigated Greenwald's (1980) concept of beneffectance, the tendency to take credit for success while denying responsibility for failure, and found

that with regard to academic performance, the amount of benefactance was positively related to age, with older children attributing their poor performance at school to variables outside their control. If age influences the degree that a child blames themselves for events in their lives then older foster care youth should be better able to place the blame for the disruption outside of themselves and would therefore suffer less damage to the self-image.

Academic achievement has consistently been found to be positively related to self-esteem (Demo & Savin-Williams, 1983; Miner, 1991; Rubin, 1978). Canning (1974) found that foster care children often experienced problems at school. This is consistent with Gershenson and Kresh's (1986) findings that by age 17 only 30% of foster care youth are in grade twelve. Festinger (1983) found differences between former foster care adults and the general population with regard to educational level achieved and suggested that many of children entered the foster care system with deficits in education that they were unable to overcome.

Summary and research questions

Previous research has produced mixed evidence about the relationship of self-image to the foster care experience. There are reasons to expect impaired self-image among this population, which may in turn affect foster care outcomes. Particular domains of self-image may be particularly

salient. Furthermore, particular characteristics of the individual's background or their foster care experience may also impact self-image. Specific research questions this study seeks to address are therefore:

1. How do adolescents in foster care rate their self-image compared to adolescents in the normative population?
2. To what extent do individual background characteristics in conjunction with characteristics of the foster care experience explain self-image for adolescents in foster care?

Method

Sample

The sample for this study consisted of 58 male adolescent residents of a privately run, state licensed, residential group home in Virginia. Because much of the research considers adolescents to range in age from 12 to 19 years (Koenig, Howard, Offer, & Cremerius, 1984; Rosenberg & Simmons, 1975; Smollar & Youniss, 1985), this study includes all residents in that age range. Respondents had been placed in foster care for the first time anywhere from one year to 17 years of age, with 80% being placed at age 10 or older. About 65% of respondents had been in care for two years or less with the remainder spanning to 15 years in care. Seventy nine percent of sampled youth had been in one or two placements, with the remaining 21% having from 3 to

10 placements. This is comparable to findings of a large scale study of foster care nationally that indicated about 22% of foster care children have three or more placements (Pardeck, 1984). Consistent with the overrepresentation of the lower socio-economic groups in the foster care population nationally (Tatara, 1989), over 70% of this sample came from families where the annual income was less than \$15,000. All of the youth had some contact with at least one parent which is typical of foster care adolescents (Tatara, 1989).

This sample is higher in its ratio of white to black individuals than the national population of foster care youth. The national statistics on the ethnic distribution of all foster care children is 59.8% white, 22.9% black, 10.2% Hispanic 5.3% other and 1.8% unknown (Tatara, 1989). The sample for this study was 81% (47) white and 19% (11) black. This sample does not include any other minority. The ratio of this sample does closely represent the ethnic distribution of the community which the home serves. The 1980 Census reports an 80/20 white/non-white population ratio for the state of Virginia (US Department of Commerce, Bureau of the Census, 1983). This sample also closely resembles the ethnic distribution of foster care adolescents in Virginia with the state figures reporting a 74/26 white/non-white ratio (Virginia Dept of Social Services, 1986).

All respondents attend public school and have the opportunity to participate in community activities.

This sample does not include individuals who are identified as mentally retarded or have extreme behavior and psychiatric disorders that would require them to be placed in more restrictive environments that are better able to meet their supervision and treatment needs (Hampson, 1988). The sample limits the generalizability of the results of this study to male foster care adolescents who do not exhibit extremes in intellectual, psychological, and behavioral problems.

The comparison group for this study is the normative population of adolescents as represented by the 1,385 adolescents used to establish the standardized norms for the Offer Self-Image Questionnaire for Adolescents (Offer, Ostrov, & Howard, 1982). Several studies using the Offer Self-Image Questionnaire with black males have found no significant differences in patterns of self-image from the primarily white population used to norm the instrument (Griffin & Korchin, 1980; Whalen & Csikszentmihalyi, 1989).

Procedure

Social histories and foster care histories were compiled from the respondent's files by the researcher and the Director of Social Services for the group home. All

data were recorded using file numbers rather than names to protect the privacy of the respondents. The self-report instrument was administered in small groups by one of the counselors of the group home. The participants were informed that the results would be used for research purposes to study foster care adolescents and not for evaluation of them as individuals. They were instructed to answer any questions regarding parents or family by referring to their natural parents rather than any foster parents.

Measurement

Self-image

The Offer Self-Image Questionnaire for Adolescents (OSIQ) (Offer et al., 1982) was selected to assess the youths' self-image. The OSIQ is a self-descriptive personality test that is designed to measure self-image in adolescents in a number of specific domains based on the assumption that the adolescent can master one area of functioning well while failing to master another. Studies in a variety of cultural settings have confirmed the validity of the instrument's cross-cultural use (Kertesz, Offer, Ostrov, & Howard, 1986; Offer, Ostrov & Howard, 1977; Offer, Ostrov, Howard, & Atkinson, 1988). The OSIQ has been administered to over 20,000 adolescents in a variety of studies (Offer et al., 1982). The 130 item instrument

measures self-image in eleven areas considered to be important in the psychological world of the adolescent.

According to the OSIQ these are:

- 1) Impulse control measures to what extent the adolescent can handle the various pressures from both the external and the internal environment (10 items);
- 2) Emotional Tone measures the stability of emotions (10 items);
- 3) Body and Self-Image indicates how the adolescent has adjusted to his body (10 items);
- 4) Social Relationships assesses object relationships and friendship patterns (10 items);
- 5) Morals assesses the extent of the development of the conscience or superego (10 items);
- 6) Sexual Attitudes measures the adolescent's attitude, feeling and behavior toward the opposite sex (10 items);
- 7) Family Relations measures the emotional atmosphere in the family, particularly between the adolescent and his father and mother (20 items);
- 8) Mastery of the External World measures how well an adolescent adapts to and manages in his immediate environment (10 items);
- 9) Vocational-Educational Goals measures how well the adolescent is accomplishing the task of learning and planning for his vocational future (10 items);

10) Emotional Health identifies presence or absence of severe psychopathology (15 items)

11) Superior Adjustment measures how well the adolescent is coping with himself, other people and his world (15 items); (Appendix B contains a complete list of items in each domain).

Respondents are asked to rate themselves by indicating how well each item describes them using a six-point Likert scale: 1=Describes me very well, 2=Describes me well, 3=Describes me fairly well, 4=Does not quite describe me, 5=Does not really describe me, 6=Does not describe me at all. Scores for the eleven scales are standardized based on a reference group from the population at large (\bar{X} =50, SD =15) by age group (12-15 years versus 16-19 years) and gender. Higher standardized scores indicate more positive self-image. The standardized scoring system was established using the means and standard deviations from scores achieved by a group of 1,385 adolescents from the general population in both the United States and Australia (Offer et al., 1982).

Good construct validity has been established for the Offer scale. Dudley, Craig, & Mason (1981) found that the Offer scale correlated rather significantly with the psychopathological related scales of the Minnesota Multiphasic Personality Inventory (MMPI). Correlation

between the Offer scale and the Tennessee Self-Image Test has been found to be moderate to high with the Family Relations scale correlating most highly with the analogous scale of the Tennessee Self-Image Test (Offer, Ostrov, & Howard, 1989).

Analysis of data from the 1980 normative group generally show modest internal consistency. Reliability coefficients (alpha) for males for the eleven scales of the OSIQ. Coefficients ranged from .84 to .45 for 13-16 year olds and from .83 to .58 for 16-19 year olds (Offer et al., 1989). (Appendix B contains a complete set of alpha coefficients for the eleven domains of the OSIQ for young and older males).

Foster care history

Number of placements for the youth since entering care was used as an indicator of stability of the placement experience as it represented the total number of times the youth had been removed from one home and placed in another -- 1, 2, or 3 or more placements.

Length of time in the current placement is represented by the number of months the respondents had been at the current group home at the time of the study. This indicated the amount of time that had been available for the youth to adjust to the new environment and form new relationships.

Individual characteristics

Age was represented by age of the youth in years at the time they completed the OSIQ.

Educational achievement was represented by the number of grade levels that the youth was behind his age group in the public schools -- 0, 1, 2, or 3 or more years behind.

Race was recorded as white or black.

Data Analysis

Mean scores of the foster care sample on the eleven separate domains of self-image as well as the global self-image score were compared to the mean scores for the normative reference group for this instrument using t-tests. Separate comparisons to the normative population were made for black youth and white youth to address Festinger's (1983) findings that, as adults, white youth from group homes scored lower than blacks on self-concept scales.

Next, multiple regression analysis was used to determine the extent to which self-image could be explained by foster care history and individual characteristics. The independent variables included in the regression analysis were race, age, academic achievement, length of time in the current placement and number of foster care placements. Separate regression analysis were performed for the global self-image scores as well as for scores on each of the eleven dimensions of self-image.

Results

The t-test failed to reveal a significant difference between the global self-image score for the sample of foster care youth ($M = 49.31$, $SD 10.92$) and the global score for the normative population of male adolescents ($\mu = 50$, $\sigma = 15$). Comparison between the scores from the foster care group and the normative population on the eleven components of self-image revealed significant differences on the social, family relations, and emotional health scales. The foster care sample scored significantly higher ($p < .05$) than the normative population on the social scale and significantly lower ($p < .001$) than the normative population on both the family relations and the emotional health scales.

A summary of the sample statistics is presented in Table 1 and the self-image profile is presented visually in a graph presented in Figure 1.

Insert Table 1 and Figure 1 about here.

Self-image of foster care youth was explored further by looking at the white and black respondents separately in comparison to the normative population. T-tests revealed that the black foster care youth scored significantly higher ($M=62$, $p < .01$) than the normative population on the social

self-image dimension. No significant differences were found between the black youths' scores and the population norm on any of the other dimensions. When compared to the normative population the white youth scored significantly higher on both the morals dimension (\bar{M} =54.8, $p<.05$) and sexual attitudes (\bar{M} =54.15, $p<.05$) but significantly lower on both the family self-image (\bar{M} =35.8, $p<.001$) and on emotional health (\bar{M} =41.47, $p<.001$). A summary of the statistical analysis of the comparison of scores of the eleven dimensions of self-image between the normative population for both white and black foster care youth is presented in Table 2 and the self-image profile for white and black foster care youth is presented visually in a graph presented in Figure 2.

Insert Table 2 and Figure 2 about here.

The second purpose of this study was to investigate the relationship between the OSIQ scores and the individual and foster care characteristics. Intercorrelations among individual and foster care variables ranged from .01 to .39 (A complete set of intercorrelations for the independent variables is presented in Appendix B, Table 5).

Intercorrelations between the domains of the OSIQ as well as means, standard deviations and correlations between

the individual and foster care variables and OSIQ scores are presented in Appendix B, Table 5 and Table 6. Correlations between the individual characteristics and foster care history, and the eleven domains of the OSIQ are presented in Appendix B, Table 7.

The individual and foster care variables were regressed on the total and on each of the subscales of the self-image scale. Table 3 presents the results of the regression analysis.

Insert table 3 about here.

Regression analysis for global self-image did not reveal a significant relationship for the selected individual and foster care variables ($F[5, 52] = p > .05$). Significance was revealed for four of the eleven domains of self-image. None of the five individual and foster care variables were significant explainers for all four of these domains. In the morals domain, 27% of the variation was explained by the individual and foster care variables ($F[5, 52] = 3.76, p < .01$). Significant explainers were number of placements ($B = -.35, p < .01$) and length of stay at current placement ($B = -.31, p < .05$), indicating that higher moral self-image was associated with fewer placements and shorter stay in care at the current placement.

