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Social images of youth in residential care: the role of personal contact with care-experienced individuals and empathy

דימויים חברתיים של בני נוער במסגרות חוץ-ביתיות: תרומת הקשר האישי והאמפתיה להבניית התפיסות החברתיות כלפיהם

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ABSTRACT

The study investigates the social images of children and youth in residential care settings (RCSs) in Israel, with a focus on the role of personal contact with individuals who have experienced residential care. Conducted among 545 Israeli undergraduate students aged 18–45, the research reveals that approximately 37% of participants have had personal contact with individuals placed in RCSs through life experiences, work, or training. The findings indicate a medium level of negative social images portraying youth in RCSs as sad and troublemakers, alongside a medium level of positive images depicting them as self-competent, and a low to medium level as happy and nurtured. The main findings show that respondents with personal contact with care-experienced individuals tend to hold more positive social images. Empathic concern is identified as a mediator between personal contact with care-experienced individuals and more positive social images of youth in RCSs. The study suggests that fostering personal contact with care-experienced individuals is crucial for developing empathy and promoting positive social images, potentially improving the well-being of children and youth in RCSs. It highlights the need for raising awareness about existing social perceptions and implementing strategies to mitigate negative images for the improvement of youth in RCSs.

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KEYWORDS

Residential child care; social images; adolescents; empathy; personal contact

מילות מפתח

מסגרות חוץ-ביתיות; דימויים חברתיים; מתבגרים; אמפתיה; הכרות אישית

תקציר

המחקר בוחן את הדימויים החברתיים של ילדים ובני נוער השוהים במסגרות חוץ-ביתיות בישראל, תוך התמקדות בתפקידו של קשר אישי עם בני נוער שהוצאו מביתם על ידי רשויות הרווחה ושוכנו בפנימיות, או עם מבוגרים בעלי ניסיון חיים קודם במסגרות אלו. המחקר נערך בקרב 545 סטודנטים לתואר ראשון בישראל, בגילאי 18 עד 45. מהממצאים עולה כי כ-37% מהמשתתפים דיווחו על קשר אישי עם יחידים שהיו במסגרות חוץ-ביתיות, בין אם באמצעות חוויות חיים, עבודה או הכשרה מקצועית. הנתונים מצביעים על רמה בינונית של דימויים שליליים כלפי בני הנוער במסגרות אלה, המאופיינים כעצובים וכבעייתיים; לצד זאת, נמצאה גם רמה בינונית של דימויים חיוביים המציגים אותם כבעלי מסוגלות עצמית, ורמה נמוכה עד בינונית של דימויים המתארים אותם כשמחים ומטופלים היטב.

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הממצא המרכזי מלמד כי משתתפים שהיו להם קשרים אישיים עם צעירים ממסגרות חוץ-ביתיות – או עם מבוגרים בעלי ניסיון חיים דומה – נוטים להחזיק בדימויים חברתיים חיוביים יותר כלפי בני נוער אלו. עוד נמצא כי רגישות אמפתית מתווכת את הקשר בין ההיכרות האישית לבין הדימויים החברתיים החיוביים.

המחקר מצביע על חשיבות טיפוח ההיכרות האישית עם צעירים בעלי ניסיון חיים במסגרות חוץ-ביתיות, כחלק מתהליך המעודד פיתוח אמפתיה ומוביל לעמדות חברתיות חיוביות יותר כלפיהם – דבר שעשוי לתרום לרווחתם של ילדים ובני נוער במסגרות אלה. כמו כן, מדגיש המחקר את הצורך בהעלאת מודעות ציבורית לדימויים החברתיים הרווחים, ובפיתוח אסטרטגיות להתמודדות עם הייצוגים השליליים, כחלק ממאמץ כולל לשיפור מצבן של אוכלוסיות אלה.

עדינה הופנונג-אסולין מרצה מן החוץ בבית הספר לעבודה סוציאלית ולרווחה חברתית באוניברסיטה העברית בירושלים. בנוסף לתפקידה האקדמי, היא עומדת בראש צוות ארצי האחראי על פיתוח תוכניות הכשרה לעובדים בתחום רווחת ילדים ונוער בביה"ס המרכזי להכשרת עובדים בשירותים החברתיים במשרד הרווחה והביטחון החברתי. תחומי התמחותה כוללים ילדים במסגרות חוץ-ביתיות, אימוץ, יחסי הורה-ילד וטיפול בילדים שחוו טראומה. ד"ר הופנונג-אסולין גם עוסקת בפרקטיקה קלינית פרטית, בה היא מעניקה שירותים טיפוליים לילדים בכל הגילאים ולבני משפחותיהם.

שלהבת עטר-שוורץ היא פרופסור מן המניין בבית הספר לעבודה סוציאלית ולרווחה חברתית באוניברסיטה העברית בירושלים. מחקרה מתמקד ברווחה ובשלומם של ילדים, עם דגש מיוחד על ילדים ובני נוער השוהים במסגרות חוץ-ביתיות. מעבר לעיסוקיה האקדמיים, פרופ' עטר-שוורץ פועלת לקידום רווחתם של ילדים במערכת הרווחה באמצעות חברות בוועדות ויוזמות שונות של משרדי ממשלה וארגונים לא ממשלתיים בישראל.

