ETHNIC IDENTITY AND PSYCHOSOCIAL OUTCOMES IN FOSTER CARE YOUTH

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ABSTRACT

The vast majority of studies on ethnic identity development in adolescence have primarily focused on those youths who reside with their biological parents. The disproportionate representation of minority youth in the child welfare system is a salient issue related to identity development, when considering that typical parental figures may be vastly different for these children. This study sought to provide information on the relations between length of time in foster care and an adolescent’s ethnic identity. It also examined whether ethnic identity varied as a function of youth being placed in homes where at least one caregiver was of a different race than them. This current study includes data collected for Mental Health Service Use Of Youth Leaving Foster Care (2001-2003) from the National Data Archive on Child Abuse and Neglect. Four hundred and six adolescents (228 females and 178 males; mean age = 16.33; 43% White, 50% African American, 3% Bi-racial, and less than 1% American Indian, Latino, or other) in the Missouri foster care system were interviewed.

Data did not reveal a significant relation between when children were first placed into foster care and their total ethnic identity scores. Although there was not a significant effect for youth placed in matched and unmatched homes, data revealed that youth who identified as White and had been placed in at least one unmatched home had a lower sense of ethnic identity than youth who identified as White placed in same-race homes. Further, in supplemental analyses youth placed in unmatched homes were more likely to have more depressive symptoms than those placed in homes of foster care parents with the same race. Ethnic identity was also positively related to self-esteem. Self-esteem was found to be positively related to higher grades and lower levels of depression.
Critically, as already mentioned, the study found unexpectedly low levels of ethnic identity sense experienced by all youth in the study, relative to previous levels of ethnic identity in other adolescent samples. This study provides information on the importance of ethnic identity development and taking a strengths-based approach among youth placed in foster care prior to them exiting the child welfare system.
CHAPTER 1: INTRODUCTION

This chapter provides general research findings relevant to ethnic identity. It also provides the conceptual underpinnings for the study including the basic, historical, theoretical nature, and background of ethnic identity. Essentially, it will address the research positively relating a better sense of ethnic identity to greater outcomes. This chapter also attends to the lack of information available for ethnic identity development in foster care youth. This chapter concludes with the purpose of the study, the specific aims, the hypotheses associated with each aim, and with definitions of key terms.

Perceptions of Ethnic Identity

Changes in the U.S. perception on race and ethnicity, notably the civil rights movement of the 1960s as well as recent immigration trends, have created a greater focus on the concept of ethnic identity (Phinney, 1992). The research on ethnic identity development in children has been studied and theorized for many years, with particular attention on the period of adolescence (Schwartz, 2007). Research has shown that a stronger sense of ethnic identity is positively related to better outcomes in such areas as academic achievement, self-esteem, and better coping mechanisms (Cokley & Chapman, 2008; Greig, 2003; Umaña-Taylor, Diversi, & Fine, 2002).

Children first become aware of racial differences around the age of three or four (McRoy, 1990). As they resume development through the age of seven, they become conscious of the social labels and even some of the views associated with different ethnic groups. From the age of seven through late childhood, children are interested in how other ethnic groups differ from their own. It is in the period of adolescence that the exploration of ethnic identity is extensively explored (McRoy, 1990). Phinney’s (1993) model of ethnic identity development provides a conceptual theory for identity development across ethnic groups. Phinney’s model has three
stages in which individuals move from not exploring their ethnic identity through committing to their ethnic identity. Phinney’s model focuses on what is considered the process of ethnic identity formation.

Some of the earliest research on ethnic identity has linked it to self-efficacy or self-esteem, through the use of children’s perceptions on dolls of different skin colors (Cole, Cole, & Lightfoot, 2005). One’s ethnic identity has been found to have an inverse relationship with mental health problems such as depression (Greig, 2003; Lusk, Taylor, Nanney, & Austin, 2010; St. Louis and Liem, 2005). Moreover, research has suggested that ethnic identity may also be a protective factor for youth in that positive ethnic identity is correlated with self-esteem and motivation (Yasui, Dorham, & Dishion, 2004). However, most of this research in regards to measures of ethnic identity has focused primarily on children who reside with their biological parents (Schwartz, 2007).