The individual and foster care variables explained 27% of the variation in the vocational\educational goals ($F[5, 52] = 3.87, p < .01$). Significant explainers were age ($B = .38, p < .01$), length of time in current placement ($B = -.34, p < .05$), and academic achievement ($B = -.29, p < .05$), indicating that higher vocational\educational goals were related to being older, less behind in school and having been in the current placement for less time.

Twenty-two percent of the variation in the family relations domain were explained by the individual and foster care variables ($F[5, 52] = 2.90, p < .05$). Significant explainers were number of placements ($B = -.37, p < .01$) and race ($B = -.30, p < .05$), indicating that better family relations were related to not being white and having fewer placements.

The individual and foster care variables explained 20% of the variation in the emotional health domain ($F[5, 52] = 2.47, p < .05$). Emotional health was explained significantly by age ($B = .38, p < .01$) and academic achievement ($B = -.33, p < .05$), indicating that older adolescents and adolescents that had less failure in school tended to have better emotional health.

Discussion

One purpose of this research was to determine if differences in self-image existed between foster care youth

and other adolescents. In contrast to other investigations, this study did not find that foster care youth have lower self-images than adolescents in a normative population (Gil & Bogart, 1982; Hicks & Nixon, 1989). The findings do support previous conclusions that the pattern of loss typically experienced by foster care children is likely to influence the way children view themselves (Fanshel & Shinn, 1978; Feinstein & Giovacchini, 1979; Timberlake et al., 1987). However, this influence was not reflected in global self-image but rather in the separate domains of self-image.

Evidence from this sample supports findings of Otto (1977) and Hoffman (1988) that when family support is low, social relationships gain importance. Removal from a high conflict family situation and placement in a foster care situation may furnish the opportunity to develop other supportive relationships that can then be used to develop positive self-image.

Findings from this sample suggest that the family relations domain was the most depressed for these adolescents. This supports Chubb and Fertman's (1992) research suggesting that a sense of belonging and support from one's family has a powerful influence on self-concept. Foster care placement may serve to reduce the sense of belonging and support that an adolescent can get from their family but, in all likelihood, the removal of the youth from

the home also reflects some family deficit or dysfunction which influenced the family's ability to provide support (Tatara, 1989).

The emotional health domain identifies presence or absence of severe psychopathology. Consistent with Fanshel and Shinn's (1978) findings that 24% of foster care adolescents are psychologically disturbed, a quarter of this sample had self-image scores in the emotional health domain that fell outside the normal range. This finding is also consistent with several of the adult studies that reported about 75% of the former foster care youth function well (Barth, 1990; Baylor & Monachesi, 1939; Theis, 1924).

While other studies imply that the psychological problems of foster care youth are linked with interrupted family relationships (Gil & Bogart, 1982; Hicks & Nixon, 1989; Palmer, 1990) for this sample, the correlation between the family relations and emotional health, was not significant ($r=.24$, $p>.10$). This finding suggests that for foster care youth, relationships other than with family may provide the support necessary to establish emotional health. This explanation seems plausible because foster care youth do not typically interact with family members on a day-to-day basis.

Race appears to be a factor that is related to the pattern of self-image for this population. The profile for

the black youth and that for white youth are somewhat different. Black youth differed from the normative population only on social self-image where they scored higher. The white group scored significantly lower on both family self-image and emotional health while scoring significantly higher than the norm on perceptions of their moral self-image and sexual attitudes. Neither group were different from the normative population on global self-image. This finding was unexpected, given that previous studies concluded that race would influence lower self-image score for blacks mainly because of more prolonged stays in foster care (Goerge, 1990; Jenkins et al., 1983) or more frequent placements (Fanshel & Shinn, 1978; Knitzer & Allen, 1978). For this sample, there was no significant relationship between race and length of time in the current placement ($r = -.19$, $p > .10$) or total number of placements ($r = .01$, $p > .10$). Although there are no differences in global self-image based on race the difference in domains is consistent with Festinger's (1983) finding that whites from group homes consistently rated themselves less positively than other former foster care adults.

There are several possible explanations for differences in the self-image profile of white and the black youth. One is that black male adolescents are more resilient than their white counterparts and therefore better able to adjust to

the losses incurred from either the foster care experience or the experiences that led them into care. Another possible explanation is that, with the presence of equally severe problems, black males are more likely than white males, to be referred to the more restrictive environments either in the foster care system or in the juvenile justice system. This could result in a "creaming" effect of black youth that enter or stay in the less restrictive placements. Festinger (1983) suggests that this type of "creaming" influences the distribution of minorities within the foster care and juvenile justice system.

Using data from three surveys of hospitalization trends, Milazzo-Sayre, Benson, Rosenstein, and Manderscheld (1986) (cited in Black, 1989) found that although more than 80% of youth receiving inpatient psychiatric services were white, the rate for blacks was actually higher based on their representation in the population. Pope and McNeeley (1981) suggest that black youth are overrepresented at all stages of the juvenile justice system even though there does not appear to be consistent differences between racial groups in their level of involvement in delinquency. Specific to foster care youth, Jenkins et al., (1983) found white children in trouble with the law were more likely to enter the foster care system than minority children in trouble with the law and that minority children in trouble

with the law are more likely to enter the juvenile justice system than white children in trouble with the law. Further studies are needed to investigate these and other possible explanations for these differences.

Another purpose of this study was to determine whether self-image could be explained by foster care history and individual characteristics. Variance in global self-image was not explained by the individual characteristics and foster care history but individual domains were. When other factors were accounted for, race was a significant explainer of self-image in the family relations domain - being white was related to poorer family relations. This finding may be an artifact of a "creaming" of black youth as suggested earlier.

Academic achievement was an explainer of self-image in two domains: vocational/educational goals and emotional health. Foster care adolescents who were behind in school had lower self-image scores in these two domains, supporting previous findings that school achievement is positively related to self-concept. This is a particularly important finding with regard to foster care youth because of the increased risk of school failure in this population (Demo & Savin-Williams, 1983; Miner, 1991; Rubin, 1978). In the face of family disruption and loss, academic achievement is often portrayed as a secondary problem for these youth and

may be allocated less attention and fewer resources than are necessary to overcome deficits. Festinger's (1983) finding that as adults this population maintains an educational achievement deficit that impacts income and standard of living makes it even more critical that this issue be addressed early in care.

Although the OSIQ is standardized on normative population scores for either younger and older youth, age was still the strongest explainer of self-image in the domains of vocational\educational goals and emotional health, with older youth tending to have more developed goals and better emotional health. These results are consistent with Greenwald's (1980) findings that benefectance, the tendency to take credit for success while denying responsibility for failure, is positively correlated with age. It may be that older children are more able to place the blame for their being in foster care and the conditions that led up to it on circumstances outside their control and therefore suffer less damage to their emotional health. Older youth may have a better understanding of their foster care status and how the foster care agency functions.

Number of placements was the strongest explainer of self-image in the domains of moral self-image and family relations, consistent with Hicks and Nixon's (1989) findings

that low self-esteem is related to multiple placements. Multiple placements may affect perception of morals by introducing inconsistent standards of behavior each time the youth changes placements. If the standards of "good" behavior keep changing it is less likely that foster care youth will gain an awareness of their intrinsic value.

Length of time in the current placement was also an explainer for self-image domains for morals and vocational\educational goals, but not in the expected direction. As an indicator of stability, an increased stay was expected to be positively related to self-image but the inverse was revealed in this study. One possible explanation is that, because the ultimate goal of foster care returning the youth to their families, adolescents with more severe family problems are less likely to be returned home resulting in longer stays in care. Moral self-image may also be related to behavior disruption and more disruptive youth may stay in care longer and have more placements (Friedman, Baron, Lardieri & Quick, 1982).

Implications

The implications of these findings for placement decisions include reconsidering foster placement as a potentially positive alternative, at least for older adolescents. This sample of adolescents did not rate themselves differently than the normative population. If

foster care causes more harm than good as suggested by Palmer (1990) this should not be the case. Lower scores in the family relations and emotional health domains indicate that there is a need to identify those youth that are experiencing these deficits and allocate resources that address them, especially if, as the proportions suggest, there is a relationship between poor self-image on the emotional health domain in adolescence and adult functioning and sense of well-being.

The suggestion that the differences in self-image based on race are the result of a "creaming" of blacks bears the serious implication that there is systematic discrimination within the foster care system. If further studies confirm that minority youth have less access to more desirable or less restrictive placements then policies that address that inequity need to be implemented.

The results also support the concern that multiple placements can create risk. Efforts aimed at stabilizing the placement experience need to be paramount in the placement decision process. The importance of academic achievement for this population is also apparent. Attempts should be made to overcome prior deficits or not accrue new ones as a result of placement. Stable foster care placement that provides opportunities for adolescents to achieve and to form supportive relationships may even be able to

compensate for problems in other life areas.

Limitations for this study based on sample size and gender must be acknowledged. Although this was a relatively small sample, it was comparable to samples in other foster care studies. However, some of the relationships that approached significance with this sample need to be investigated with a larger study. In addition, the all male sample of this study limits the generalizability of the findings. Future studies with female foster care adolescents are needed to investigate how their self-image compares to the normative population and whether it is similarly influenced by individual characteristics and foster care history.

Future studies that address the same issues longitudinally are necessary to evaluate the developing self-image of this population and relate it to the foster care experience on an ongoing basis. Tracking foster care youth into adulthood could help clarify whether self-image remains stable or changes with age and because of various life circumstances. It would be useful for case planning and resource allocation to establish if there is a relationship between specific deficits of self-image in foster care adolescents and adult functioning.

References

- Bachman, J. G., & O'Malley, P. M. (1984). Black-white differences in self-esteem: Are they affected by response styles. American Journal of Sociology, 90(3), 624-639.
- Barth, R. (1990). On their own: The experiences of youth after foster care. Child and Adolescent Social Work, 7, 419-440.
- Baylor, E., and Monachesi, E., (1939). The rehabilitation of children. New York: Harper.
- Beck, D. F., & Jones, M. A. (1973). Progress on family problems. New York: Family Service Association of America.
- Beyer, M. (1986). Overcoming emotional obstacles to independence. by Children Today, 15, 8-12.
- Black, R. J. (Ed.). (1989). Black adolescents. Berkeley, CA: Cobb & Henry.
- Bohman, M., & Sigvardsson, S. (1980). Negative social heritage. Adoption and Fostering, 3, 25-34.
- Canning, R. (1974). School experiences of foster children. Child Welfare, 53, 582-587.
- Chubb, N. H., & Fertman, C. I. (1992). Adolescents' perceptions of belonging in their families. Families in Society: The Journal of Contemporary Human Services, 73(7), 387-394.

- Coche, E., & Taylor, A. (1974). Correlations between the Offer Self-Image Questionnaire for Adolescents and the Minnesota Multiphasic Personality Inventory in a psychiatric hospital population. Journal of Youth and Adolescence, 3, 145-152.
- Cooper, J. E., Holman, J., & Braithwaite, V. A. (1983). Self-esteem and family cohesion: The child's perceptive and adjustment. Journal of Marriage and the Family, 45, 153-159.
- Demo, D., & Savin-Williams, R. (1983) Early adolescent self-esteem as a function of social class: Rosenberg and Pearlin revisited. American Journal of Sociology, 88, 763-774.
- Demo, D., Small, S., & Savin-Williams, R. (1987). Family relations and the self-esteem of adolescents and their parents. Journal of Marriage and the Family, 49, 705-715.
- Dudley, H., Craig, E., & Mason, J. (1981). The measurement of adolescent personality dimensions: The MMPI and the Offer Self-Image Questionnaire for Adolescents. Adolescence, 16, 453-469.
- Dusek, J. B., & Flaherty, J. F. (Eds.). (1981). The development of self-concept during the adolescent years. Monographs of the Society for Research in Child Development, 46(4) (Serial No. 191).