ISCTE-IUL ב-**CIS-IUL** **יוגיס מגלהאיש** היא חוקרת במרכז למחקר סוציולוגי תחומי המחקר שלה כוללים ויקטימולוגיה, הגנה על ילדים ונוער, מחקרי משפחה, מסגרות אומנה ופנימיות, אבחון פסיכולוגי ומיומנויות מקצועיות. ניסיונה המקצועי כולל עבודה במערכות הגנה על ילדים ובני נוער בסיכון, ובמיוחד בתפקיד של רכות טיפול בסוכנויות להגנה על הילד.

Introduction

Children and adolescents residing in residential care settings (RCSs) face a higher likelihood of experiencing emotional, behavioural, and social challenges compared to their counterparts living with biological families (Moreno-Manso et al., 2020; Pinheiro et al., 2024; Shalem & Attar-Schwartz, 2022). This increased vulnerability is often associated with their pre-care backgrounds, frequently marked by exposure to multiple adverse childhood experiences, including parental maltreatment, parental mental health issues and substance abuse problems (Magalhães & Camilo, 2023; Turney & Wildeman 2017), as well as with experiences during their time in care, such as placement instability and staff turnover (Mishra et al., 2020;). Recent studies suggest that an additional factor contributing to the adverse outcomes experienced by residential care – experienced individuals is the prevalence of negative social perceptions about them (Calheiros et al., 2020, 2021; Silva & Calheiros, 2022).

Social images include strongly held perceptions about specific groups or societies, often regardless of their accuracy and authenticity. These images frequently intertwine with stereotypes, stemming from rigid beliefs or oversimplified assumptions. Consequently, certain attributes, traits, values, and behavioural patterns are assigned to entire groups or their individual members, lacking substantial evidence (Corsini, 2002). Experiencing negative social images can adversely affect the physical health, mental well-being, and overall adjustment of children and youth (Potochnick & Perreira, 2010). Children and youth in RCSs face an even more significant challenge when confronted with negative social images due to their lack of supportive connections and a sense of belonging to a 'family' that could aid in coping with such adversity (Schofield, 2017).

The limited research exploring the social images of youth residing in RCSs has revealed a range of unfavorable stereotypes linked to them. For example, a survey conducted among 1,000 participants in Russia to explore the social images associated with alumni of children's homes revealed pervasive negative stereotypes surrounding these individuals. They were commonly perceived as poor and

unhappy, often noted for their untidy and worn-out clothing. They were also believed to exhibit impudent behaviours, lack manners, and a carry a furtive look, while spending most of their time on the streets (Kuznetsova, 2005). Similarly, a study involving 176 participants in Portugal, including those with and without professional involvement with children and youth in RCSs, depicted predominantly negative portrayals of these individuals concerning their behaviour (e.g. aggressive), emotional well-being (e.g. sad), and social connections (e.g. lonely) (Calheiros et al., 2015).

Vaz Garrido et al. (2016) provided further evidence regarding the negative social images of youth in RCSs through diverse samples and methodologies. In the first study, the researchers surveyed 84 participants using open-ended questionnaires, asking them to list attributes they associated with youths aged 12–18 in either RCSs or familial environments. The results revealed that the top 10 attributes frequently ascribed to youths in RCSs were mostly negative, encompassing attributes such as like rebellious, sad, and needy. Only a handful of positive traits like – sensitive, educated, and humble – were identified. Interestingly, similar negative descriptions were noted for youths from low socio-economic backgrounds, albeit tempered with qualities like being humble and hard-working. Conversely, youths from middle socio-economic backgrounds were predominantly associated with positive attributes like being happy, educated and loved.

Negative social images experienced by youth in out-of-home care can significantly influence their self-perceptions, leading to adverse effects on their self-esteem and their behavioural development (Silva & Calheiros, 2022). For example, a longitudinal study among 341 Korean children aged 11–12 living in various out – of-home care settings, including residential care centers, group homes and foster care, revealed that experiencing stigma during early adolescence was significantly associated with lower self-esteem and increased antisocial behaviour five years later (An et al., 2020). Similarly, study in Portugal of 926 youth (ages 12–25) in RCSs found that those who believed they were seen as having behavioural or emotional problems exhibited higher externalizing and internalizing issues, while those perceived as resilient reported fewer internalizing problems (Calheiros et al., 2021).

Correlates of social images

Studies investigating the background characteristics that may correlate with individuals' social image of youth in RCSs have produced conflicting results. Calheiros et al. (2015) found no significant variations in social images of youth in RCSs based on participants' professional backgrounds (i.e. individuals working in the field vs. laypersons) or socio-demographic variables (i.e. gender, age, education, earnings, and whether they had children). In contrast, Vaz Garrido et al., (2016) found that professionals working with at-risk children and youth perceived the youths in RCSs as sadder, more troublesome, less self-competent, less happy, less nurtured and with an overall more negative social image compared to participants not working in the field. They suggested this result might be related to work overload, emotional exhaustion, and depersonalization symptoms experienced by professionals in this field, contributing to the generalization of these negative images.

