Abstract

The literature indicates that youths in residential care have been associated with negative social images. However, there have been few studies focused on these social images; specifically, comparing them with the images of youths in normative contexts. To address this issue, we conducted two studies comparing the social images of youths in residential to those of youths living out of care: Study 1 explores these images through an open-ended questionnaire. Study 2 examines these images with a quantitative instrument. Overall, the results indicate that the perception of youths in residential care was more negative than the perception of youths out of care. Additionally, the first study probed the effect of socioeconomic status of the youths and the second the respondents' professional contact with youth in care population on these social images. The implications of these social images for the research and intervention towards the wellbeing of this population are discussed.

Keywords: youth in care, social images; socioeconomic status; contact with youth in care; wellbeing of youth in care

Comparing the social images of youth in and out of residential care

Residential care aims at ensuring the safety, wellbeing and integral development of children and youths that were at risk in their family context. These services may have promising short-term outcomes especially for youths with externalizing (behavioral) problems, particularly when applying behavior-therapeutic methods and focusing on family involvement (Kendrick, 2012; Knorth, Harder, Zandberg, & Kendrick, 2008). However, several studies have identified a number problems associated with residential care. A multitude of studies have shown that care services have not been well-tailored to the specific needs of children and that the services have been provided in institutional environments that substantially differ from a normative family contexts (e.g., Bullock, Little, & Millham, 1993; Calheiros & Patrício, 2014; Calheiros, Patrício, & Graça, 2013; Casas, 1993; Kendrick 2013; Valle, 1998). Furthermore, youth in residential care present worse long term outcomes on virtually all measures: school and professional performance, financial, housing, physical and mental health, and lower psychosocial adjustment levels when compared with their peers living in a more normative context (e.g., Courtney & Dworsky, 2006; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Harder, Knorth, & Kalverboer, 2011; Stein, 2006; Stein & Munro, 2008).

An additional problem that has been addressed only recently in the literature, but still rather unexplored, has been the often-negative social images assigned to young people in residential care (e.g., Arpini, 2003; Bullock, Little, & Millham, 1993; Calheiros, Garrido, Lopes, & Patrício, 2015; Kuznetsova, 2005; Ibrahim, & Howe 2011). Social images are shared ideas about groups or societies, which exist without objective evidence of their veracity (Corsini, 1999). These social images may have a

negative impact on the construction of identity and wellbeing of their targets, in this case, youths in care (Arpini, 2003; Kools, 1997).

Indeed, some studies indicate that the social image of the individual, and the individual's perception of that image, play a key role in the development of identity (e.g., Codol, 1984; Gallagher & Zahavi, 2007; Mead, 1934; Tiedemann, 2000). Stereotypical images are especially important in the transition to adolescence, where young people experience rapid physical, social and cognitive changes (Woods, Kurtz-Costes, & Rowley, 2005). Adolescence is a time of instability, of self-construction and reconstruction (Yeung & Martin, 2003), where adolescents tend to consolidate and define their identity (e.g., Erickson, 1968). Thus, negative social images about youth in residential care may have a particularly negative impact on the identity construction of this population.

The looking glass self-concept perfectly illustrates the importance of others' perceptions on identity construction (Cooley, 1902; Bois, Sarrazin, Brustad, Chanal, & Trouilloud, 2005; Nurra & Pansu, 2009). According to this approach, the self is a social product. We see ourselves as others see us; we then internalize and integrate into our identity construction the views others have about us. This is particularly the case when the other person has power or influence over us (Yeung & Martin, 2003). Specifically, according to Kools (1997), in the context of residential care, the stereotypes that people have about the youths in care constitute a determinant factor for the youths' identity construction. According to this view, youths in care develop a negative identity due to three main components: the institutional structure, the diminished status of the children/youths in out-of-home care, and the stereotypes about them. If youths perceive and feel they are treated in accordance with negative stereotypes, such as being labeled

as violent or as having psychological problems, they tend to self-stigmatize and devalue themselves (i.e., feelings of inferiority and shame) as well as to internalize this image (Kools, 1997).

As mentioned above, besides the impact of social images on the construction of identity they may also have a negative impact on wellbeing and on psychological health of youths in care (Arpini, 2003; Kools, 1997). Perceived discrimination has a negative effect on mental health outcomes such as mental illness (e.g., depressive, anxiety, and posttraumatic stress symptoms, and indicators of psychosis or paranoia), psychological distress, and indicators of general wellbeing (e.g., wellbeing, self-esteem, positive self-perceptions, life satisfaction, perceived stress, anger, positive and negative affect, happiness, perceived quality of life, and general mental health) (Inzlicht, Tullett, & Gutsell, 2012; Pascoe & Richman, 2009). Specifically, in the residential care context there has also been evidence that feelings of stigmatization were associated with emotional and behavioral problems (Simsek, Erol, Öztop, & Münir, 2007).