- Fanshel, D., & Shinn, E. B. (1978). Children in foster care: A longitudinal investigation. New York: Columbia University Press.
- Fanshel, D. (1992). Foster care as a two-tiered system. Children and Youth Services Review, 14, 49-60.
- Fein, E., Maluccio, A., & Kluger, M. (1990). No more partings; An examination of long-term foster family care. Washington, DC: Child Welfare League of America.
- Feinstein, S., & Giovacchini, P. (1979). Adolescent psychiatry; developmental and clinical studies, 7, Chicago: University of Chicago Press.
- Festinger, T. (1983). No one ever asked us. New York: Columbia University Press.
- Frank, G. (1980). Treatment needs of children in foster care. American Journal of Orthopsychiatry, 50, 256-263.
- Friedman, R., Baron, A., Lardieri, S., & Quick, J. (1982) Length of time in foster care: A measure in need of analysis. Social Work, 27, 499-503.
- Gecas, V. (1971). Parental behavior and dimensions of adolescent self-evaluation. Sociometry, 34, 466-482.
- Gecas, V. (1981). Contexts of socialization. In M. Rosenberg & R.H. Turner (Eds.), Social psychology: Sociological perspectives (pp. 165-199). New York: Basic Books.
- Gecas, V., & Schwalbe, M. (1986). Parental behavior and

adolescent self-esteem. Journal of Marriage and the Family, 48, 37-44.

Gershenson, C., & Kresh, E. (1986). School enrollment status of children receiving child welfare services at home or in foster care. Child Welfare Research Note #15.

Washington, DC: Office of Human Development Services.

Gil, E., & Bogart, K. (1982). An exploratory study of self-esteem and quality of care of 100 children in foster care. Children and Youth Services Review, 4, 351-363.

Goerge, R. (1990). The reunification process in substitute care. Social Service Review, Sept, 423-475.

Greenwald, A. G. (1980). The totalitarian ego; Fabrication and revision of personal history. American Psychologist, 7, 603-618.

Griffin, Q., & Korchin, S. (1980). Personality competence in Black male adolescents. Journal of Youth and Adolescence, 9, 211-227.

Hampson, R. (1988). Special foster care for exceptional children. Children and Youth Services Review, 10, 19-41.

Harter, S. (1985). Competence as a dimension of self-evaluation: Toward a comprehensive model of self-worth. In R.L. Leahy (Ed.), The development of the self (pp.50-121). Orlando: Academic Press.

Hartley, E.K. (1984). Government leadership to protect

children from foster care "drift". Child Abuse and Neglect, 8, 337-342.

Hicks, C., & Nixon, S. (1989) The use of a modified repertory grid technique for assessing the self-concept of children in local authority foster care. British Journal of Social Work, 19, 203-216.

Hochstadt, N. J., Jaudes, P. K., Zimo, D., & Schachter J. (1987). The medical and psychosocial needs of children entering foster care. Child Abuse and Neglect: The International Journal, 11, 53-62.

Hoelter, J., & Harper, L. (1987). Structural and interpersonal family influences on adolescent self-conception. Journal of Marriage and the Family, 49, 129-139.

Hoffman, M. A., Ushpiz, V., & Levy-Shiff, R. (1988). Social support and self-esteem in adolescence. Journal of Youth and Adolescence, 17, 307-316.

Horejsi, C. (1979). Foster family care: A handbook for social workers, allied professionals, and concerned citizens, Springfield, IL: Charles C. Thomas.

Howing, P. T., Kohn, S., Gaudin, J. M., Jr., Kurtz, P. D., & Wodarski, J. S. (1992). Current research issues in child welfare. Social Work Research & Abstracts, 28(1), 5-12.

Jenkins, B., Diamond, M., Gibson, J., Hendricks, J.,

- Marshood, N. (1983). Ethnic differentials in foster care placement. Social Work Research and Abstracts, 19, 41-45.
- Justice, B., & Justice, R. (1976). The abusing family. New York: Human Services Press.
- Kertesz, M. Offer, D., Ostrov, E., & Howard, K. I. (1986). Hungarian adolescent's self-concept. Journal of Youth and Adolescence, 15, 275-286.
- Knitzer, J., & Allen, M. L. (1978). Children without homes: An examination of public responsibility to children in out-of-home care. Washington, DC: Children's Defense Fund.
- Koenig, L., Howard, K., Offer, D., & Cremerius, M. (1984). Psychopathology and adolescent self-image. In Offer, D., Ostrov, E., Howard, K. (Eds.), Patterns of adolescent self-image. San Francisco: Jossey-Bass Social and Behavioral Sciences Series.
- Lawder, E., Poulin, J., & Andrews, R. (1986). A Study of 185 foster children five years after placement. Child Welfare, 65, 241-251.
- Littner, N. (1974). Some traumatic effects of separation and placement. New York: Child Welfare League of America.
- Maluccio, A. & Fein E. (1985). Growing up in foster care. Child and Youth Service Review, 7(2\3), 123-134.
- Marton, P., Golombek, H., Stein, B., & Korenblum, M. (1988).

- The relation of personality functions and adaptive skills to self-esteem in early adolescence. Journal of Youth and Adolescence, 17(5), 393-401.
- McCarthy, J. D., & Hoge, D. R. (1982). Analysis of age effects in longitudinal studies of adolescent self-esteem. Developmental Psychology, 18, 372-379.
- McIntyre, A., & Keesler, T. Y. (1986). Psychological disorders among foster children. Journal of Clinical Child Psychology, 15, 297-303.
- Meier, E. (1965). Current circumstances of former foster children. Child Welfare, April, 196-206.
- Milazzo-Sayre, L., Benson, P. R., Rosenstein, M. J., & Manderschedl, R. W. (April 1986). Use of inpatient psychiatric services by children and youth under age 18, United States, 1980. Mental Health Statistical Note, No. 175., Washington, D.C.: U.S. DHHS Publishing.
- Miner, M. H. (1991). The self-concept of homeless adolescents. Journal of Youth and Adolescence, 20(5), 545-559.
- Minuchin, S. (1981). Constructing a therapeutic reality. In Berenson, G. & White, H. (Eds.), Annual Review of Family Therapy (Vol. 1). New York Human Sciences Press.
- Mullis, A., Mullis, R., Normandin, D., (1992). Cross-sectional and longitudinal comparisons of adolescent self-esteem. Adolescence, 27, 51-61.

- Norton, F. (1981). Foster care and the helping professions. Personnel and Guidance Journal, 60(3), 156-159.
- Offer, D. (1969). The psychological world of the teenager: A study of normal adolescents. New York: Basic Books.
- Offer, D., Ostrov, E., & Howard, K. I. (1977). The self-image of adolescents: A study of four cultures. Journal of Youth and Adolescence, 6, 265-280. (AD)
- Offer, D., Ostrov, E. & Howard, K. I. (1981). The adolescent: A psychological self-portrait. New York: Basic Books.
- Offer, D., Ostrov, E., & Howard, K. I. (1982). The Offer self-image questionnaire for adolescents: A manual. Chicago, IL: Michael Reese Hospital.
- Offer, D., Ostrov, E. & Howard, K. I. (1984). Patterns of adolescent self-image. San Francisco: Jossey-Bass Social and Behavioral Sciences Series.
- Offer, D., Ostrov, E., Howard, K. I., & Atkinson, R. (1988). The teenage world: Adolescents' self-image in ten countries. New York: Plenum Medical Book Company.
- Offer, D., Ostrov, E. & Howard, K. I. (1989). The Offer self-image questionnaire for adolescents: A manual. Chicago: Michael Reese Hospital.
- O'Malley, P. M., & Bachman, J. G. (1983). Self-esteem: Change and stability between ages 13 and 23. Developmental Psychology, 19, 257-267.

- Osborne, W. L., & LeGette, H. R. (1982). Sex, race, grade level, and social class differences in self-concept. Measurement and Evaluation in Guidance, 14, 195-201.
- Otto, L. B. (1977). Girl friends as significant others: Their influence on young men's career aspirations and achievements. Sociometry, 40, 287-293.
- Palmer, S. E. (1990). Group treatment of foster children to reduce separation conflicts associated with placement breakdown. Child Welfare, 69, 227-238.
- Pardeck, J. T. (1984). Multiple placement of children in foster family care: An empirical analysis. Social Work, 29(6), 506-509.
- Peterson, A. C. (1981). The development of self-concept in adolescence. In Lynch, M. D., Norem-Hebeisen, A. A., & Gergen, J. K. (Eds.), Self-concept: Advances in theory and research. Cambridge, MA: Ballinger.
- Pope, C. E., & McNeeley, R. L. (1981). Race, crime and criminal justice: An overview. In R. L. McNeeley & C. E. Pope (Eds.), Race, crime and criminal justice. Beverly Hills, CA: Sage Publishing, pp. 9-27.
- Raschke, H. J., & Raschke, V. J. (1979). Family conflict and children's self-concepts: A comparison of intact and single-parent families. Journal of Marriage and the Family, 41, 367-374.
- Richman, C. L., Clark, M. L., & Brown, K. P. (1985). General

- and specific self-esteem in late adolescent students:
Race X gender X SES effects. Adolescence, 20, 555-566.
- Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
- Rosenberg, M. (1985). Self-concept and psychological well-being in adolescence. In M. Rosenberg (Ed.), The development of the self. New York: Academic press.
- Rosenberg, F. R., & Simmons, R. G. (1975). Sex differences in the self-concept in adolescents. Sex Roles, 1, 147-159.
- Rubin, R. (1978). Stability of self-esteem ratings and their relations to academic achievement: A longitudinal study. Psychology in the Schools, 15, 430-433.
- Simmons, R. G., Brown, L., Bush, D., & Blythe, D. A. (1978). Self-esteem and achievement of black and white adolescents. Social Problems, 26, 86-96.
- Singh, O., Verma, R., Arora., & Agrawal, P. (1986). Self-image of institutionalized male delinquent adolescents. Journal of Human Development, 22, 7-13.
- Smollar, J. & Youniss, J. (1985). Adolescent self-concept development. In R. Leahy (Ed.), The development of the self (pp. 247-265). Orlando: Academic Press.
- Solo, R. (1956) Kunnallinen Lastensuojelutjo Sosiaalisen Sopeutumisen Kasvattajana (The English summary: Municipal Child Welfare Work as Promoter of Social

Adjustment). Helsinki, Finland: Vaasa.

Spatz-Windom, C. (1992) The role of placement experiences in mediating the criminal consequences of early childhood victimization. American Journal of Orthopsychiatry, 61, 195-209.

Stenner, A. J., & Katzenmeyer, W. G. (1976). Self-concept, ability, and achievement in a sample of sixth grade students. Journal of Educational Research, 69, 270-273.

Tatara, T. (1989). Characteristics of children in substitute and adoptive care: A statistical summary of the VCIS national child welfare data base. Washington, DC: The American Public Welfare Association.

Theis, S. V. (1924). How foster children turn out. New York: State Charities Aid Association.

Thomas, D. L., Gecas, V., Weigert, A. J., & Rooney, E. (1974). Family socialization and the adolescent. Lexington, MA: D. C. Heath.

Timberlake, E., Pasztor, E., Sheagrin, J., & Lammert, M. (1987). Adolescent emancipation from foster care. Child and Adolescent Social Work, 4, 116-189.

Triseliotis, J. (1980). Growing up in foster care and after. In J. Triseliotis (Ed.) New developments in foster care & adoption (pp. 131-161). London and Boston: Routledge & Kegan Paul.