Kuznetsova (2005), surveyed social stereotypes about residential care leavers, revealing differing attitudes among professional groups. Negative perceptions were most common among police officers (72.5%) and blue-collar workers (66%), while retired individuals (30%) and schoolteachers (27.7%) had the most positive views. These differences were attributed education levels, personal experiences, and exposure to residential care leavers. Police officers often encountered them in difficult situations, while blue-collar workers, with lower education levels and reliance on mass media, tended to hold more negative views. In contrast, retired individuals' postwar experiences and schoolteachers' professional roles contributed to their more positive perceptions. Later studies also linked higher education levels to more favourable attitudes toward stigmatized groups (Cavallé & Marshall, 2019; Titzmann et al., 2015). Additionally, media portrayals, stereotypes, and limited awareness of residential care shape public perceptions, potentially fostering intergroup bias – the tendency to view outsiders more negatively (An et al., 2020; Vaz Garrido et al., 2016; Calheiros et al., 2020; Davido & Gaertner, 1999).

Empirical evidence suggests that contact with members of other groups reduces bias and increases empathy, particularly when individuals do not fit stereotypical expectations and when intergroup friendships develop (Dovidio et al., 2017; Van Assche et al., 2023). One key factor linking contact and empathy is the role of intergroup interactions, especially those involving close relationships, which encourage perspective-taking and help individuals better understand and empathise with outgroup members (Pettigrew & Tropp, 2008).

Finally, empathy might be correlated with social images of youth in RCSs. According to Hojat et al. (2002), empathy is the capacity to comprehend and relate to the experiences and viewpoints of others while effectively expressing this understanding. Adopting the affective perspective of others is essential for promoting altruistic feelings towards outgroup members (Batson, 2011) and has been linked to reducing the use of stereotypes against them (Galinsky & Moskowitz, 2000). Studies have shown that empathy reliably predicts positive attitudes towards various groups (Alvarez-Castillo et al., 2018; McFarland, 2010), while a decrease in empathy and an increase in prejudice are observed in individuals with limited interactions with diverse groups (Burke et al., 2015). This study will be the first to examine the role of empathy in the relationship between contact with care-experienced individuals and social perceptions, potentially mediating this relationship.

The current study

The current study, based on the reports of 545 Israeli undergraduate students, fills a gap in the current literature by examining the variance in social images towards youth in RCSs. Using a mediating model, this study explores the role of empathy in the relationship between personal contact with care-experienced individuals and both positive and negative social images. The following hypotheses are based on the literature presented above. We included directional hypotheses where the literature showed consistent findings and non-directional hypotheses where research was limited or inconsistent:

1. Participants' university major (therapeutic vs. non-therapeutic) will be associated with higher contact with residential care-experienced individuals, greater empathy, and to social images of youth in residential care.
2. Personal contact with care-experienced individuals will be associated with social images of youth in RCSs.
3. Empathy will be associated with increased positive social images and reduced negative social images of youth in RCSs.
4. Empathy will mediate the relationship between personal contact with care-experienced individuals and both negative and positive social images of youth in residential care.

Figure 1 presents the research model. The model was examined while controlling for participants' parental education, age, gender, the therapeutic nature of their majors, and religiosity.

Methods

Sample

The study was based on self-reports from a convenience sample of 545 undergraduate students from an Israeli university and college. Approximately half of the participants were pursuing therapeutic-oriented degrees such as social work and psychology (50.5%), while the rest were enrolled in non-therapeutic-oriented degrees such as law, computer science, engineering, and economics (49.5%). The ages of the students ranged from 18 to 45 years old ($M = 24.54$, $SD = 3.49$). About three-quarters (74.3%) were between 18 and 25 years old, 22.8% were between 26 and 30 years old, and the remaining 3.9% were between 31 and 45 years old. The sample consisted of 64.2% females and 35.8% males.

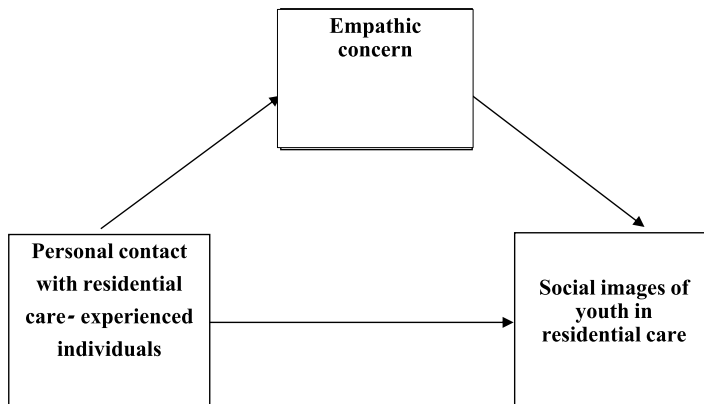


Figure 1. Research model: empathy as mediating the link between personal contact with care-experienced individuals and social images of youth in residential care.

Note. The model was examined after controlling for respondents' parents' education, age, gender, the therapeutic nature of their majors, and religiosity.

Regarding parental education, approximately 2% (1.7%) of the young adults reported that their fathers had completed elementary school or less. About a quarter (22.8%) reported that their fathers had graduated from high school, and 20.3% reported that their fathers had completed professional training after high school. More than half reported that their fathers had earned a Bachelor's Degree (28.5%) or a Master's Degree (26.7%). The educational levels of the mothers were similar: 0.9% of participants reported that their mothers had completed elementary school or less, 21.5% reported high school graduation, 18.8% reported completion of professional training after high school, and 58.7% reported that their mothers had earned a Bachelor's Degree (28.7%) or a Master's Degree (30.0%).