Therefore, considering the impact that social images may have on youth identity and psychological health, it seems crucial to study the social images of youths in residential care, to promote change in discourse and practices in residential care, and to turn residential care into a more positive environment for the youth's development (Arpini, 2003). Although the examination of these social images has recently started, research is still at an early stage. The few studies focused on this issue have indicated the existence of a negative social image of youths in residential care at different levels: behavioral (e.g., aggressive, marginal, problematic, insolent, hostile), emotional (e.g., sad, angry, sensitive), social (e.g., abandoned, alone, introverted), physical (e.g., dirty), cognitive, educational, professional (e.g., trauma, insecure, failed, disqualified, weak

academic skills), and economic (e.g., poor) (e.g., Arpini, 2003; Calheiros, et al., 2015; Kuznetsova, 2005; Ibrahim, & Howe 2011). There has also been evidence suggesting that the stereotype of youth in care is that they are more likely to engage in offending/criminal behavior, a clearly pejorative perception (e.g., Hadley Centre for Adoption and Foster Care Studies, 2015; Kools & Kools, 1999; Kuznetsova, 2005).

However, these studies were mainly qualitative and did not present any systematic comparisons with the images of youths living in familial contexts. Note that the absence of these comparisons does not allow for the discrimination between the attributes assigned to the youths in this specific context and those assigned to youth in general. This is precisely what our studies intend to do. Additionally, we will ask participants to describe more than one specific group, in order to create a context of social comparison that can activate existing stereotypes to which we intend to access. Indeed, according to Cinnirella (1998), a questionnaire requesting the description of two groups can create a context of social categorization, highlighting different social categories and encouraging a certain comparative mental frame of reference that influences attitudinal and social identification issues. There is indeed evidence suggesting that these kind of descriptions can be context dependent, that is, affected by the frame of reference presented to the participants (e.g., Cinnirella, 1998; Haslam, Turner, Oakes, McGarty, & Hayes, 1992; Hopkins & Murdoch, 1999; Nigbur & Cinnirella, 2007).

Moreover, when comparing the youths in residential care, with their out of care counterparts, we must take into account the differences in their socio-economic status (SES), since SES may influence the social images about different targets. Specifically, families and individuals with low SES tend to be perceived with more negative

characteristics than families and individuals with middle SES (Bullock, Wyche, & Williams 2001; Camilo & Garrido, 2013; Lott, 2012; Lott & Saxon, 2002; Patrício, Lopes, Garrido, & Calheiros, 2015). Children and youth from low SES have also been victims of stereotype threat (Désert, Préaux, & Jund, 2009). For example, they tend to be perceived as worse at school than children and youth from middle SES (Woods, Kurtz-Costes, & Rowley, 2005).

Therefore, to study the social images of youth in residential care we developed two studies. The first aimed to explore the social images of youths in residential care, comparing them to the images of youths out of care, using a qualitative approach. The second study aimed to examine the social images of youths in residential care with a quantitative instrument, in order to understand if there were particularly negative dimensions (sets of attributes) associated with this population (as compared to youth in general). This assumption rested on the results of a few qualitative studies on this subject that have consistently identified specific negative attributes (e.g., aggressive, sad, abandoned) associated to these individuals (e.g., Arpini, 2003; Calheiros, et al., 2015; Ibrahim, & Howe, 2011; Kuznetsova, 2005). Study 2 also examines whether these images differ as a function of profession contact with the youth in care population.

Study 1

In this study, we used the data collected by Calheiros and colleagues (2015) about the social image of youths in residential care, and compared them to the social images of youths living in natural family environment of low and middle SES. As mentioned above, the study of these images according to the socioeconomic status (i.e., low or middle SES) can be highly relevant. SES, in particular, is associated with

different social images and stereotypes for individuals (e.g., Bullock, Wyche, & Williams 2001; Lott, 2012; Lott & Saxon, 2002), families (e.g., Patrício et al., 2015) and children and youths (e.g., Woods, Kurtz-Costes, & Rowley, 2005); and creates a social comparison context that can activate existing stereotypes about these groups (Cinnirella, 1998).

Method

Participants

The sample of this study included 84 participants with age ranging from 18 to 77 ($M = 34.91$, $SD = 14.07$). Most of the participants (81.9%) were female. A majority of the participant pool were single (61.7%) and the remainder (33.3%) married or cohabiting. One third of the participants (35%) had between one and three children with age ranging from 0 to 37 years ($M = 16.36$, $SD = 9.54$). Half of the sample (58.7%) had completed higher education, 33.8% high school and 7.6% completed the fourth, the sixth or the ninth year of schooling. The average household monthly income of participants ranged between 1000 and 2000 euros in 47.6% of the cases, over 2000 euros in 31% and below 1000 euros in the remaining 21.4% of the cases. Ten per cent of participants worked in the field of children/young persons at risk.

Instruments

The instrument used to assess participants' perceptions about youths in residential care and youths living in normative environment of low and middle SES, had two sections and two versions. The first section of the instrument contained a set of questions to establish the socio-demographic background of the respondents, in

particular gender, age, educational qualifications, work experience in the field of children/youths at risk, average monthly income and number and age of children.