A useful means in consideration of ethnic identity is symbolic interactionism. Hollingsworth (1999) used this term to explain how communication, language, and rituals play a significant part in the development of ethnic socialization and identity formation. Ethnic socialization is defined as the “developmental processes by which children acquire the behaviors, perceptions, values, and attitudes of an ethnic group, and come to see themselves and others as members of such groups” (Rotheram & Phinney, 1987, p. 11). Furthermore, ethnic identity is ideally developed through meaningful interactions within a family setting, as this is where initial and primary socialization occur. It is the adults in the child’s life that emphasize ethnic heritage and pride, as well as preparing the child for societal prejudice and discrimination (Cole et al., 2005).
The U.S. Department of Health and Human Services estimated that as of September 2012 there were nearly 400,000 children in foster care nationwide. White children accounted for 42% of children in care, Black or African American were 26%, Hispanics were 21%, 8% were other races or multiracial, and 3% were unknown or unable to be determined. According to the U.S. Census Bureau in 2012, children who were identified as White made up 53% of the U.S. population, Black or African American were 14%, and those who were identified as Hispanics were 24% (U.S. Census Bureau, 2012). A pivotal study examined ethnic identity amongst children receiving foster care services from Casey Family Programs (White, O’Brien, Jackson, Havalchak, Phillips, & Thomas, 2008). Forty-two percent of the adolescents in the study reported that it was difficult for youth in foster care to develop their ethnic identity. One youth stated, “you go to so many foster homes with different races that you start forgetting your own race” (pg. 506). Many youth involved in foster care also reported the effect this had on their language. One youth reported, “I don’t speak Cambodian anymore and I did before foster care” (pg. 506). Such statements provide support for consideration or race/ethnicity and cultural beliefs in placement of foster care youth. Nonetheless, the results of this study must be corroborated before interventions are developed or policies changed regarding how the child welfare system can decide on placements for children. Also, since these children were all involved in Casey Family Programs, the feelings and thoughts of these children may not be reflective of those children receiving serves outside of Casey Family Programs. Further, White et al. (2008) did not examine ethnic identity as a protective factor for youth in foster care, and this has been examined in the general population.
Purpose of the Present Study

The current study sought to provide a better understanding of the formation of ethnic identity of children in the foster care system, and how one’s ethnic identity relates to psychosocial outcomes such as life satisfaction, self-esteem, and depression. Research has found that children in foster care are at greater risk for poorer academic outcomes and psychological adjustment, and strengthening ethnic identity might be one way to buffer those negative outcomes, but the exact nature of the relationship between ethnic identity and those outcomes needs to be understood (White et al., 2008). The purpose of this study was to examine the impact of being placed with caregivers of the same ethnicity as opposed to those who are placed with caregivers of a different ethnicity. Various factors will be analyzed in the context of ethnic identity development. The factors that were examined were duration of time in foster care, type of placement, cultural background of the foster care family, sex, participants’ race/ethnicity, and age at the time of removal.

Research Questions & Hypotheses

Questions of the study include:

1) What are the relations between length of time in foster care and an adolescent’s ethnic identity?
   a. Hypothesis 1: As length of time in foster care increases, adolescents’ ethnic identity scores will decrease.

2) Do adolescents who were placed with foster care provider(s) of a different cultural background on at least one occasion significantly differ in their sense of ethnic identity from adolescents who were always placed with foster care providers of similar cultural backgrounds?
a. Hypothesis 2: Youth placed with foster care provider(s) of the same cultural background will have higher ethnic identity scores than youth placed with foster care provider(s) of a different race.

3) Does ethnic identity in foster care act as a protective factor for youth in foster care?

This aim is exploratory as there has not been previous research in the area of ethnic identity and various outcomes for youth in foster care. However, in the general population, ethnic identity has been linked to more positive outcomes such as higher self-esteem. Specifically, this question seeks to examine the relations between ethnic identity and psychosocial outcomes. These psychosocial outcomes include depression, self-esteem, life satisfaction, stress, and grades.