Most students in the sample (70.7%) reported being single, while 19.9% were married, 9.0% were living with their partners, and 0.4% were divorced. For analysis, we compared students who were married or cohabitating with those who were not (either single or divorced). About 46% of the sample identified as secular (45.9%), 15.0% as 'traditional,' and the rest as religious (29.5%) or very religious (9.6%).

Measures

Undergraduate students were asked to complete a structured questionnaire as part of their routine class activities. They were introduced to the study and given the opportunity to participate voluntarily. The questionnaire included the following measures.

Social images of youth in residential care

To evaluate the participants' social images of youth in RCSs, we used the Social Images Evaluation Questionnaire (SIEQ; Lopes et al., 2017). Participants were asked to think about youth in RCSs and rate 30 attributes on a scale from 1 (= *does not describe at all*) to 5 (= *describes a lot*). The scale includes three sub-scales: (a) *Self-competent youth*, including 10 items (including: 'committed', 'competent', 'fighter', 'hard working', 'courageous', 'intelligent', 'good', 'honest', 'friendly', 'educated'; $\alpha = 0.76$); (b) *Happy and nurtured youth*, including 7 items (including: 'cherished', 'protected', 'loved', 'satisfied', 'clean', 'happy', 'healthy'; $\alpha = 0.76$); (c) *Sad and troublemaker youth* including 13 items (including: 'traumatized', 'frustrated', 'sad', 'depressed', 'low self-esteem', 'misfit', 'lonely', 'unmotivated', 'neglected', 'problematic', 'abandoned', 'conflicted', 'aggressive'; $\alpha = 0.86$). The subscale scores were based on the mean of the items.

Personal contact with care-experienced individuals

Students were asked to report any current or past personal contact they might have had with children or youth who were removed from home by welfare services and placed in residential care, or with young adults or adults who had lived in welfare residential care settings during their childhood or adolescence. Respondents could choose from multiple options of contact: having themselves grown up in a welfare RCS, through work, training, internships, volunteer work, or personal relationships. Given the small number of respondents who had themselves grown up in RCSs ($n = 4$, 0.7%), these individuals were excluded from the sample. This study compares participants with personal contact with residential care-experienced individuals ($= 1$) to those without such contact ($= 0$).

Empathic concern

The empathic concern subscale used in this study is derived from the Interpersonal Reactivity Index (Davis, 1983). The subscale includes 7 items ($\alpha = .73$) addressing the affective domain of empathy, aiming at 'other-oriented' feelings of sympathy and concern for unfortunate others. For example: 'when I see someone being taken advantage of, I feel kind of protective toward them'. The items were answered on a Likert scale ranging from 0 (*does not describe me well at all*) to 5 (*describes me very well*). The overall measure score was based on the mean of the item responses.

Background characteristics

Students were asked to report on various background characteristics, including age, gender (0 = *female*, 1 = *male*), and parents' education. Parental education, used as a proxy for the family's socioeconomic status, was measured by computing the mean score of the mother's and father's education levels ($r = 0.63$, $p < 0.001$), each ranging on a scale from 1 (*up to elementary school*) to 6 (*postgraduate degree or above*). Additionally, participants were asked to report their majors, which were classified as therapeutic ($= 1$) or non-therapeutic ($= 0$). The therapeutic classification included students studying at least one therapeutic degree. Finally, students were asked to report their religiosity level, ranging from 1 ($=$ *secular*) to 4 ($=$ *very religious*).

Data collection and analysis

Data were collected from students using an anonymous, structured, self-report questionnaire administered during their classes. Participants were assured of the voluntary nature of their participation and informed of their right to withdraw from the study at any time and for any reason. All questionnaires, procedures, consent forms, and instructions underwent review and received approval from the Ethics Committee of the researchers' University (Blinded for review; approval date: May 13, 2018; approval reference number: 13052018). We initially explored descriptive data concerning students' perceptions of youth in welfare residential care, empathic concern, and personal contact with care-experienced individuals. Next, we conducted bivariate analyses to examine factors associated with these social perceptions. Finally, to assess the mediating role of empathic concern between personal contact with care-experienced individuals and social perceptions of youth in residential care, we employed a PROCESS analysis using bootstrapping (Preacher & Hayes, 2008) in SPSS. In this analysis (Model #4), we included covariates that showed statistically significant associations with the dependent variables: parents' education, age, gender, the therapeutic nature of academic degree, and religiosity.

Results

Descriptive statistics

The average score among students for the the social image of youth in residential care as self-competent was moderate ($M = 2.48$; $SD = 0.44$) on a scale ranging from 0 (*not self-competent at all*) to 4 (*very*

self-competent). For example, nearly three quarters of the respondents described youth in residential care as competent or very competent (71.40%) and a slightly smaller percentage (68.55%) viewed them as fighters who stand up for themselves and courageous (66.73%). However, only about a third of the respondents perceived these youth as hardworking or very hardworking (32.96%) and an even fewer considered them honest (29.57%), educated (23.01%) or committed (22.56%).