In the second section, we requested participants to indicate five attributes/characteristics of youth (aged between 12 and 18) in residential care and five attributes / characteristics of youth in familial living environment. In the description of youth in familial living environment, the participants were exposed to one of two conditions corresponding to the two versions of the instrument: with low SES (N = 46) or with middle SES (N = 38).

To introduce the questions about the youth in residential care we presented the following legal definition of residential care in Portugal; "Children and youths residential care constitutes one of the services aiming to protect and safeguard the fundamental rights of children and youths who, in their natural living environments, are exposed to conditions prejudicial to their development. This institutional care service involves the placement of children and youths in the care of an entity with facilities and equipment required for permanent care, and a technical team guaranteeing care in accordance with their needs, in order to provide the conditions enabling their education, wellbeing and integral development" [legal definition of residential care, *Diário da República* (Portuguese Official Gazette), Law 147/99, 1st September].

To introduce the question about the youths living in familial environments the questionnaire included the following descriptions: for families with low SES "Imagine a family with three persons. One or both parents are unemployed and do not own transportation. In terms of education, these parents have not completed more than the elementary education. This family has poor living conditions"; or families with middle SES "Imagine a family with three persons. Both parents are employed and own

transportation. In terms of education, these parents have at least completed high school. This family has comfortable living conditions". In all the conditions, the participants were asked to describe youths living in these contexts: "Think of a youth (between 12 and 18 years) living in this environment. How would you describe this youth? Write down five characteristics/attributes to describe a youth who lives in this context".

Procedure

Participants filled out the questionnaire in either an individual or a group setting. The samples were gathered in residential care institutions, in the offices of children and youth protection services and in teaching and training institutions. The two versions of the questionnaire (i.e., low SES vs. middle SES) were distributed randomly among participants.

Prior to completing the questionnaire, participants were informed that the objective of the study was to collect their opinions about the characteristics/attributes of hypothetical youths. It was highlighted that there were no right or wrong answers and that we were only interested in their personal opinion. The study was approved by the institution's review board. Respondents also received guarantee of the confidentiality and anonymity of their data and were told that the responses would be analyzed as a whole. In the end, participants were thanked for their collaboration.

Results

Like in previous studies (e.g., Calheiros et al., 2015), the attributes legibly written by respondents (738) were entered into a database. Several adjustment procedures were performed to this database, namely the attributes that would not seem applicable to the targets of the study were excluded, attributes were corrected for spelling mistakes, were grouped in accordance with linguistic criteria (i.e., singular and

plural, gender of the word), and were grouped into categories according to their overall meaning. These procedures reduced the initial list to 171 attributes. Subsequently, the attributes that were mentioned by participants less than three times were excluded, and the remaining 92 attributes were recoded as dichotomous variables (1 = present, 0 = absent) in the database.

Descriptive analysis of the attributes used to describe youths in different contexts

Regarding the percentage of the attributes mentioned by the participants (see Table 1) to describe youths in each context (i.e., residential care, familial low SES or middle SES environment), the top 10 most frequent attributes used to describe youths in residential care were mainly negative (e.g., *rebellious, sad, needy*). There were only three positive attributes mentioned, namely *sensitive, educated and humble*.

Regarding the attributes used to describe youths in familial low SES environment, the 10 most frequent attributes were also mainly negative (e.g., *sad, rebellious, low self-esteem*). However, the targets were also characterized as *humble* and *hard-working*. In contrast with the previous targets, the 10 attributes most frequently used to describe youths living in middle SES family environment were mainly positive (e.g., *happy, educated, loved*).

INSERT TABLE 1

Subsequently we tested the difference in the proportions of attributes used to describe these targets. In this analysis we used the attributes (N = 32) mentioned by at least 10% of the sample for at least one of the target groups (i.e.; youth in residential

care, low SES youth, or middle SES youth). Table 2 presents a summary of these

results.

INSERT TABLE 2

As it can be seen in Table 2, of the 32 attributes analyzed more than two thirds

(22, i.e., 68.8%) were used in a significantly different proportion as a function of the

youths' living context. Participants used the attribute *sensitive* significantly more and

the attribute *good student significantly less* often to describe youths in residential care

when compared to youths in natural environment regardless of their SES. The

remaining effects varied as a function of the SES. Indeed, when compared to youths

living with middle SES families, the youth in care were described as less *stable,*

relaxed, motivated, confident, presentable, loved, healthy, responsible, calm, hard-

working, happy and *educated* and more often described as *traumatized, insecure,*

introverted, needy, sad and *rebellious*. On the other hand, when compared to youths

living with low SES families the attribute *lonely* was mentioned significantly more

frequently for youth in residential care.