United States Bureau of the Census. (1983). Characteristics

- of the population; (1980) Census of the population
(Vol. 1). Washington, DC: United States Department of
Commerce; Bureau of the Census.
- Virginia Department of Social Services. (1986). Report of
task force on the status of older children in foster
care. Richmond: Virginia Department of Social Services.
- Wade, T. J. (1991). Race and sex differences in adolescent
self-perceptions of physical attractiveness and level
of self-esteem during early and late adolescence.
Personality and Individual Differences, 12(12), 1319-
1324.
- Wald, A., Carlsmith, J., & Leiderman. (1988). Protecting
abused and neglected children. Stanford, CA: Stanford
University Press.
- Wallace, J. R., Cunningham, T. F., & Del Monte, V. (1984).
Change and stability in self-esteem between late
childhood and early adolescence. Journal of Early
Adolescence, 4(3), 253-257.
- Weinstein, E. (1960). The self-image of the foster child.
New York: Russell Sage Foundation.
- Whalen, S., & Csikszentmihalyi, M. (1989). A comparison of
self-image in talented teenagers with a normal
adolescent population. Journal of Youth and
Adolescence, 18, 131-145.
- Zimmerman, R. (1982). Foster care in retrospect. New

Orleans, LA: Tulane Studies in Social Welfare.

Table 1

Means, Standard Deviations and Sample T-Values for Foster care Adolescents
Self-Image Scores (n=58) Compared to the Normative Population.

Variable	<u>M</u>	<u>SD</u>	<u>t-Value</u> for Ho u=50
<u>TOTAL</u>	49.42	10.99	-0.41
IMPULSE	49.81	14.89	-0.18
EMO/TONE	48.55	20.38	-0.54
BODY IMAGE	49.57	16.95	-0.19
SOCIAL	53.90	14.90	2.01*
MORALS	52.95	13.98	1.61
VOC/ED	51.76	17.70	0.76
SEXUAL	53.69	15.94	1.76
FAMILY	38.47	18.91	-4.64***
MASTERY	50.26	15.02	0.13
EMO/HEALTH	43.10	16.20	-3.24**
ADJUSTMENT	51.52	15.53	0.74

* p<.05

** p<.01

*** p<.001

Table 2

Means, Standard Deviations and Sample T-Values for White and Black

Foster care Adolescents Self-Image Scores Compared to the Normative Population.

Variable	Black (n=11)			White (n=47)		
	<u>M</u>	<u>SD</u>	<u>t-value</u> for Ho u=50	<u>M</u>	<u>SD</u>	<u>t-value</u> for Ho u=50
TOTAL SCORE	50.64	11.65	0.18	49.13	10.94	-0.55
IMPULSE CONTROL	47.45	16.34	-0.52	50.36	14.66	0.17
EMOTIONAL TONE	56.27	17.48	1.19	46.74	20.75	-1.07
BODY IMAGE	55.72	15.68	1.21	48.13	17.07	-0.75
SOCIAL RELATIONS	62.00	11.09	3.59**	52.00	15.12	0.37
MORALS	45.00	14.79	-1.12	54.80	13.26	2.48**
VOCATIONAL GOALS	45.81	22.04	-0.63	53.15	16.48	1.31
SEXUAL ATTITUDES	47.45	19.18	-0.44	55.15	14.95	2.36*
FAMILY RELATIONS	49.81	18.49	-3.25	35.80	18.19	-5.35***
MASTERY	52.45	16.63	0.49	49.74	14.77	-0.12
EMOTIONAL HEALTH	48.18	15.62	-0.39	41.47	16.37	-3.60***
ADJUSTMENT	46.90	18.36	0.59	52.59	14.84	1.20

* $p < .05$

** $p < .01$

*** $p < .001$

Table 3

Standardized Beta Coefficients from Regressions of Adolescent Self-Image on Individual and Foster Care Characteristics

	Impulse	Emo/Tone	Body Image	Social	Morals	Voc/Ed	Sexual	Family	Mastery	Emo/Hth Adjustment	Total
Race											
Beta	.01	-.22	-.16	-.29*	.22	.09	.14	-.30*	-.11	-.20	-.11
Prob level	.958	.113	.256	.040	.083	.452	.275	.024	.436	.135	.404
Academic Achievement											
Beta	-.19	-.14	-.17	-.03	-.14	-.29*	-.24	-.02	-.26	-.33*	-.27*
Prob level	.173	.303	.231	.808	.257	.022	.070	.896	.059	.016	.051
Age											
Beta	-.32*	.25	.08	.09	.18	-.38**	-.32*	-.11	-.30*	-.38**	-.32*
Prob level	.034	.109	.623	.553	.206	.010	.031	.453	.050	.012	.033
Length of time in the Current Placement											
Beta	-.31*	-.13	.05	-.11	-.31*	-.34*	-.21	-.09	-.16	-.20	-.27
Prob level	.039	.382	.736	.475	.026	.013	.143	.520	.274	.154	.062
Number of placements											
Beta	-.13	.12	.11	-.02	-.35**	-.24	-.14	-.37**	.07	.04	-.12
Prob level	.351	.402	.433	.871	.007	.057	.296	.006	.621	.770	.367
R ²											
Prob level	.132	.15	.10	.07	.08	.27**	.27**	.18	.22*	.12	.19*
		.351	.572	.466	.006	.005	.067	.022	.250	.044	.329
											.101

* p<.05

** p<.01

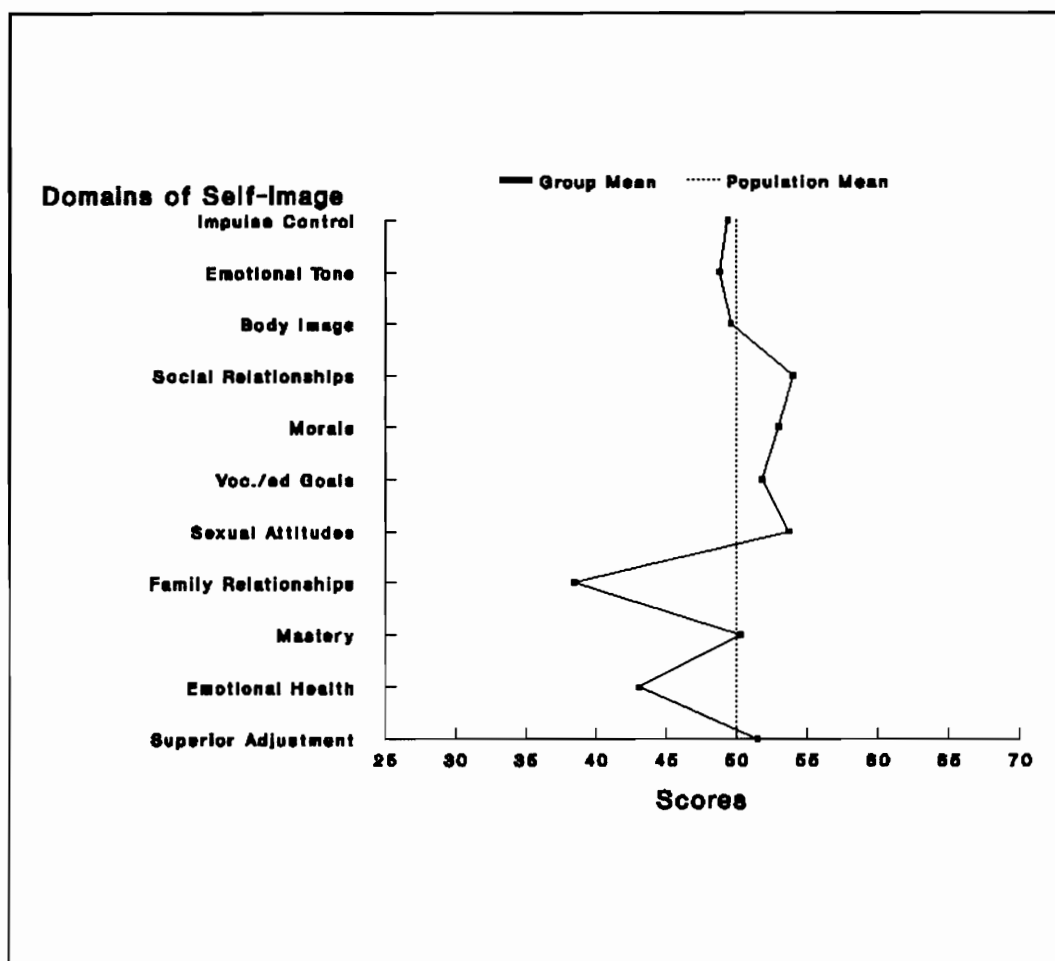


Figure 1
Offer Self-Image Scores on Eleven Domains for Adolescents
in Foster Care and the Normative Population.

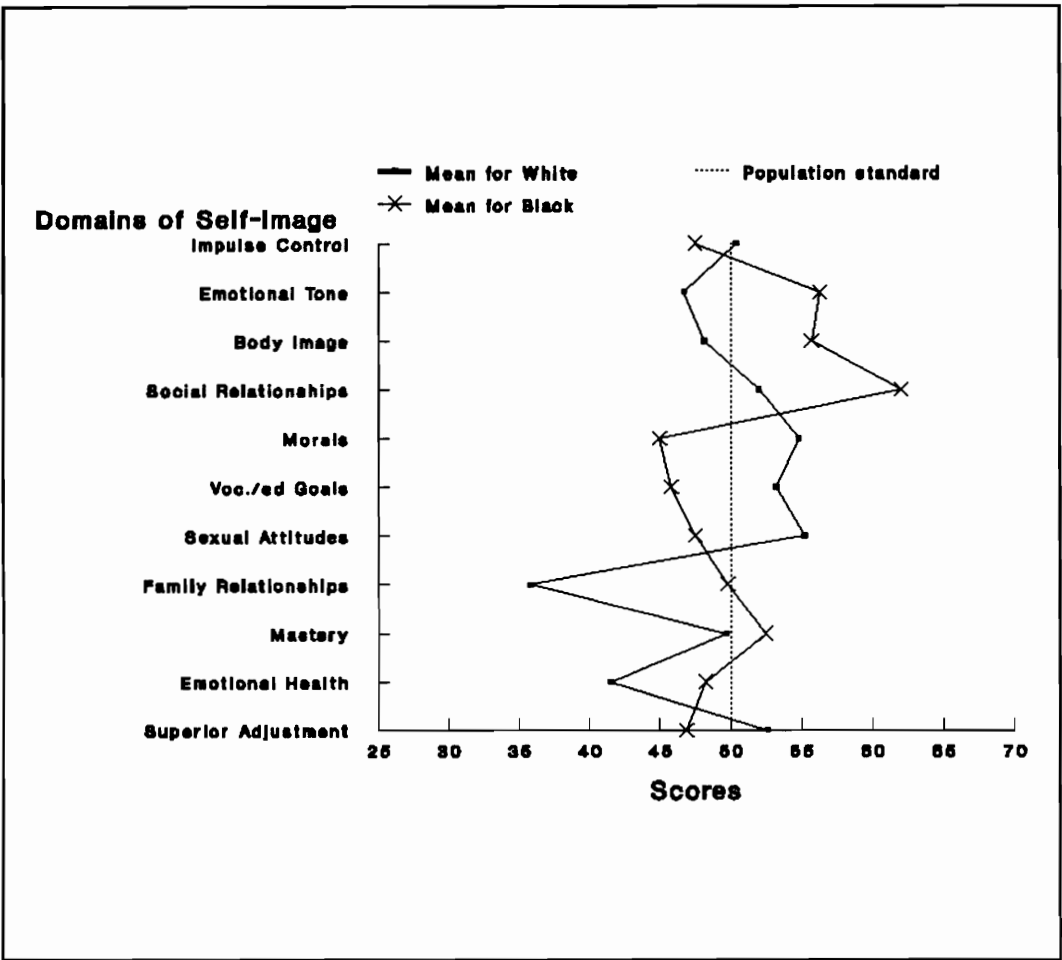


Figure 2

Offer Self-Image Scores for White and Black Foster Care Adolescents and the Normative Population

Appendix A

Expanded Background and Literature Review

This appendix is intended to provide supplemental information and a more detailed account of some of the more pivotal studies cited in the preceding article.