Regarding the happy and nurtured social image of youth in residential care, the findings indicate a moderate average score ($M = 1.99$, $SD = 0.52$) on a scale ranging from 0 (*not happy and nurtured at all*) to 4 (*very happy and nurtured*). For instance, approximately half of the sample described youth in residential care as healthy or very healthy (53.28%), and a similar percentage (50.19%) viewed them as clean or very clean. However, only about one in five respondents perceived these youth as loved (22.68%) or cherished/appreciated (19.59%). Regarding the sad and troublemaker social image of youth in residential care, the findings indicate a moderate average score ($M = 2.32$, $SD = 0.54$) on a scale ranging from 0 (*not sad and troublemaker at all*) to 4 (*very sad and troublemaker*). For instance, a majority of respondents described youth in residential care as having a traumatic past or a very traumatic past (82.11%), feeling abandoned (65.67%), and being frustrated or very frustrated (62.71%). Additionally, 55.64% perceived these youth as having low self-esteem or very low self-esteem.

A significant but smaller percentage of the sample described youth as unruly or clashing (39.36%), lonely (37.41%), aggressive (37.34%), sad (35.02%), problematic (35.02%), and unfit (31.71%). Finally, approximately a quarter of the respondents viewed these youth as unmotivated (26.8%) and neglected (24.29%).

Over a third (37.20%) of students reported having current or past personal contact with children or youth who were removed from home by welfare services and placed in residential care, or with young adults or adults who lived in welfare residential care settings during their childhood or adolescence. As for the empathy level of the respondents, their self-reports showed a relatively high level ($M = 3.88$, $SD = 0.58$) of perceived empathic concern, on a scale ranging from 1 (*low perceived empathic concern*) to 5 (*high level of perceived empathic concern*). For example, the majority of respondents (82.1%) reported that it is very typical of them to feel protective toward someone being taken advantage of, and that they are often deeply touched by things that happen to others (80.73%). In contrast, only 8.19% of the respondents reported that it is very typical of them not to be disturbed by other people's misfortunes, and 11.43% reported that it is typical or very typical of them not to feel sorry for others when they are facing problems.

Bivariate analyses

Bivariate relationships among the study's independent, mediating, and dependent variables were examined and are summarised in [Table 1](#). The findings indicate a positive relationship between participants' personal contact with residential care-experienced individuals and positive social images of youth in residential care, specifically as happy and nurtured and as self-competent. However, no significant correlation was found between personal contact and the sad and troublemaker social image of youth in residential care.

Similarly, empathic concern showed positive correlations with positive social images of youth in residential care, such as self-competent and happy and nurtured. However, no significant relationship was found between empathic concern and the sad and troublemaker social image.

Males reported lower levels of positive social images of youth in residential care, specifically as self-competent and happy and nurtured, compared to females. However, there was no significant correlation between gender and the sad and troublemaker social image.

Participants with higher levels of parental education reported less positive social images of youth in residential care (i.e. self-competent and happy and nurtured) and a higher level of negative social image (i.e. as sad and troublemaker). Correspondingly, they also reported lower levels of empathic concern.

Table 1. Correlations among the study's variables.

Variable	1	2	3	4	5	6	7	8	9
1. Age	1								
2. Gender (1 = male)	.18***	1							
3. Religiosity	-.06	-.19***	1						
4. Parents' education	-.07	.20***	-.20***	1					
5. Majors (1 = therapeutic)	.10*	-.36***	.31***	-.38***	1				
6. Personal contact with care-experienced individuals (1 = with contact)	.06	-.14**	.08	-.01	.18***	1			
7. Empathic concern	-.02	-.34***	.18***	-.13**	.35***	.19***	1		
8. Social image – self competent	-.04	-.21***	-.04	-.14**	.12**	.21***	.22***	1	
9. Social image – happy and nurtured	-.07	-.13**	.08	-.18**	.05	.12**	.14**	.60***	1
10. Social image – sad and troublemaker	.03	.04	-.03	.10*	.01	-.07	-.04	-.35***	-.59***

Note: $N = 545$ students* $p < .05$ ** $p < .01$ *** $p < .001$.

Participants majoring in therapeutic fields reported higher levels of perceived self-competence among youth in residential care. However, there was no significant relationship between their majors and the other social images (happy and nurtured and sad and troublemaker). Female participants and those studying majors with therapeutic orientations reported significantly higher levels of personal contact with individuals who have experienced residential care, as well as increased empathic concern. Additionally, religious individuals and those with lower parental education reported higher levels of empathic concern.

Finally, the three dimensions of social images of youth in residential care examined in the current study were significantly correlated. A higher perception of youth as self-competent social image was associated with a stronger perception of the them as happy and nurtured, and a weaker perception of them as sad and troublemaker. Similarly, positive social images of youth in residential care as happy and nurtured were negatively correlated with perceptions of them as sad and troublemakers.

Multivariate regression analysis: empathic concern as mediating the link between personal contact with care-Experienced individuals and social images of youth in RCSs

This study investigated the indirect effect of empathic concern on the relationship between personal contact with individuals who have experienced residential care and three social images of youth in residential care: self-competent, happy and nurtured, and sad and troublemaker.

The results presented in Table 2 revealed first that females and participants reporting lower level of parents' education reported on higher levels of perceived self-competent social image of youth in residential care. Other control variables included in the model yielded non-significant relationships with the self-competent social image of youth in residential care.