Overall, when comparing youth in care with youth in low SES families, three of

the 32 attributes were used with a significantly different proportion, portraying a similar

although slightly more negative image of the youth in residential care. On the other

hand, when comparing youth in care with their middle SES peers 21 of 32 attributes

were used with a significantly different proportion portraying a clearly more negative

image of the former. Therefore, the social image of youths in residential care was

mainly negative and differed from the image of youths living with their families

especially on cognitive-emotional and behavioral negative attributes (e.g., *rebellious,*

introverted, sad, insecure) and on the affection received by other people (e.g., *needy,*

less loved, lonely). Additionally, this image was more different from and more negative

than the image of youths living with middle SES families, than from the image of

youths living with low SES families.

Discussion

The main goal of this study was to analyze the social images of youths in

residential care comparing them to the social images of youths living in low and middle

SES family environments. The results obtained indicate that youths in residential care

were associated with a negative social image at several different levels (behavioral,

emotional, social), which is consistent with the image that has emerged in previous

studies (e.g., Arpini, 2003; Ibrahim, & Howe, 2011; Kuznetsova, 2005). The results

obtained also indicate that youths in normative low SES family environment were also

associated with a mainly negative social image, while youths in normative middle SES

family environment were associated with a mainly positive social image. These results

were in line with the current classism stereotypes that comprise negative attitudes

toward individuals of low-SES classes (e.g., Lott, 2012).

This study has complemented this research area through the comparison of these

social images, which has allowed the identification of which attributes were actually

distinctive of these groups. Indeed, the results suggested that the social image of youths

in residential care was more negative than the image of youth living with their families,

and this difference was particularly evident regarding internalized problems (e.g.,

introverted, rebellious) and on the lack of affection received from other people (e.g.,

needy, less loved, lonely). The results have also indicated that although the youths in residential care were seen more negatively than the others, this image was more negative and more different from the image of youths living with middle SES families, than with low SES families. In fact, there were some similarities between the images of youths in residential care and those in low SES families. The similarities were chiefly in the cognitive-emotional negative attributes (e.g., *sad, rebellious, insecure)* but most importantly, in the low number of positive attributes that were used to describe them at social, emotional, cognitive and behavioral levels (e.g., *presentable, calm, confident, relaxed, stable, intelligent, motivated, healthy, sociable* and *hard-working*). This result was consistent with previous studies demonstrating that individuals with low SES were characterized as *lazy*, *irresponsible* and *not too smart* (e.g., see Lott, 2012 for a review; Lott & Saxon, 2002), while individuals with middle SES were described as *intelligent, hard-working, healthy, capable, responsible,* and *loving* (Cozzarelli, Wilkinson, & Tagler, 2001). The fact that children and youth in residential care are often seen as poor, having the same background as the low SES families may explain the perceived similarity between youths in residential care and youths living in low SES families (Patrício et al., 2015; Yunes & Szymanski, 2003).

Moreover, it is important to underline that irrespective of their living context, this age group is per se target of stereotypes. According to Clark (2002) the prevailing social images and stereotypes about adolescents are generally negative (e.g., *irresponsible, lazy, disrespectful, wild behavior, violent, sexually active, experimenting with drug use).* These labels can lead to the internalization of negative messages about themselves, alienate youths from the services or create barriers in communication with the adults and service systems they interact with (Clark, 2002).

The results of this study, specifically the association of a negative social image to the youth in residential care, have emphasized the importance of examining these images more systematically, namely using quantitative methodologies. These methods will allow a more accurate identification of the dimensions that organize these negative perceptions as well as to examine to which extent the images of youth in residential care are more negative than images of youth in general. Indeed, the use of quantitative methodologies has the advantage of allowing the quantification of the attributes that are more used to describe the different groups, facilitating the systematic and comparative study of social images of youth in residential care. Study 2 was designed and conducted to examine these questions.

Study 2

In this second study, we examined the social images of youths in residential care with a quantitative instrument in order to understand if there are particularly negative dimensions (sets of attributes) associated to this population (as compared to youth in general). We also aimed at analyzing if the attributes associated to this population vary as a function of the respondents characteristics, namely being laypersons or professionals. Examining both perspectives is important since lay citizens and professionals may have their interactions with these youths biased by these images and, as such, may also have spread them throughout different social contexts (family, professional, community; Bar-Tal, 1990). In particular, it is highly important for the youths not to feel stigmatized by the people interacting and working with them (Freake, Barley, & Kent, 2007). However, although in theory the contact with this population could contribute to the reduction of stereotypes (Allport, 1954), some studies have

shown only minor differences on social images of youths in residential care according to participants' professional contact with these youth (e.g., Calheiros et al., 2015; Kuznetsova, 2005).

As a result of their past developmental history and current institutional context, we expected that the attributes associated with youths in residential care compared to those used to describe youths in general would be more negative (e.g., Calheiros et al., 2015). Considering previous results (e.g., Calheiros et al., 2015), we also did not expect significant differences in the attributes used to describe these youths as a function of the participants' professional contact with this population.