Background

The Federal Government, in response to testimony about the effects of foster care on the psychological health of the child, and on the increasing cost of foster care, passed landmark legislation designed to reduce the number of children placed in foster care, reduce the length of time of placements that were made, and subsequently reduce the cost of foster care (Hartley, 1984). Public Law 96-272, The Adoption Assistance and Child Welfare Funding Act of 1980, limited the use of out-of-home substitute care by placing a ceiling on spending for out-of-home care and redirecting funds toward alternative in-home and restoration services (Bush & Goldman, 1982).

Hochstadt, Jaudes, Zimo and Schachter (1987) examined the problems of children entering foster care. The study provided a medical and psychosocial screening for 149 abused and/or neglected children entering the foster care system. Results show that foster care children have an increased incidence of chronic medical problems, developmental delays, school problems, delinquency, psychiatric problems, and

behavior disorders. Results suggested that further problems are created for foster care children due to the lack of adequate resources available to these individuals while in foster care.

McIntyre and Kessler (1986) conducted a study of 158 foster children, ages 4 to 18, in a mid-South city. The children were in foster care from three months to 17 years. The Child Behavior Checklist was completed by foster parents. Ratings of foster children revealed that almost half showed evidence of psychological disorder. It was also noted that the full spectrum of the symptom syndromes identified by the checklist were represented in the foster population studied.

Frank (1980) investigated the psychosocial problems, treatment needs, and the treatment of 50 children that had been in foster care for at least five years in New York City. A seven-point rating scale measured the degree of psychosocial problems for each child at the time of entry into foster care, and after receiving treatment. While the results were not definitive, they showed that long-term individual treatment is needed along with group and family treatment. The authors say that about half the children could have stayed with their natural families if support services had been available. These include health services for the families, homemaker services, housing, financial

aid, after school group programs, and other rehabilitative services. Frank (1980) compared judgments of treatment needed and records of treatment received for 50 foster care children that had been in the system for five years. The children were 6-12 years old when they entered care and 11-17 at the end of the study. Data was collected at four intervals over five years. Findings revealed that the treatments received did not sufficiently match the treatment needed, suggesting that foster care might not be appropriate nor adequate to deal with the problems of this vulnerable population.

There is another body of research however, that suggests that foster care may not be detrimental to children. As part of a larger study of foster care children in the Chicago area, Fein, Maluccio, & Kluger (1990) investigated the functioning of 432 adolescents who had been in foster care for at least two years. Data were collected through the computerized data information system and through interviews with caregivers and workers. They did not interview the foster youth themselves. Youth were rated on four scales: school functioning, behavioral functioning, emotional and developmental functioning, and adjustment to foster family. The youth were generally rated by their foster parents and social workers as functioning well on all scales.

Timberlake, Pasztor, Sheagrin and Lammert (1987) surveyed the foster parents of 71 adolescents, ages 15 to 20 years, on the psychosocial functioning of their foster children. The parents completed a 41-item Psychosocial Functioning Inventory, which included eight conceptual dimensions. According to the parents' perceptions of the youth, over half were functioning moderately well to very well despite physiological changes and psychosocial tasks adolescents typically face. One fourth of the youth were not functioning at all or functioning very poorly on 46.5 percent of the items measured.

Fanshel and Shinn (1978) found that after a six month period of foster care placement the majority of children had improved their in terms of their IQ, physical development, and school performance. Most of the children maintained the improvement over the five years of the study: "Our findings did not show that children who remained in foster care fared less well with regard to intellectual ability, school performance and personal and social adjustment compared to those who returned to their own homes" (p. 479).

Wald, Carlsmith and Leiderman (1988), in a two year study of abused and neglected children, found that foster care children had somewhat better adjustment socially and emotionally than a comparison group that had not been taken into foster care. They concluded that foster care had not

harmed those children that had been taken into care.

The vast majority of studies of adults from foster care support the contention that foster care does not, itself, produce harm. Maluccio and Fein (1985) in a review of research investigating circumstance of adults who grew up in foster care conclude that, "the findings of nearly all studies reviewed do not support prevailing wisdom regarding the negative impact of growing up in foster care" (p. 131). One of the earliest efforts to collect information on adults that had experienced foster care was a study by Theis (1924) involving interviews from 500 former foster children and their foster parents. All of the children had lived with the foster parents for least one year. At the time of the interview 75% were judged to be, capable, law abiding and sensibly managing their own affairs. The outcomes were positively related to the relationship between the children and their foster parents.

Baylor and Monachesi (1939) studied the outcomes of 500 former foster care children through interviews "in the homes of people concerned" such as relatives and from independent sources as well as contacts with employers. Independent global ratings revealed that 73.5% of those that were adults at the time of the follow up were judged to be "favorable." Favorable was defined as having not misbehaved. In addition 70.5% of them were judged to be living in "a favorable

environment" as defined by the absence of conditions that were harmful. This study did not report the length of stay in foster care or the age at discharge.

A study in Finland (Solo, 1956) compared the adult adjustment of 742 former foster care children with the adult adjustment of 437 of their older siblings that had not entered the foster care system but had remained with their biological families. The english version of the study does not provide the length of stay or age at discharge but all of the former foster care adults had been in care for at least 6 months. The average age of the former foster care group at the time of the study was 27 and the average age of the sibling group was 29. Index of maladjustment included, criminal behavior, excessive use of alcohol, and economic dependence. The indicators of adjustment included stability or "increased successes in life" and conjugal relations. The former foster care group had fewer criminals and fewer alcoholics than the sibling group. The foster care group was also found to be occupationally "better placed in life" and had more stability. There was no difference found between the groups in conjugal relations. The authors concluded that placement in foster care had a more positive effect than remaining in neglectful or abusive homes.

Meier (1965) systematically looked at the outcomes of 66 former foster children when they were between 28 and 32

years of age. They had all lived in foster homes for at least five years prior to moving out on their own sometime in the late 1940's. Ratings were made for "sense of well-being", feelings of adequacy and pleasure, and social effectiveness. Social effectiveness was judged by interviewer ratings of home surroundings, housekeeping standards, employment and economic circumstances, support and care of children, social behavior outside the family group and health. The study found that the majority of these former foster care children were living satisfying self-sufficient lives. All of the women and 63% of the men had married and most had children. The comparison with the general population revealed that more of the women had married than the comparable group of women at large and there was also a slightly greater breakup of marriage among the foster care group. Age at placement and length of time in placement were both unrelated to the outcome for these former foster care children.

More recent studies of adults who were former foster care children have found similar results disputing the prevailing view that foster care has an adverse impact on child. Zimmerman's (1982) study of 61 former foster care youth from 19 to 29 years of age reports that those who remained in long term foster care until they were released at the age of majority were significantly better off in

terms of socioeconomic status and life satisfaction than those who remained in foster care for a short period of time and then returned to the custody of their natural parents. Zimmerman (1982) also found that those that had the poorest educational preparation had the most problems as adults.

Spatz-Windom (1992) investigated adults that had been abused or neglected as children twenty years earlier through examination of official criminal records. Seven hundred and seventy two cases were reviewed, about half (423) of whom had been placed in foster care. Results indicated that placement alone was not associated with increased risk of delinquency or criminal activity.

Barth (1986) compared studies of children dismissed from foster care without special emancipation services and argues that adolescents are often driven by law and/or circumstance to rush into independent living before they are ready. A more recent study (Barth, 1990) included 55 youth who had left social services foster care in the San Francisco Bay area more than one year prior to the study and who were at least 16 at the time of emancipation. Interviews with the youth found that about half rated their health as good and 75% were employed, but more than half reported extreme financial hardship. More than half left foster care without a high school degree and most of the youth said they had had no independent living skills

training prior to emancipation. In addition, 29% of the youth reported being homeless at some time following placement. A lack of educational attainment as well as inadequate preparation for independence was thought to place the youth at a disadvantage in the employment arena, especially in a difficult economic environment.

Marton, Golombek, Stein, and Korenblum (1988) found that in adolescence, positive self-esteem was associated with competence in personality functioning and adaptive skills. Offer, Ostrov and Howard (1981) state that, "unacceptable feelings about oneself have been assigned a critical role in emotional disturbance in virtually every major theory of psychopathology" (p. 114). The pattern of loss experienced by foster care children, including loss of family, peer relationships, and community is likely to influence the way that a child views him or herself (Fanshel & Shinn, 1978; Timberlake et al., 1987).

Family relationships and self-image

Using the Coopersmith and the Piers-Harris self-esteem scales with 467 fifth and sixth graders, Gecas (1971) investigated the relationship between parental support and control and adolescent self-evaluation. Only parental support was found to be related to positive self-evaluation by the adolescent. The importance of focusing on specific areas of the self-evaluation process, such as power and

worth was emphasized.

Hoelter and Harper (1987) tested a theoretical model linking many structural and interpersonal family variables with self-esteem. Subjects include a group of 655 children, ranging from age 13 to 19. Variables studied included family size, family type, family support, and family conflict. Results showed that family support had the largest impact on an adolescent's self-concept.

Hoffman, Ushpiz and Levy-Shiff (1988) investigated seventy six 14 to 16 year old Israeli adolescents with regard to self-esteem, stressful life events, and level of support from mother, father and friends. Findings suggest an interdependency of influence with aid from friends being influential primarily when that of the mother was absent.

Demo, Small and Savin-Williams (1987) reviewed previous studies which relate adolescent self-esteem to parental support, control, and participation. The effects of parent-adolescent communication, the dimensions of parent-adolescent interaction, and how the degree of interaction affects self-esteem were examined. Results suggest that the perceptions of relationships by both the adolescent and the parent are similar. They also concluded that self-perceptions of these relationships play an important role in the level of the adolescents' and parents' self-esteem.

Cooper, Holman and Braithwaite (1983) investigated the

relationship between children's self-esteem and their perception of family cohesion with 467 Australian fifth and sixth graders. Relationships which occur between parents and adolescents were divided into five categories: one-parent cohesive, two-parent cohesive, divided, parent coalition, and isolated child. Instruments including the Coopersmith Self-Esteem Inventory and the Piers-harris Children's Self-Concept Scale, assessed the child's self-esteem and his/her perceptions of family happiness and support. Input from the children's teachers was also used to measure family relationships. Results indicate that children from different family types experience different degrees of closeness and support with the lower degree of family support being related to lower levels of self-esteem.

Chubb and Fertman (1992) studied 236, mostly white (95%) ninth grade students to relate sense of family belonging to self-esteem, locus of control, sense of belonging in school, sense of belonging in community, time spent with family, and level of activity involvement. Findings indicated that sense of belonging to one's family is related to all six variables measured. These findings suggest that the relationship with the family is crucial for the development and maintenance of self-esteem among adolescents.

Raschke and Raschke, (1979) investigated the

relationships between children's self-concept, family structure, and any family conflict in a sample of 289 children, ages 8 to 14. The authors used the Piers-Harris Children's Self-Concept Scale to measure self-concept, and self-reports for information on family structure and family conflicts. Results showed that family structure has little affect on a child's self-concept but children who perceive conflict in their families will have significantly lower self-concepts. The authors found that a child's self-concept is not heavily affected by living in a single parent family, but family conflict and parental happiness can have a big impact on self-concept.