After controlling for age, gender, religiosity, parents' education, and therapeutic major, the 95% confidence intervals for the indirect effects of personal contact with care-experienced individuals on self-competent social image (*bootstrap estimate* = 0.0155, *SE* = 0.0076, 95% *CI* = 0.0031–0.0325) via empathic concern did not include zero, indicating significant mediating effects. Additionally, the results showed that the relationship between personal contact with care-experienced individuals and empathic concern was statistically significant. In addition, there was a positive relationship between empathic concern and self-competent social image of youth in residential care.

In other words, greater personal contact with care-experienced individuals was associated with higher levels of empathic concern, which, in turn, was associated with a more positive social image of youth in residential care as self-competent. The direct effects of personal contact on a

Table 2. Mediation model of empathic concern in the link between personal contact with care experienced individuals and self competent social image.

Variable	<i>B</i>	<i>SE</i>	<i>T</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Predicting the mediator: Empathic concern						
Constant	3.727	0.215	17.366	<.001	3.306	4.149
Personal contact (<i>1 = with</i>)	0.136	0.049	2.767	.0059	0.0396	0.2336
Outcome variable (Y): Self competent social image						
$R = 0.31$, $R^2 = 0.10$, $MSE = 0.18$, $F(7, 492) = 7.43$, $p < .001$						
Constant	2.287	0.222	10.287	<.001	1.850	2.7247
Empathic concern	0.1136	0.0367	3.0904	0.0021	0.0414	0.1858
Personal contact	0.1665	0.0406	4.1001	<.001	0.0867	0.2464
Age	-.0029	.0058	-0.5045	0.6142	-0.0144	0.0085
Gender (<i>1 = male</i>)	-0.1187	0.0457	-2.596	0.0097	-0.2086	-0.0289
Religiosity	-0.130	0.0191	-0.6820	0.496	-0.0505	0.0245
Parents' education	-0.0408	0.0204	-2.0054	0.0455	-0.0806	-0.0008
Major (<i>1 = therapeutic</i>)	-0.0417	0.0468	-0.8914	0.3731	-0.1337	0.0502

self-competent social image remained statistically significant ($B = .1510$; $SE = 0.0406$; $p = 0.0002$), indicating that the mediating effects were only partial.

The results presented in Table 3 revealed that, after controlling for age, gender, religiosity, parents' education, and therapeutic major, the 95% confidence intervals for the indirect effects of personal contact with care-experienced individuals on happy and nurtured social image (bootstrap estimate = 0.0129, $SE = 0.0078$, 95% $CI = 0.0003-0.0302$) via empathic concern did not include zero, indicating significant mediating effects. Additionally, the results showed that the relationship between personal contact with care-experienced individuals and empathic concern was statistically significant. In addition, there was a positive relationship between empathic concern and happy and nurtured social image of youth in residential care.

The findings show that, greater personal contact with care-experienced individuals was associated with higher levels of empathic concern, which, in turn, was associated with a more positive social image of youth in residential care as happy and nurtured. The direct effect of personal contact on a happy and nurtured social image remained statistically significant ($B = .1134$; $SE = 0.0483$; $p = .0193$), indicating that the mediating effects were only partial. The findings showed that participants with higher parental education reported on lower levels of self competent social image of youth in residential care. Other control variables included in the model yielded insignificant relationship with the happy and nurtured social image of youth in residential care.

Table 3. Mediation model of empathic concern in the link between personal contact with care experienced individuals and happy and nurtured social image.

Variable	<i>B</i>	<i>SE</i>	<i>T</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Predicting the mediator: Empathic concern						
Constant	3.735	0.215	17.340	.0000	3.3120	4.158
Personal contact (<i>1 = with</i>)	0.137	0.049	2.767	.0059	0.0397	0.2343
Outcome variable (Y): Self competent social image						
Constant	3.735	0.215	17.340	.0000	3.3120	4.158
Personal contact (<i>1 = with</i>)	0.137	0.049	2.767	.0059	0.0397	0.2343
$R = 0.2546$, $R^2 = 0.0648$, $MSE = 0.2554$, $F(7, 490) = 4.8505$, $p < .001$						
Constant	2.1209	0.2646	8.0157	0.000	1.6010	2.6408
Empathic concern	0.0941	0.0437	2.1560	0.0316	0.0083	0.1799
Personal contact	0.1263	0.0481	2.6260	0.0089	0.0318	0.2207
Age	-.0081	.0069	-1.1735	0.2412	-0.0218	0.0055
Gender (<i>1 = male</i>)	-0.0824	0.0544	-1.5160	0.1302	-0.1892	0.0244
Religiosity	0.0223	0.0227	0.9831	0.3260	-0.0223	0.0069
Parents' education	-0.0805	0.0243	-3.3205	0.0010	-0.1282	-0.0329
Major (<i>1 = therapeutic</i>)	-0.0417	0.0468	-0.8914	0.3731	-0.1337	0.0502

Table 4. Mediation model of empathic concern in the link between personal contact with care experienced individuals and sad and troublemaker social image.