Method

Participants

Seven hundred and twenty six participants voluntary took part in this study. Participants' ages varied from 17 to 67 years old ($M = 29.81$, $SD = 9.07$), with 87.5% being female. One fifth of the participants (21.3%) have had one to five children ($M = 1.70$, $SD = 0.85$). Regarding education, 62.2% of participants completed a bachelor's degree, 19.5% had a master degree or a PhD, 16.5% completed high school, and 1.8% elementary school.

Regarding family income, 43.8% of the participants had a mean family income between 1000 and 2000 Euros, 25.8% below 1000 Euros, 22.1% between 2000 and 3000 Euros, and 8.3% earned more than 3000 Euros. Finally, one fourth of the participants (25.3%) worked in the area of at-risk children (the group we labeled professionals). The remaining participants in the sample held no direct connection with the field (the group we labeled laypersons).

Instruments

We used the Social Images Evaluation Questionnaire of youth in residential care (SIEQ) (Lopes, Calheiros, Garrido, & Patrício, 2015). This questionnaire had three sections. The first collected respondents' socio-demographic data. In the second, respondents were asked to rate 30 attributes in terms of how much they describe youths in residential care (1 = does not describe youths at all; 5 = describes youths a lot). Lastly, in the third section, respondents were asked to produce a similar rating this time thinking about a typical youth. The SIEQ organizes the social image of youth in residential care in three dimensions - Sad and Troublemaking youth (13 items – *traumatized, frustrated, sad, depressed, low self-esteem, misfit, lonely, unmotivated, neglected, problematic, abandoned, conflicting, aggressive*); Happy and Nurtured youth (7 items – *cherished, protected, loved, satisfied, clean, happy, healthy*); and Self-competent youth (10 items – *committed, competent, combative, hard-working, courageous, intelligent, good, honest, friendly, educated*) - which were related to a second order dimension: the Social Image of youth in residential care. All these dimensions were computed by averaging their respective items and vary from 1 to 5. Note that all items of the Sad and Troublemaking dimension were reversed-score. Thus, higher values in the SIEQ indicate that the youths were described as being more happy and nurtured, as more competent, as less sad and troublemaking, and were perceived with an overall more positive social image.

Procedure

The participant filled out the questionnaire either individually or in a group as part of a sample gathered in different locations such as residential care institutions, children and youth protection services or teaching and training institutions. Prior to

completing the questionnaire, we explained to the participants that the objective of the study was to collect their opinions about the characteristics /attributes of hypothetical youths. It was highlighted that there were no right or wrong answers and that we were only interested in their opinion. The participants were assured of the confidentiality and anonymity of the data collecting process. The order of the block of items referring to institutionalized youths vs. typical youths, was randomly presented to the participants. The attributes were also presented in a random order within each block. In the end, participants were thanked for their collaboration. The study was approved by the institution's review board.

Results

First, we tested the structure of the instrument with the sample in analysis through confirmatory factor analysis. The indices and respective cut-off values used to evaluate the model fit were the following: Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI) and Tucker-Lewis Index (TLI) between .80 and .90 were considered acceptable, between .90 and .95 were considered god, and above .95 were considered very good; Root Mean Squared Error of Approximation (RMSEA) between .05 and .10 was considered good and below .05 was considered very good; chi-square fit index divided by degrees of freedom (χ^2/df) between 2 and 5 was considered acceptable, between 1 and 2 was considered good, and approximately 1 was considered very good (Marôco, 2010).

In this sample, we tested the adjustment of the SIEQ model to the social image of a typical youth (not in care) and of the youth in residential care. The model presented a reasonable adjustment and the internal consistence of the dimensions were good to acceptable both for the typical youth (χ^2/df = 3.37, RMSEA = .06, CFI = .88, GFI = .91,

TLI = .90; Sad and Troublemaking α = .912, Self-competence α = .905, Happy and

Nurtured α = .816, Social image α = .935) and for the youth in residential care (χ^2/df =

3.29, RMSEA = .06, CFI = .91, GFI = .87, TLI = .90; Sad and Troublemaking α = .930,

Self-competent α = .873, Happy and Nurtured α = .841, Social image α = .932).

Next we conducted several 2x2 repeated measures Analysis of Variance, with

context of life as a within-participants factor (In residential care vs. Not in residential

care) and working in the field of at-risk children and youth as a between-participants

factor (Professionals vs. Laypersons) for the SIEQ dimensions (Table 3). These

analyses were conducted to test the main effect of care context and of working in the

field on the description of youths and to test a between-participants by within-

participants interaction effect, i.e. the interaction of care context by working in the field

on the description of the youth.

INSERT TABLE 3

The effect of context was significant for all the dimensions (Sad and

Troublemaking, $F(1,635) = 573.99$, $p < .001$, $\eta_p^2 = .475$; Self-competence, $F(1,644) =$

20.90, $p < .001$, $\eta_p^2 = .031$; Happy and Nurtured, $F(1,639) = 549.11$, $p < .001$, $\eta_p^2 =$

.462) and the overall Social Image ($F(1,623) = 458.03$, $p < .001$, $\eta_p^2 = .424$).