Otto (1977) followed 137 adolescent males in a 15 year longitudinal study of impact of significant other's influence on aspiration and achievement as measured by education and occupation. Findings suggested that best friend (same sex) or girl friend influence was more powerful than parental influence in achievement and occupational aspiration and that the friend influence was even stronger when parental support was low. Hoffman and associates (1988) found that support from friends was influential primarily when that from mothers was absent. Findings from both of these studies suggest that in those situations where the adolescent is removed from the dysfunctional family environment and placed in foster care the lower family

support could result in the adolescent placing less emphasis on the son/daughter role in defining themselves and placing more emphasis on defining themselves in terms of other groups to which they belong; particularly their social relationships. Removal from a high conflict family situation and placement in a foster care situation may furnish the opportunity for adolescents to develop other supportive relationships that can then be used to develop positive self-image.

Self-image and foster care

Low self-esteem has been found to be a characteristic of foster care children. Weinstein (1960) studied 61 foster care children between the ages of 5 and 18 who had been in care for at least one year. Through interviews with the children and ratings by caregivers, the study found that the child's sense of well-being was positively related to both their understanding of their foster care status and their understanding of the foster care agency. Findings suggested that the increased understanding of why the child is in care and how the system functions for them reduced the ambiguity of their position and provided a sense of security.

Gil and Bogart (1982) studied 50 foster care children from foster families (21 boys, 29 girls, with a mean age of 11.80) and 50 children in group homes (32 boys, 18 girls, with a mean age of 15.28) in the San Francisco area. Two

self-report questionnaires were developed and included segments of the Coopersmith Self-Esteem Inventory, the Parks Career-Role Inventory, the Behavior Check-List, and open-ended questions. Results revealed that foster children scored lower on self-esteem than non-foster children. Children in group care had lower self-esteem ratings than children in the foster family homes. In addition, foster home children had better diets, more positive family relations, and felt safer than children in group care. The researchers found that many of the children in the study could not read or write and noted that this is an important area that needs attention because success in school may have a positive impact on self-esteem.

Hicks and Nixon (1989) describes the results of two different studies that used the same modified repertory grid technique for assessing the self-esteem of children in foster care. One study compared the self-esteem and self-perceptions of 10 children in foster care with 10 children in their natural but, socio-economically disadvantaged homes. Results showed children in foster care had significantly lower self-esteem and fewer positive perceptions of themselves than children in their natural homes. The second study examined the impact that the number of moves a child in foster care experiences has on self-esteem. The eleven children who were subjects for this

study had experienced from one to 18 moves. Results showed the more moves in foster care a child experiences, the lower the child's self-esteem.

Palmer (1990) examined the effects of separation of children from their families. In therapeutic group discussions, 46 foster children aged 7 to 16, addressed the issue of being separated from their biological families. The sessions, led by their caseworkers, revealed that weakened ties with their families increased the children's vulnerability to low self-esteem and identity confusion. In addition, it was determined that agency practices often contribute to the weakened family ties through lack of support for family contact and visitation. These findings for foster care youth are consistent with the findings of studies involving intact families that examine the interaction between family relationships and self-esteem.

Beyer (1986) attributes the difficulty in transition to independence for foster care youth to a lack of strong relationships in their lives. For adolescents in foster care, these strong relationships may develop in the foster placement, but only in those circumstances which offer the opportunity to develop those relationships. Factors inherent in the foster care system itself may influence that opportunity.

Foster care history

There is evidence that the initial negative effects of separation and placement can be counteracted by stable foster care placement. Festinger (1983) studied the outcomes for 277 former foster care youth that had been discharged from New York city in 1975 at the age of 18 to 21 years of age and that had been in care for at least 5 years prior to discharge. This study found that the former foster care youth were generally satisfied with their lives and had a positive sense of well-being as measured by the Rosenberg self-esteem scale. The only exception was that "the self-ratings of whites from group settings were consistently less positive than those of young adults in the general population at large" (p. 246). Age at placement, and number of placements were not predictors of that sense of well-being but the current circumstances of the young adult did correlate with well-being.

The extent that the young adults that settled and involved in their communities was a predictor of well-being with stronger connectedness predicting better well-being. The level of being settled and involved in the community was measured by three variables; number of addresses since discharge, relationships with neighbors, and membership in community organizations. Those that lived in large urban areas and in neighborhoods that were dangerous and had

little employment opportunities had a worse sense of well-being than those living in more hospitable environments. Campbell (1981) (cited in Festinger, 1983) reports that people in the general population are generally less satisfied living in large urban centers.

Festinger (1983) concluded that the young adults from foster care were not different from the general population. Their degree of settledness, as measured by the number of moves and length of time in each residence, was not different from the general population. Their involvement in community clubs and organizations and their reported contacts and relationships with neighbors was similar to that reported in the general population.

Employment issues were very complex but generally, the foster care group were self-sufficient and their behavior did not support the notion that having been a foster care child increased the probability that one will be on public assistance. It was concluded that former foster care youth were not so different from others their own age with regard to their activities, feeling, and aspirations. Former foster care males did have lower levels of educational attainment than the general population. The difference did not hold true for the women in the study. It was noted that many children entered the foster care system with deficits in education that they had not managed to overcome

(Festinger, 1983).

Number of placements experienced and the length of time in the current placement are both indicators of stability. Hicks and Nixon (1989) found that the more moves a child experiences the lower the self-esteem. Fein and associates (1990) found that a large number of placements was associated with poorer foster parent ratings of the youth's emotional functioning, as defined by relationships with friends and feelings of self-esteem. Evidence of long term effects of multiple placements on self-image is not as conclusive, with Festinger (1983) finding that number of placements was not a predictor of adult sense well-being in former foster care children.

Individual Characteristics

Studies addressing the issue of race differences have produced varied results. Osborne and LeGette (1982) investigated the self-esteem of 309 white and 65 black middle school students in North Carolina using the Piers-Harris Children's Self-Concept Scale and the Coopersmith Self-Esteem Inventory. Findings showed that black students had lower (poorer) scores on both scales, suggesting that they viewed themselves as less capable academically and less socially adapt than white students.

Richman, Clark, and Brown (1985), using the Piers-Harris and the Rosenberg self-esteem scales with 195 sixteen

year olds from North Carolina, found that black students had higher self-esteem than white students. Seventy five percent of their sample was black and 25% were white. Simmons, Brown, Bush, and Blyth (1978) followed 798 sixth and seventh graders from eighteen schools in a midwest city. Using the Guttman Scale developed by Rosenberg and Simmons (1975), they found that blacks were more likely to have high self-esteem than were whites.

Griffin and Korchin (1980) administered the Offer Self-Image Questionnaire to 23 black males in late adolescence (18-21 years) in an attempt to identify antecedents of competence. Scores for the black adolescents were essentially the same as those of a normative group of predominantly white adolescents. Wade (1991) compared the relationship of race, age and gender on the self-esteem of 336 black and 817 white, 13 to 19 year olds, from public schools in a southern state. Using the Rosenberg Self-esteem scale, it was found that blacks rated themselves higher in attractiveness than whites but no differences were found in self-esteem based on race at any age.

In addition, there are findings that the foster care experience may impact black and white youth differently. Goerge (1990) analyzed the placement history of 1,000 foster care youth using the Computerized Children's Tracking System of the Illinois Department of Children and Family Services,

and found that black children who were not poor were united with their families faster than any other group, but that poor black children stayed in care longer than any other group. Using data from the 1980 Office of Civil Rights Children and Youth Referral Survey, Jenkins, Diamond, Gibson, Hendricks, and Marshood, (1983) found that minority children stayed in care longer than white children and that minority children in trouble with the law are more likely to enter the juvenile justice system than white children in trouble with the law. Fein and associates (1990) found that minority children were disproportionately represented in long term foster care; 39% of the foster care children were black compared to 10% in the general child population in Connecticut. A positive relationship has been found between length of stay in care and number of placements (Fanshel & Shinn, 1978; Knitzer & Allen, 1978) and the negative impact of multiple placements on self-esteem has been established (Hicks & Nixon, 1989; Fein et al., 1990).

Conversely, Festinger (1983) found that the former foster care youth were generally satisfied with their lives, with the exception of white youth from group homes, suggesting that there may be a relationship between race, foster care experiences and self-image. Fein, Maluccio and Kluger (1990) found that despite poorer living conditions, black foster care children were rated by their foster

parents as functioning higher in all areas except school performance than white foster care children.

Age has been found to be an important factor in the development of self-image, with younger youths having a less developed sense of themselves. Studies investigating self-image report stability and positive change across adolescence. Rubin (1978) studied self-esteem in 380, 9 through 15 year olds, using the Coopersmith Self-Esteem Inventory and found that self-esteem increased and became more stable with age. Self-esteem was also correlated with school achievement and that relationship becomes stronger as the youth grew older. They conclude that "younger children's self-perceptions appear less firmly established and therefore may be more responsive to intervention" (p. 430).

Demo and Savin-Williams (1983) administered the Coopersmith Self-Esteem inventory, the Marolla Looking Glass Self-esteem Inventory and the Waetfen-Liddle Learner's Self-Concept Scale to 830 students enrolled in seven Catholic parochial schools in the midwest. Findings supported a developmental trend toward greater self-esteem and a strong relationship between self-esteem and school achievement.

Singh, Verma, Arora, and Agrawal (1986) used an Indian Adaptation of the Offer Self-Image Questionnaire to investigate self-image of 150 delinquent and 150 non-

delinquent, 11-16 year old males, in India. In addition to finding that non-delinquents had better self-image than delinquents their data indicated that self-image in both delinquent and non-delinquent youth increased with age.

Wallace, Cunningham, and Del Monte (1984) conducted a longitudinal study with 70 children ranging in age from none through 14 years. Results from two administrations of the Coopersmith Self-Esteem Inventory attest to the relative stability of self-esteem across a five year time span and to systematic increases in self-esteem throughout adolescence.

Mullis, Mullis, and Normandin (1992), administered the Coopersmith Self-Esteem Inventory to 1,178 adolescents in ninth, tenth and eleventh grade. The ninth graders were subsequently administered the inventory in tenth and eleventh grade. Two hundred and seventy ninth grade students that completed it in all three grades constituted a longitudinal sample. Using grade level in school rather than age, they reported an increase in self-esteem in adolescents through the high school years longitudinally, but not cross-sectionally.

Weinstein's (1960) findings that well-being in foster care children was related to their understanding of both their foster care status and of the how the foster care agency functioned, support the idea that age is related to self-image in foster care youth because younger children did

not have the ability to understand as well as older children. More recently, Harter (1985) investigated Greenwald's (1980) concept of beneffectance, the tendency to take credit for success while denying responsibility for failure, and found that with regard to academic performance, the amount of beneffectance was positively correlated to age, with older children attributing their poor performance at school to variables outside their control. If age influences the degree that a child blames him or herself for events in his or her lives then older foster care youth should be better able to place the blame for the disruption outside of him or herself and would therefore suffer less damage to the self-image.

Academic achievement has consistently been found to be positively correlated with self-image. Rubin's (1978) findings that self-esteem was correlated with school achievement, and that that relationship becomes stronger as the youth grew older, has implications for interventions. Demo and Savin-Williams (1983) also found a relationship between the adolescents self-esteem and academic skills with 70% of those with low academic ability reporting low self-esteem compared to 42% of those with high academic ability. Foster care youth are a particularly vulnerable population for academic difficulty (Canning, 1974) as children and have increased risk of lower educational attainment as adults

(Festinger, 1983).