Variable	<i>B</i>	<i>SE</i>	<i>t</i>	<i>P</i>	<i>LLCI</i>	<i>ULCI</i>
Predicting the mediator: Empathic concern						
Constant	3.7312	0.2143	17.4103	.0000	3.3101	4.1522
Personal contact (<i>1 = with</i>)	0.1353	0.0493	2.7467	.0062	0.0385	0.2321
Outcome variable (Y): Sad and troublemaker social image						
<i>R</i> = 0.1357, <i>R</i> ² = 0.0184, <i>MSE</i> = 0.2826, <i>F</i> (7, 494) = 1.3235, <i>p</i> = 0.2369						
Constant	2.1540	0.2775	7.7627	0.000	1.6088	2.6992
Empathic concern	−0.0222	0.0458	−0.4839	0.6286	−0.1122	0.0679
Personal contact	−0.0862	0.0502	−1.7162	0.0867	−0.1848	0.0125
Age	0.0029	0.0073	0.4004	0.6890	−0.0114	0.0172
Gender (<i>1 = male</i>)	0.0516	0.0570	0.9061	0.3653	−0.0603	0.1635
Religiosity	−0.0101	0.0238	−0.4253	0.6708	−0.0569	0.0366
Parents' education	0.0506	0.0254	1.9906	0.0471	0.0007	0.1005
Major (<i>1 = therapeutic</i>)	0.0831	0.0583	1.4247	0.1549	−0.0315	0.1976

The indirect effects of personal contact as shown in Table 4 with care-experienced individuals on sad and troublemaker social images through empathic concern included zero (*bootstrap estimate* = −0.00, *SE* = .006, 95% *CI* = −.02 to .01), indicating that they were statistically non-significant. This model was examined after controlling for the following variables: age, gender, parents' education, religiosity, and major. The findings showed that females and participants reporting lower level of parents' education reported on higher levels of perceived self-competent social image of youth in residential care. Other control variables included in the model yielded insignificant relationship with the self-competent social image of youth in residential care.

Discussion

Social images of youth living in RCSs often tend to be overwhelmingly negative, associated with traits such as rebelliousness, sadness, neediness, aggression, and loneliness, while they are less likely to be seen as happy, nurtured, and self-competent (Vaz Garrido et al., 2016). This negative narrative surrounding these youths can have detrimental consequences on their behaviours, adjustment, and self-esteem (Calheiros et al., 2021). Building upon evidence that contact with different groups foster empathy and reduces bias, this study examined whether direct contact with youth in RCSs or RCS alumni, along with empathy, correlates with lower bias. Using data from 545 undergraduates, it explored empathy's moderating role in the link between personal contact and both positive and negative social perceptions of youth in care.

The study revealed diverse social perceptions of youth in RCSs among the participants, encompassing both positive and negative images. The portrayal of youth in RCSs as sad and troublemakers exhibited a moderate average. For instance, a majority of respondents described youth in RCSs as having experienced a traumatic past (82.11%) or even a very traumatic one (65.67%), and 55.64% perceived them as having low self-esteem.

Simultaneously, the portrayal of youth in RCSs as self-competent was moderate. For instance, almost three-quarters of the respondents described youth in RCSs as competent or very competent (71.40%). However, only about a quarter of the respondents viewed these youth as educated (23.01%), or committed (22.56%). Likewise, the portrayal of youth in residential care as happy and nurtured ranged from low to moderate. For example, approximately half of the sample viewed these youth as healthy or very healthy (53.28%). However, only about one in five respondents perceived them as loved (22.68%) or cherished/appreciated (19.59%). While participants perceive youth in residential care as moderately self-competent, they view them as less happy and nurtured. This may be linked to previous traumatic experiences, a lack of affection, and insufficient warm parenting,

which are in turn associated with psychological difficulties such as internalizing symptoms like distress, sadness, and anxiety (Magalhães & Camilo, 2023).

This study confirms previous findings of widespread negative perceptions of youth in RCSs (e.g. Silva & Calheiros, 2022) but also reveals prevalent positive views. Given the variability in social images, we explored factors linked with these perceptions and identified groups at risk of holding negative views based on individual characteristics. Females reported more positive social images of youth in RCSs, particularly in self-competence, happiness, and nurturance, along with higher empathic concern. This aligns with research showing greater empathy (Maximiano-Barreto et al., 2020) and lower prejudice among females (Dozo, 2015). Conversely, participants with higher parental education expressed less positive and more negative perceptions, including seeing youth in RCSs as sad and troublemakers, alongside lower empathic concern. This contrasts with studies linking lower education to higher prejudice (Cavaillé & Marshall, 2019; Carvacho et al., 2013). One explanation may be that while higher education often reduces explicit prejudice, it does not necessarily eliminate subtle and implicit biases, such as aversive racism (Kuppens & Spears, 2014). Future studies should examine these patterns in representative samples of the general population.

Students in therapeutic-oriented majors reported higher empathic concern and more personal contact with individuals from residential care. This may stem from personality traits common among those selecting these fields (Astin, 1993). For instance, altruistic students are more likely to pursue social work for its sense of purpose (Salas & Altuna, 2024). Moreover, training in these disciplines often includes direct contact with youth in welfare services and supervision to process emotional responses, further explaining these findings. Additionally, training in therapeutic disciplines often involves direct engagement with youth in welfare services, complemented by supervision to help students process their emotional responses – both of which may further explain these findings. One of the study's aims was to examine how personal contact with individuals who have experienced residential care contributes to social images of youth in RCSs. Findings show that 37% of students reported such contact, which was positively associated with viewing these youth as happy, nurtured, and self-competent. However, no significant relationship emerged between personal contact and negative social images of youth in residential care, such as viewing them as abandoned or having low self-esteem. This aligns with research linking intergroup contact to reduced bias (Dovidio et al., 2017; Van Assche et al., 2023). Nevertheless, the lack of a significant association between personal contact with individuals who have experienced residential care and *negative* perceptions contrasts with previous research suggesting that limited interactions with diverse groups often correlates with increased prejudice (Burke et al., 2015). Such findings should be further explored in future research.