Specifically, the youths in care were significantly less described as happy and

nurtured and as self-competent, were more described as sad and troublemaking and

were more perceived to have a worse overall social image compared to the description

of youths not in care. Moreover, the effect of context on the description of youths was

higher both on the sad and troublemaking and on the happy and nurtured dimensions

than on the self-competence dimension. Indeed, three of these dimensions presented

means below the scale mid-point (3) for the youth in care (Sad and Troublemaking,

$t(652) = -18.28$, $p < .001$; Happy and Nurtured, $t(654) = -15.60$, $p < .001$; Social Image,

$t(644) = -11.35$, $p < .001$) and above the scale mid-point for the youth not in care (Sad

and Troublemaking, $t(710) = 12.53$, $p < .001$; Happy and Nurtured, $t(713) = 19.12$, $p <$

.001; Social Image, $t(704) = 17.60$, $p < .001$). The Self-competence dimension was the

only one evaluated above the scale mid-point for the both youths (Youth in care, $t(652)$

$= 12.63$, $p < .001$; Youth not in care, $t(719) = 15.51$, $p < .001$).

The effect of working in the field of at-risk children and youth was significant

on three dimensions, namely Sad and Troublemaking ($F(1,635) = 7.97$, $p = .005$, $\eta_p^2 =$

.012), Self-competence ($F(1,644) = 6.18$, $p = .013$, $\eta_p^2 = .010$) and Social Image

($F(1,623) = 6.50$, $p = .011$, $\eta_p^2 = .010$). Specifically, the professionals globally described

the youths as more sad and more troublemaking, as less self-competent and with a

worse social image than the laypersons.

Finally, the interaction effect was significant for all the dimensions (Sad and

Troublemaking, $F(1,635) = 7.33$, $p = .007$, $\eta_p^2 = .011$; Self-competence, $F(1,644) =$

11.62, $p = .001$, $\eta_p^2 = .018$; Happy and Nurtured, $F(1,639) = 5.41$, $p = .020$, $\eta_p^2 = .008$;

Social Image, $F(1,623) = 9.09$, $p = .003$, $\eta_p^2 = .014$). Specifically, the professionals

described the youth as more sad, more troublemaking, as less self-competent, and with

an overall worse social image than the participants not working in the field (laypersons),

especially when describing the youth in care. Indeed these differences between

professionals and laypersons were significant on the description of youth in care (Sad

and Troublemaking, $t(647) = -3.76$, $p < .001$, Self-competence, $t(647) = -4.29$, $p < .001$,

Social Image, $t(639) = -3.97$, $p < .001$) but they did not emerge in the description of the

typical youth (Sad and Troublemaking, $t(705) = -0.61$, $p = .544$, Self-competence,

$t(714) = 0.46$, $p = .963$, Social Image, $t(699) = -0.002$, $p = .999$). Furthermore, on the Happy and Nurtured dimension the interaction effect emerged because there was an inversion of the means, that is, the professionals described the youth in care as less happy and nurtured than the laypersons and described the youth not in care as more happy and nurtured than the laypersons (nevertheless these differences were not significant, $t(649) = -1.78$, $p = .075$; $t(708) = 1.29$, $p = .197$, respectively).

Discussion

The main goal of the second study was to examine the social images of youths in residential care with a quantitative instrument in order to examine systematically these images. Further, and based on the results obtained in study 1, we strove to understand if there were particularly negative attributes associated to this population (as compared to youth in general) and if the attributes associated to this population varied as a function of the respondents being laypersons or professionals in the area of at-risk children and youth.

As expected, the attributes associated with youths in residential care, compared to those used to describe youths in general, were more negative. The youths in care were perceived as having an overall worse social image compared to the description of youths not in care. Specifically the youths in residential care were more often described as sad and troublemaking (e.g., *more traumatized, misfit, sad, lonely, problematic, aggressive, neglected, abandoned*), were less likely to be described as happy and nurtured (e.g., *less loved, cherished, protected, satisfied*), and finally, although to a lesser extent, they were also described as less self-competent (e.g., *less committed, competent, hard-working, intelligent*). These results were consistent with the results

obtained in previous studies (Calheiros et al., 2015; Ibrahim, & Howe, 2011; Kuznetsova, 2005).