Previous research has produced mixed evidence about the relationship of self-image to the foster care experience. There are reasons to expect impaired self-image among this population, which may in turn affect foster care outcomes. Particular domains of self-image may be particularly salient. Furthermore, particular characteristics of the individual's background or their foster care experience may also impact self-image. This study seeks to discover how adolescents in foster care rate their self-image compared to adolescents in the normative population and to establish the extent that individual background characteristics in conjunction with characteristics of the foster care experience explain self-image for adolescents in foster care.

References

- Barth, R. (1986). Emancipation services for adolescents in foster care. Social Work, 31, 165-170.
- Barth, R. (1990). On their own: The experiences of youth after foster care. Child and Adolescent Social Work, 7, 419-440.
- Baylor, E., and Monachesi, E., (1939). The rehabilitation of children. New York: Harper.
- Beyer, M. (1986). Overcoming emotional obstacles to independence. Children Today, 15, 8-12.
- Bush, M., & Goldman, H. (1982). The psychological parenting and permanency principles in child welfare: A reappraisal and critique. American Journal of Orthopsychiatry, 52, 223-235.
- Campbell, A. (1981). The sense of well-being in america. New York: McGraw Hill.
- Chubb, N. H., & Fertman, C. I. (1992). Adolescents' perceptions of belonging in their families. Families in Society: The Journal of Contemporary Human Services, 73(7), 387-394.
- Cooper, J. E., Holman, J., & Braithwaite, V. A. (1983). Self-esteem and family cohesion: The child's perceptive and adjustment. Journal of Marriage and the Family, 45, 153-159.
- Demo, D., & Savin-Williams, R. (1983) Early adolescent self-

- esteem as a function of social class: Rosenberg and Pearlin revisited. American Journal of Sociology, 88, 763-774.
- Demo, D., Small, S., & Savin-Williams, R. (1987). Family relations and the self-esteem of adolescents and their parents. Journal of Marriage and the Family, 49, 705-715.
- Fanshel, D., & Shinn, E. B. (1978). Children in foster care: A longitudinal investigation. New York: Columbia University Press.
- Fein, E., Maluccio, A., & Kluger, M. (1990). No more partings; An examination of long-term foster family care. Washington, DC: Child Welfare League of America.
- Festinger, T. (1983). No one ever asked us. New York: Columbia University Press.
- Frank, G. (1980). Treatment needs of children in foster care. American Journal of Orthopsychiatry, 50, 256-263.
- Gecas, V. (1971). Parental behavior and dimensions of adolescent self-evaluation. Sociometry, 34, 466-482.
- Gil, E., & Bogart, K. (1982). An exploratory study of self-esteem and quality of care of 100 children in foster care. Children and Youth Services Review, 4, 351-363.
- Goerge, R. (1990). The reunification process in substitute care. Social Service Review, Sept, 423-475.
- Greenwald, A. G. (1980). The totalitarian ego; Fabrication

- and revision of personal history. American Psychologist, 7, 603-618.
- Griffin, Q., & Korchin, S. (1980). Personality competence in black male adolescents. Journal of Youth and Adolescence, 9, 211-227.
- Harter, S. (1985). Competence as a dimension of self-evaluation: Toward a comprehensive model of self-worth. In R. L. Leahy (Ed.), The development of the self (pp.50-121). Orlando: Academic Press.
- Hartley, E. K. (1984). Government leadership to protect children from foster care "drift". Child Abuse and Neglect, 8, 337-342.
- Hicks, C., & Nixon, S. (1989) The use of a modified repertory grid technique for assessing the self-concept of children in local authority foster care. British Journal of Social Work, 19, 203-216.
- Hochstadt, N. J., Jaudes, P. K., Zimo, D., & Schachter J. (1987). The medical and psychosocial needs of children entering foster care. Child Abuse and Neglect: The International Journal, 11, 53-62.
- Hoelter, J., & Harper, L. (1987). Structural and interpersonal family influences on adolescent self-conception. Journal of Marriage and the Family, 49, 129-139.
- Hoffman, M. A., Ushpiz, V., & Levy-Shiff, R. (1988). Social

support and self-esteem in adolescence. Journal of Youth and Adolescence, 17, 307-316.

Jenkins, B., Diamond, M., Gibson, J., Hendricks, J., & Marshood, N. (1983). Ethnic differentials in foster care placement. Social Work Research and Abstracts, 19, 41-45.

Knitzer, J., & Allen, M. L. (1978). Children without homes: An examination of public responsibility to children in out-of-home care. Washington, DC: Children's Defense Fund.

Maluccio, A., & Fein E. (1985). Growing up in foster care. Child and Youth Service Review, 7(2\3), 123-134.

Marton, P., Golombek, H., Stein, B., & Korenblum, M. (1988). The relation of personality functions and adaptive skills to self-esteem in early adolescence. Journal of Youth and Adolescence, 17(5), 393-401.

Meier, E. (1965). Current circumstances of former foster children. Child Welfare, April, 196-206.

McCarthy, J. D., & Hoge, D. R. (1982). Analysis of age effects in longitudinal studies of adolescent self-esteem. Developmental Psychology, 18, 372-379.

McIntyre, A., & Keesler, T. Y. (1986). Psychological disorders among foster children. Journal of Clinical Child Psychology, 15, 297-303.

Mullis, A., Mullis, R., & Normandin, D., (1992). Cross-

sectional and longitudinal comparisons of adolescent self-esteem. Adolescence, 27, 51-61.

Offer, D., Ostrov, E., & Howard, K. I. (1981). The adolescent: A psychological self-portrait. New York: Basic Books.

O'Malley, P. M., & Bachman, J. G. (1983). Self-esteem: Change and stability between ages 13 and 23. Developmental Psychology, 19, 257-267.

Osborne, W. L., & LeGette, H. R. (1982). Sex, race, grade level, and social class differences in self-concept. Measurement and Evaluation in Guidance, 14, 195-201.

Otto, L. B. (1977). Girl friends as significant others: Their influence on young men's career aspirations and achievements. Sociometry, 40, 287-293.

Palmer, S. E. (1990). Group treatment of foster children to reduce separation conflicts associated with placement breakdown. Child Welfare, 69, 227-238.

Peterson, A. C., Schulenberg, J. E., Abramowitz, R. H., Offer, D., & Jarcho, H. D. (1984). A Self-Image Questionnaire for Young Adolescents (SIQUA): Reliability and validity studies. Journal of Youth and Adolescence, 13, 93-111.

Raschke, H. J., & Raschke, V. J. (1979). Family conflict and children's self-concepts: A comparison of intact and single-parent families. Journal of Marriage and the

Family, 41, 367-374.

- Richman, C. L., Clark, M. L., & Brown, K. P. (1985). General and specific self-esteem in late adolescent students: Race X gender X SES effects. Adolescence, 20, 555-566.
- Rosenberg, F. R., & Simmons, R. G. (1975). Sex differences in the self-concept in adolescents. Sex Roles, 1, 147-159.
- Rubin, R. (1978). Stability of self-esteem ratings and their relations to academic achievement: A longitudinal study. Psychology in the Schools, 15, 430-433.
- Simmons, R. G., Brown, L., Bush, D., & Blythe, D. A. (1978). Self-esteem and achievement of black and white adolescents. Social Problems, 26, 86-96.
- Singh, O., Verma, R., Arora., & Agrawal, P. (1986). Self-image of institutionalized male delinquent adolescents. Journal of Human Development, 22, 7-13.
- Solo, R. (1956) Kunnallinen Lastensuojelutjo Sosiaalisen Sopeutumisen Kasvattajana (The English summary: Municipal Child Welfare Work as Promoter of Social Adjustment). Helsinki, Finland: Vaasa.
- Spatz-Windom, C. (1992) The role of placement experiences in mediating the criminal consequences of early childhood victimization. American Journal of Orthopsychiatry, 61, 195-209.
- Theis, S. V. (1924). How foster children turn out. New York:

State Charities Aid Association.

Timberlake, E., Pasztor, E., Sheagrin, J., & Lammert, M.

(1987). Adolescent emancipation from foster care. Child and Adolescent Social Work, 4, 116-189.

Wade, T. J. (1991). Race and sex differences in adolescent self-perceptions of physical attractiveness and level of self-esteem during early and late adolescence. Personality and Individual Differences, 12(12), 1319-1324.

Wald, A., Carlsmith, J., & Leiderman. (1988). Protecting abused and neglected children. Stanford, CA: Stanford University Press.

Wallace, J. R., Cunningham, T. F., & Del Monte, V. (1984). Change and stability in self-esteem between late childhood and early adolescence. Journal of Early Adolescence, 4(3), 253-257.

Weinstein, E. (1960). The self-image of the foster child. New York: Russell Sage Foundation.

Zimmerman, R. (1982). Foster care in retrospect. New Orleans, LA: Tulane Studies in Social Welfare.

Appendix B

Methods and Results

This appendix contains additional information about the Offer Self-Image Questionnaire (OSIQ) and correlation tables from the analysis which are not presented in the main body of the article.

Administration and scoring of the OSIQ

The OSIQ is designed to be administered individually or in groups. Respondents are asked to rate themselves on a six point Likert scale in response to 130 items. The scale alternatives are 1= describes me very well; 2=describes me well; 3=describes me fairly well; 4= does not quiet describe me; 5=does not really describe me, and 6=does not describe me at all. There is no time limit but the average time for completion is about 45 minutes. Offer, Ostrov and Howard (1989) report that most youth enjoy completing the instrument.

Approximately half of the items are worded negatively and the other half are worded positively to minimize response set problems. High raw scores are an indicator of low self-image. Scores for the eleven scales are standardized based on the performance of a reference group ($M=50$, $SD=15$) and reported by age group (12-15 years versus 16-19 years) and gender. A standardized score lower than 50 signifies poorer self-image than the reference group and a

score above 50 indicates better self-image than the references group (Offer et al., 1989).

Protocol for deleting invalid questionnaires included 1) Ten or more missing items; 2) Two or more missing items in the 10 item scales, three or more missing items in the 15 item scales and 4 or more missing items in the 20 item scale; 3) Eight or more identical responses in a row. None of the sample for this study were deleted for invalid questionnaires.

The reliability coefficients for the reference group for the OSIQ are presented in Table 4. The distribution of questions in the eleven domains of the OSIQ are presented below. The numbers represent the order that appear in the questionnaire and (-) indicates items that are reversed for scoring.

Impulse Control

1. I carry many grudges.(-)
8. I "lose my head" easily.(-)
17. At times I have fits of crying and/or laughing that I seem unable to control.(-)
34. I can take criticism without resentment.
50. I get violent if I don't get my way.(-)
59. Even under pressure I manage to remain calm.
69. I keep an even temper most of the time.
81. I fear something constantly.(-)

123. Usually I control myself.

Emotional Tone

- 12. I feel tense most of the time.(-)
- 23. I feel inferior to most people I know.(-)
- 32. Most of the time I am happy.
- 38. My feelings are easily hurt.(-)
- 44. I feel relaxed under normal circumstances.
- 54. I am so very anxious.(-)
- 66. I feel so very lonely.(-)
- 68. I enjoy life.
- 100. Even when I am sad I can enjoy a good joke.
- 130. I frequently feel sad.(-)

Body Image

- 6. The recent changes in my body have given me some satisfaction.
- 27. In the past year I have been very worried about my health.(-)
- 42. The picture I have of myself in the future satisfies me.
- 57. I am proud of my body.
- 72. I seem to be forced to imitate the people I like.(-)
- 82. Very often I think I am not at all the person I would like to be.(-)
- 90. I frequently feel ugly and unattractive.(-)

94. When others look at me they must think that I am poorly developed.(-)

99. I feel strong and healthy.

Social Relationship

13. I usually feel out of place at picnics and parties.(-)

52. I think that other people just do not like me.(-)

62. I find it extremely hard to make friends.(-)

65. I do not mind being corrected, since I can learn from it.

75. I prefer being alone than with other kids my age.(-)

86. If others disapprove of me I get terribly upset.(-)

88. Being together with other people gives me a good feeling.

113. I do not have a particularly difficult time in making friends.

124. I enjoy most parties I go to.

Morals

5. I would not hurt someone just for the "heck of it."

30. I would not stop at anything if I felt I was done wrong.(-)

40. I blame others even when I know that I am at fault.(-)

48. Telling the truth means nothing to me.(-)

67. I do not care how my actions affect others as long as I gain something.(-)

74. For me good sportsmanship in school is as important as

winning the game.