Another objective of the study was to investigate the contribution of empathy to the social images of youth in RCSs. The results revealed positive correlations between empathic concern and positive social images perceiving youth in RCSs as self-competent and happy and nurtured. This finding aligns with previous studies that have demonstrated empathy as a consistent indicator of positive attitudes towards diverse groups (Alvarez-Castillo et al., 2018; McFarland, 2010). However, it is important to note no significant relationship was found between their portrayal as sad or troublemakers and empathy, suggesting that negative social images of youth may be possibly influenced by other factors than empathy.

One of the main aims of this study was to explore the potential mediating effect of empathic concern in the relationship between personal contact with care-experienced individuals and social images. As anticipated, the study revealed a positive association between personal contact and empathic concern, which in turn was linked with more favourable social images of youth in RCSs. Drawing on evidence that intergroup contact promotes more tolerant societies (Van Assche et al., 2023), we suggest that the personal contact with care-experienced individuals may help participants recognize not only their needs but also their strengths, contributing to more positive social perceptions. These findings align with previous research, highlighting empathy as a key mechanism

in reducing prejudice (Alvarez-Castillo et al., 2018; Galinsky and Moskowitz, 2000). This study pioneers the exploration of the connection between empathy, contact with care-experienced individuals, and social images, offering valuable insights into these dynamics.

In emphasising the significance of adopting an affective perspective towards others, the study reinforces the promotion of altruistic sentiments for outgroup members, as advocated by Batson (2011). Additionally, the findings highlight the role of empathy in mitigating stereotypes against care-experienced individuals, aligning with existing research, showcasing empathy as a robust indicator of positive attitudes towards various groups (Alvarez-Castillo et al., 2018; McFarland, 2010) and further strengthens the significance of empathic concern in shaping social perceptions in the context of personal contact with care-experienced individuals.

Limitations and recommendations for future research

This study is the first to examine the mediating role of empathy in the link between contact with care-experienced individuals and their social images. However, its limitations should be taken into account. For one, the participants in this study were undergraduate students from an Israeli university and college, representing a non-random sample. Future studies should include more representative samples, including individuals from the general population, professionals in child welfare, and educators. Expanding the sample in this way would enhance the study's applicability and improve its generalizability. In addition, the study relied exclusively on students' self-reports. Future studies should cross-reference information from other sources, such as care-experienced individuals themselves, to provide a more comprehensive understanding. Furthermore, although the estimate of the indirect effect is statistically significant, its magnitude is small, warranting caution when interpreting the study's findings. This variance may stem from the relatively large sample size and should be examined in future research. In addition, the cross-sectional nature of the study does not allow causal conclusions to be drawn about the relationships between personal contact, empathic concern and social images of youth in RCSs. For example, while the study may identify a relationship between personal contact and empathic concern, it cannot definitively state whether personal contact causes an increase in empathic concern or vice versa. Longitudinal studies, tracking participants over time, would be beneficial to provide a clearer understanding of the causal dynamics among these variables.

Implications for practice and policy

Despite its limitations, this study holds noteworthy implications for both child welfare professionals and policymakers. The findings underscore the potential of direct contact with youth in RCSs in relation to reduced stigmatization. Child welfare professionals and policymakers can facilitate contact between professionals, university students and community members with children and youth in RCSs. Such initiatives, in light of the intergroup contact theory may include tutoring, mentoring, and other programs that foster direct contact, potentially enhancing empathy and reducing stigma (e.g. Pettigrew & Tropp, 2008; Sulimani-Aidan & Tairy-Schwartz, 2021). Furthermore, the positive association between empathic concern and a more positive social image of youth in residential care emphasises the critical role of empathy. It serves as a potential mediator between personal contact with youth in RCS's and societal perceptions regarding them. Consequently, interventions aimed at fostering empathy should be introduced to counter bias by enhancing understanding and familiarity with youth in residential care (see, for example, Whitford & Emerson, 2019). Residential care facilities should actively work to reduce stigma toward youth while equipping them with coping strategies to navigate such challenges. Residential staff can play a crucial role in fostering supportive connections and a sense of belonging for youth, which can enhance their adjustment and coping skills in the face of adversity (Hoffnung-Assouline & Attar-Schwartz, 2020; Schofield, 2017). However, for this to be effective, facilities must provide adequate training, supervision, and

support to alleviate work overload and burnout – key factors that can contribute to staff's negative perceptions of youth (Vaz Garrido et al., 2016).

Furthermore, residential care settings allow youth to personalize their living spaces to foster a sense of stability and belonging (Riemersma et al., 2024). In addition integrating youth voices in decision-making can enhance their sense of autonomy, dignity, and normalcy. Promoting a culture of respect and inclusion within RCSs is essential for reducing feelings of isolation, stigma, and negative self-perception while fostering autonomy and self-determination (Rauktis et al., 2011).

By implementing these efforts, residential care facilities can help shape how youth perceive their social environment, ultimately fostering greater resilience and a more positive self-image (Calheiros et al., 2021).

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