Additionally, considering the few differences found in previous studies between professionals and laypersons' perspectives (e.g., Calheiros et al., 2015; Kuznetsova, 2005; Patrício et al., 2015) we did not expect to find significant differences in the attributes used to describe these youths as a function of the participants' professional contact with this population. However, the results obtained showed that the professionals working in the field of at-risk children and youth perceived the youths in residential care as more sad and troublemaking, as less self-competent, as less happy and nurtured and with an overall more negative social image than the participants not working in the field. This result may have been related to work overload, emotional exhaustion and depersonalization symptoms professionals in this field may have experienced; contributing to the generalization of these negative images (Heverling, 2011; Smith & Clark, 2011). In Portugal, most institutions are still undifferentiated, that is, without specialized and therapeutic responses. Hence, the residential care facilities receive a varied population, including children and youth with serious mental health and behavioral problems (Institute of Social Security, 2012; Rodrigues, Barbosa-Ducharne, & Del Valle, 2013). Therefore, the lack of specialization and of ability to adjust the services of residential care to the needs of children and youth (Calheiros & Patrício, 2014) in addition to poor management, deficient employment practices and the lack of adequate professional training and knowledge, has created an environment that severely constrains the ability of staff to deal with difficult situations on a daily basis, and possibly leads them to emphasize the negative characteristics of the youth they work with.

We know from the literature that the contact with the stereotyped group per se does not guarantee the attenuation of stereotypes and prejudices, and that while positive contact can improve intergroup relations and attitudes, negative contact can lead to an increase in negative attitudes toward a group (Stephan & Stephan, 2000). Nevertheless, staff should avoid labeling children and youth in care, since "stigma cannot be effectively challenged when those entrusted with the care of children and youth privately endorse these same beliefs" (Hodas, 2005, p.7). Thus, this study has strengthened the importance of raising awareness among both laypersons and professionals of the existence of these social images and the impact they potentially hold for children and youth in care. Assessing and promoting professional self-awareness and self-control may be an important dimension to consider in staff training, recruitment, supervision and performance evaluation processes (Hodas, 2005).

General Discussion

The two studies presented, using different samples and methodologies, have demonstrated that there is a labeled social image of youth living in residential care compared to youth living in normative contexts. This contrast is particularly striking when youth in care are compared with middle socioeconomic status youth who have a positive social image. The youth in residential care were perceived with an overall negative social image, and were labeled with attributes that characterize them as less happy, nurtured and competent (e.g., loved, protected, satisfied, committed, hard-working) and as more sad and more troublemaking (e.g., traumatized, sad, problematic, aggressive), than the youth not in care. As a social image, these ideas may be preserved even without objective evidence of their veracity (Corsini, 1999), and may be especially

activated in a context of social comparison with youth not in residential care (Cinnirella, 1998; Denzel & MacDonald, 2014).

Note that, in addition to their negative valence, the content of these social images may be highly informative and may have very different consequences. While some decades ago, children and youth in care were likely to be seen as potential criminals (which was clearly unfair to them as most were not), currently, they are more likely to be seen as victims of abuse and neglect (which may be unfair to birth parents, as most have not maltreated their children - although some have). Therefore, different stereotypical perceptions will have different effects. Abuse and neglect generally produce sympathy and do not prevent the formation of relationships (although young people might find this difficult due to their experiences); offending/criminal behavior, in contrast, has enormous consequences for employment, finding housing and building relationships.

Importantly, these social images may have both a direct and indirect impact on the youth in residential care. Indeed, negative social images may affect individuals through processes of discrimination and negative interactions (Major & O'Brien, 2005). The social images may potentially have a direct effect on individual stress, depression, self-esteem, vulnerability, health problems, wellbeing and psychological adjustment, among others difficulties (e.g., Baams, Beek, Hille, Zevenbergen, & Bos, 2013; Howarth, 2006; Inzlicht, Tullett, & Gutsell, 2012; Major & O'Brien, 2005; Pascoe & Richman, 2009; Puhl & King, 2013; Van Brakel, 2006). There has also been evidence specifically in the residential care context, that feelings of stigmatization were associated with emotional and behavioral problems (Simsek, Erol, Öztop, & Münir, 2007). Furthermore, according to the internalization perspectives, the youth in care

perceive the stereotypes that the society and the professionals have about them, which may lead to self-depreciation and self-stigmatization processes, and to the internalization of these negative social images in their self-concept (Kools, 1997; Major & O'Brien, 2005). Although not all research supports the internalization of perspectives (Major & O'Brien, 2005), it is important to bare in mind the potential threat of these stereotypes to youth identity development and psychological health.

Moreover, it is important to notice that professionals working in the field of children and youth at risk predominantly emphasized this negative social image of the youth in care. That may have a particularly serious impact on youth identity development and wellbeing, since these professionals are the persons with higher contact with the youth and responsible for assuring their positive identity development. Indeed, the youth in care report the importance of the professionals not judging them, not holding negative perceptions about them based on stereotypes (Freake, Barley, & Kent, 2007), and believing and encouraging them to succeed (Tilbury, Buys, & Creed, 2009).

Finally, research has also suggested that, in addition to influencing the development of identity, stigma and negative social images may also have long-term implications. These implications can be observed across a range of life domains such as access to housing, quality of employment, relationships, etc. Therefore, negative social images may influence the quality of youth in care transitions and further marginalize this already at-risk group of young people (see Ibrahim & Howe, 2011).

Therefore, in future studies it would be important to examine the relationship between these variables (e.g., social image, self-concept, psychological well-being and mental health), and to study the effect of intervention programs aiming to change these

social images with the view of turning residential care into a more positive environment

for the development of those in care.