- 83. I like to help a friend whenever I can.
- 92. If you confide in others you ask for troubles.(-)
- 116. Eye for an eye and tooth for a tooth does not apply for our society.
- 120. I would not like to be associated with those kids who "hit below the belt."

Sexual Attitudes

- 10. The opposite sex finds me a bore.(-)
- 16. It is very hard for a teenager to know how to handle sex in a right way.(-)
- 28. Dirty jokes are fun at times.
- 77. I think that girls/boys find me attractive.
- 80. I do not attend sexy shows.(-)
- 91. Sexually I am way behind.(-)
- 97. Thinking or talking about sex frightens me.(-)
- 117. Sexual experiences give me pleasure.
- 119. Having a girl-/boyfriend is important to me.
- 122. I often think about sex.

Family Relationships

- 4. I think that I will be a source of pride to my parents in the future.
- 9. My parents are almost always on the side of someone else, e.g. my brother or sister.(-)
- 15. My parents will be disappointed in me in the future.(-)

21. Very often I feel that my father is no good.(-)
24. Understanding my parents is beyond me.(-)
26. I can count on my parents most of the time.
51. Most of the time my parents get along well with each other.
55. When my parents are strict I feel that they are right even if I am angry.
60. When I grow up and have a family it will be in at least a few ways similar to my own.
64. I feel that I have a part in making family decisions.
71. My parents are usually patient with me.
73. Very often parents don't understand a person because they had an unhappy childhood.(-)
85. Usually I feel that I am a bother at home.(-)
87. I like one parent much better than the other.(-)
95. My parents are ashamed of me.(-)
102. I try to stay away from home most of the time.(-)
106. I have been carrying a grudge against my parents for years.(-)
112. Most of the time my parents are satisfied with me.
118. Very often I feel that my mother is no good.(-)

Mastery

3. Most of the time I think that the world is an exciting place to live in.
19. If I put my mind to it I can learn almost anything.

35. My work, in general, is at least as good as the work of the guy next to me.
41. When I want something I just sit around wishing I could have it.(-)
76. When I decide to do something, I do it.
103. I find life an endless series of problems without solution in sight.(-)
105. I feel that I am able to make decisions.
109. I feel that I have no talent whatsoever.
128. I am fearful of growing up.(-)
129. I repeat things continuously to be sure that I am right.(-)

Vocational and Educational Goals

14. I feel that working is too much responsibility for me.(-)
20. Only stupid people work.(-)
37. I am sure that I will be proud about my future profession.
46. I would rather sit around and loaf than work.(-)
58. At times I think about what kind of work I will do in the future.
63. I would rather be supported for the rest of my life than work.(-)
70. A job well done gives me pleasure.
79. I feel that there is plenty that I can learn from

others.

104. At times I feel like a leader and feel that other kids can learn something from me.

115. School and studying mean very little to me.(-)

Emotional Health

2. When I am with people I am afraid that someone is going to make fun of me.(-)

22. I am confused most of the time.(-)

29. I often blame myself even when I am not at fault.(-)

31. The size of my sex organs is normal.

36. Sometimes I feel so ashamed of myself that I just want to hide in a corner and cry.(-)

45. I feel empty emotionally most of the time.(-)

61. I often feel that I would rather die than go on living.(-)

78. Other people are not after me to take advantage of me.

93. Even though I am continuously on the go I seem unable to get things done.(-)

96. I believe I can tell the real from the fantastic.

108. When I enter a new room I have a strange and funny feeling.(-)

111. When I am with people I am bothered by hearing strange noises.(-)

126. I do not have many fears which I cannot understand.

127. No one can harm me just by not liking me.

Superior Adjustment

11. If I would be separated from all people I know, I feel that I would not be able to make a go of it.(-)
25. I do not like to put things in order and make sense of them.(-)
39. When a tragedy occurs to one of my friends I feel sad too.
43. I am a superior student in school.
49. Our society is a competitive one and I am not afraid of it.
53. I find it very difficult to establish new friendships.(-)
56. Working closely with another fellow never gives me pleasure (-)
84. If I know that I will have to face a new situation I will try in advance to find out as much as is possible about it.
89. Whenever I fail in something I try to find out what I can do in order to avoid another failure.
107. I am certain that I will not be able to assume responsibilities for myself in the future.(-)
110. I do not rehearse how I might deal with a real coming event.(-)

114. I do not enjoy solving difficult problems.(-)

121. Worrying a little about one's future helps to make it work out better.

125. Dealing with new intellectual subjects is a challenge for me.

Data Analysis

Intercorrelations between the individual and foster care variables are presented in Table 5. Table 6 contains the intercorrelations between the eleven domains of the OSIQ. Means, standard deviations and correlations between the individual and foster care variables and the domains of the OSIQ are presented in Table 7.

Reference

Offer, D., Ostrov, E., & Howard, K. I. (1989). The Offer self-image questionnaire for adolescents: A manual. Chicago, IL: Michael Reese Hospital.

Table 4

Reliability Coefficients¹ for 1980's Reference Group Males
for the Eleven Scales of OSIQ² (N=241 for each group)

Offer Scales	Age	
	13-15 yrs	16-19 yrs
Impulse control	.74	.71
Emotional Tone	.78	.72
Body Image	.68	.62
Social Relationships	.69	.76
Morals	.45	.58
Sexual Attitudes	.67	.62
Family Relationships	.84	.83
Mastery	.59	.65
Vocational/Educational Goals	.69	.71
Emotional Health	.72	.72
Superior Adjustment	.58	.63

¹Internal consistency of the scales was established by using Cronbach's "alpha". (Cronbach, 1970)

²Alpha coefficients for this table have been taken from Table 1 in the 1989 Manual for the Offer Self-Image Questionnaire

Table 5

Correlations Between Foster Care History and Individual Characteristics

	Race	Academic Achievement	Age	Time in Current Placement	Number of Placements
Race	1.00	.09	.10	-.19	.01
Academic Achievement		1.00	.29*	.09	-.03
Age			1.00	.38**	-.20
Time in Current Placement				1.00	-.22
Number of Placements					1.00
<u>M</u>	.81	.90	15.00	13.34	1.83
<u>SD</u>	.40	.89	1.73	16.60	.78

* p<.05

** p<.01

Table 6

Intercorrelations Between the Offer Scales

	IMPULSE	EMO/TONE	BODYIMAGE	SOCIAL	MORALS	VOC/ED	SEXUAL	FAMILY	MASTERY	EMO/HEAL	ADJUSTMENT	TOTAL/SELF
IMPULSE	1.00	0.63***	0.43***	0.47***	0.43***	0.43***	0.38**	0.30*	0.58***	0.40**	0.39**	0.74***
EMO/TONE		1.00	0.53***	0.51***	0.11	0.15	0.37**	0.39**	0.73***	0.59***	0.24	0.73***
BODY IMAGE			1.00	0.68***	0.16	0.39**	0.29*	0.29*	0.56***	0.46***	0.43***	0.71***
SOCIAL				1.00	0.19	0.40**	0.39**	0.24	0.36**	0.54***	0.49***	0.71***
MORALS					1.00	0.57***	0.17	0.38**	0.24	0.33*	0.39**	0.52***
VOC/ED						1.00	0.39**	0.31*	0.37**	0.43***	0.68***	0.69***
SEXUAL							1.00	0.15	0.48***	0.31*	0.39**	0.58***
FAMILY								1.00	0.43***	0.24	0.12	0.54***
MASTERY									1.00	0.61***	0.35**	0.78***
EMO/HEAL										1.00	0.40**	0.72***
ADJUSTMENT											1.00	0.65***
TOTAL												1.00
M	49.81	48.55	49.57	53.90	52.95	51.76	53.69	38.47	50.26	43.10	51.52	49.31
SD	14.89	20.38	16.95	14.90	13.98	17.70	15.94	18.91	15.02	16.20	15.53	10.92

* p<.05
** p<.01
*** p<.001

Table 7

Correlations Between Domains of Self-Image and Characteristics of Foster Care History and Individual Background.

	Impulse	Emo/Tone	Bodyimage	Social	Morals	Voc/Ed	Sexual	Family Mastery	Emo/Health	Adjust	Total	\bar{x}	SD
Race	.08	-.19	-.18	-.27*	.28*	.16	.19	-.29*	-.07	.15	-.06	.81	.40
Achievement	-.11	-.11	-.16	-.04	-.09	-.20	-.15	-.07	-.20	-.10	-.20	.90	.89
Age	.18	.11	.01	.02	.11	.21	.21	-.10	.14	.10	.15	15.00	1.73
Time at Current Placement	-.17	-.03	.07	-.02	-.22	-.20	-.11	.00	-.07	-.06	-.13	13.34	16.60
# of Placements	-.12	.10	.09	-.02	-.31	-.23	-.15	-.33*	.05	.01	-.12	1.83	.78
M	49.81	48.55	49.57	53.90	52.95	51.76	53.69	38.47	50.26	43.10	51.52	49.31	
SD	14.89	20.38	16.95	14.90	13.98	17.70	15.94	18.91	15.02	16.20	15.53	10.92	

* p<.05

** p<.01

*** p<.001

Vita

Susan Bell Lyman
Born: April 17, 1952.

Academic Achievements

1976 M.S.W., Dalhousie University, Halifax, NS, Canada.
1974 B.A.(Honors) Psychology, Dalhousie University,
Halifax, NS, Canada.

Phi Kappa Phi National Honors Society, 1993.
Omicron Nu National Honor Society, 1988.

Professional Experience

1990-93 Instructor, School of Social Welfare, Rockefeller
College, State University of New York at Albany.
1989-91 Project Coordinator, NYSDSS Independent Living
Assessment Project. Rockefeller Institute of
Government. Albany, NY.
1986-88 Trainer, Virginia Department of Social Services,
Independent Living Program.
1988-89 Instructor, Ferrum College, Ferrum VA.
1985-88 Coordinator of Counseling Services, Ferrum
College, Ferrum, VA.
1984-85 Counselor: Ferrum College, Ferrum, VA.
1980-84 Coordinator of Drug and Alcohol Education, Greenville
City Public School System, Greenville, NC.
1980-83 Instructor, Human Service Technology Program, Pitt
Community College, Greenville, NC.
1977-79 Director, PEI Alcohol Information Council, Non-
Medical Use of Drugs, National Health and Welfare,
Kings County, PEI, Canada.
1976-77 Assistant Director: Orangedale Alcohol Research
Project, Orangedale, NS, Canada.

Publications and Conference Presentations

Lyman, S.B., B.W. Jaklitsch, Sweeney, C.M. and Lulion, M.
(1992). New York State, Dept. of Social Services
Independent Living Assessment Manual. New York State Dept.
of Social Services, NY.
Lyman, S.B., Bromley, R., Sattinger, M., Cucchiaro, E. J.
(1991). Transition from foster care to employment. Child
Welfare League of America, Mid Atlantic Regional Training
Conference, NY.
Lyman, S.R., Lyman, S.B., and Robinson, J. (1989). Tailoring
consulting services for an underdeveloped market."
Business Forum, 14, (2), 17-19.