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TABLES

Table 1. Percentage of the attributes used to describe the youths

Residential care context			Low SES context			Middle SES context		
Attribute	N	%	Attribute	N	%	Attribute	N	%
Rebellious	38	45.24	Sad	16	34.78	Happy	15	39.47
Sad	29	34.52	Rebellious	13	28.26	Educated	12	31.58
Needy	18	21.43	Low self-esteem	9	19.57	Loved	8	21.05
Introverted	15	17.86	Anxious	8	17.39	Relaxed	8	21.05
Lonely	15	17.86	Insecure	7	15.22	Hard-working	7	18.42
Insecure	14	16.67	Needy	7	15.22	Calm	6	15.79
Sensitive	13	15.48	Humble	7	15.22	Stable	6	15.79
Aggressive	10	11.90	Unmotivated	6	13.04	Intelligent	6	15.79
Traumatized	9	10.71	Frustrated	6	13.04	Protected	5	13.16
Low self-esteem	7	8.33	Hard-working	5	10.87	Responsible	5	13.16
Educated	7	8.33	Traumatized	5	10.87	Healthy	5	13.16
Humble	7	8.33						

Table 2. Percentage of attributes per context and Z Test for context

Attributes	Residential care %	Low SES %	Middle SES %	RC vs. Low SES Z	RC vs. Middle SES Z
Rebellious	45.24	28.26	0.00	1.90	**5.00*****
Sad	34.52	34.78	0.00	-0.03	**4.15*****
Needy	21.43	15.22	0.00	0.86	**3.09****
Introverted	17.86	6.52	0.00	1.79	**2.78****
Lonely	17.86	2.17	5.26	**2.60****	1.86
Insecure	16.67	15.22	0.00	0.21	**2.67****
Sensitive	15.48	2.17	0.00	**2.34***	**2.57***
Aggressive	11.90	2.17	2.63	1.91	1.66
Traumatized	10.71	10.87	0.00	-0.03	**2.10***
Low self-esteem	8.33	19.57	0.00	-1.86	1.83
Educated	8.33	4.35	31.58	0.86	**-3.28****
Humble	8.33	15.22	2.63	-1.21	1.18
Anxious	7.14	17.39	2.63	-1.80	0.99
Unmotivated	7.14	13.04	2.63	-1.11	0.99
Committed	7.14	8.70	10.53	-0.32	-0.63
Happy	7.14	8.70	39.47	-0.32	**-4.38*****
Frustrated	5.95	13.04	0.00	-1.39	1.54
Intelligent	5.95	2.17	15.79	0.98	-1.76
Hard-working	5.95	10.87	18.42	-1.01	**-2.14***
Protected	4.76	0.00	13.16	1.50	-1.64
Calm	3.57	0.00	15.79	1.30	**-2.39***
Sociable	3.57	0.00	10.53	1.30	-1.53
Responsible	2.38	4.35	13.16	-0.62	**-2.37***
Healthy	2.38	2.17	13.16	0.08	**-2.37***
Loved	1.19	2.17	21.05	-0.44	**-3.89*****
Presentable	1.19	0.00	10.53	0.74	**-2.41***
Jealous	1.19	2.17	10.53	-0.44	**-2.41***
Confident	1.19	2.17	10.53	-0.44	**-2.41***
Motivated	1.19	2.17	10.53	-0.44	**-2.41***
Good student	0.00	8.70	10.53	**-2.75****	**-3.02****
Relaxed	0.00	0.00	21.05	a	**-4.35*****
Stable	0.00	0.00	15.79	a	**-3.73*****

Note: a = Incomparable groups. since both have frequency equal to 0; RC = Residential care; * p < .05 ** p < .01 *** p < .001;

Table 3. Mean and standard deviation for SIEQ dimensions

	Professional			Layperson			Total		
	M	SD	N	M	SD	N	M	SD	N
Sad and Troublemaking									
Youth in Residential Care	2.29	0.64	167	2.53	0.77	470	2.47	0.74	637
Youth not in Residential Care	3.28	0.68	167	3.32	0.62	470	3.31	0.63	637
Self-Competence									
Youth in Residential Care	3.11	0.50	169	3.31	0.52	477	3.26	0.52	646
Youth not in Residential Care	3.34	0.55	169	3.34	0.59	477	3.34	0.58	646
Happy and Nurtured									
Youth in Residential Care	2.52	0.59	167	2.63	0.68	474	2.60	0.66	641
Youth not in Residential Care	3.46	0.62	167	3.39	0.54	474	3.41	0.56	641
Social Image									
Youth in Residential Care	2.62	0.42	162	2.81	0.57	463	2.76	0.54	625
Youth not in Residential Care	3.33	0.55	162	3.34	0.49	463	3.34	0.50	625

Note: In the Sad and Troublemaking dimension the items were inverted, thus lower values indicate a perception of youth as more sad and more troublemaking.