Data for adolescents were gathered from adolescents in the Missouri foster care system. Adolescent participants were assessed on their level of ethnic identity and the relation to length of time in care as well as ethnic background of their foster care provider through multiple regression analyses. Correlation analyses examined a potential relationship between group differences in ethnic identity and various outcomes for foster care youth.

The study is significant because it seeks to provide a better understanding of the formation of ethnic identity of children in the foster care system, and how one’s ethnic identity relates to outcomes such as academic success, self-esteem, and mental health problems. Research has found that children in foster care are at greater risk for poorer academic outcomes and psychological adjustment, and strengthening ethnic identity might be one way to buffer those negative outcomes, but the exact nature of the relationship between ethnic identity and those outcomes needs to be understood. This study would provide the child welfare field with
strategies and recommendations for helping youth in foster care with the development of their ethnic identity by examining their attitudes regarding their ethnic identity.

**Definition of Terms:**

Various terms are utilized throughout this paper. Based on the literature, these key terms are defined below:

**Adolescence:** the period of 13 years through 18 years of age.

**Caregiver:** the primary adult responsible for the daily care of the youth.

**Culture:** the language, believes, customs, values, and activities that have been inherited from one generation to the next and is displayed in the daily life of the individual (Cole, Cole, & Lightfoot, 2005).

**Ethnicity:** group of people whose defining characteristics may be based upon such things as language, ancestry, shared cultural or national background, and physiology (Smith, Walker Fields, Brookins, & Seay, 1999).

**Ethnic identity:** the degree to which an individual relates to a particular ethnic group(s) (Phinney, 1992).

**Ethnic identity achievement:** third stage of ethnic identity development in which individuals have made a commitment to their ethnic identity (Phinney, 1993).

**Ethnic identity search/moratorium:** second stage of ethnic identity development in which individuals are involved in the process of learning about their ethnic identity (Phinney, 1993).

**Kinship care:** when children are placed with relatives.

**Neglect:** children are not provided with the necessary care for illness or injury; young children are left unsupervised; or not provided with sufficient clothing, food, or shelter;
permitting children to live in a residence that could be a health hazard or a home that is extremely dirty.

**Out-of-home placement:** a living arrangement that is not in the home of the child’s parent or legal guardian.

**Placement:** the child’s physical location (i.e. group home, foster home, residential treatment center, etc).

**Physical abuse:** injuries such as broken bones, bruises, burns, cuts, and other injuries that are deliberate.

**Race:** generally utilized to describe the physical characteristics of a group of people (Smith et al., 1999)

**Sexual abuse:** any act of sex performed with a child under the age of 18 years.

**Self-esteem:** a constant sense of individual worth or worthiness (Rosenberg, 1965).

**Unexamined ethnic identity:** first stage of ethnic identity development in which individuals have not explored their ethnic identity (Phinney, 1993).
CHAPTER 2: LITERATURE REVIEW

This chapter provides a review of relevant literature, beginning with early theories of identity development. Following the theories of identity development, there is a discussion regarding the theories specific to ethnic identity development. The next section addresses how ethnic identity relates to outcomes such as academics, self-esteem, and mental health. This chapter also provides a brief history of the foster care system, and attends to the importance of ethnic identity formation in the foster care population.

Identity Development

Identity and identity development are often associated with the major theorist Erik Erikson. Although Erikson’s work has undoubtedly had a large impact on the work of identity development in adolescence, identity development and the definition of self-concept have been formulated based on several theorists.

Identity development theory. Although Sigmund Freud is often widely associated with numerous theories related to identity, William James’ work, The Principles of Psychology, published in 1890, had a profound contribution to the field of psychology and to the explanation of identity and self-concept (Richardson, 2006). James (1890) contextualized the self as having two parts. The components of the self are the Me-self and the I-self. The Me-self is what a person knows about himself or herself, which is very categorical. The I-self is the portion of the identity that evaluates and directs/guides the self, which is much more existential. Harter (1999) expanded on James’ work and included self-awareness, self-agency, self-continuity, and self-coherence as making up the I-self. These theories of the self have sought to answer how an individual defines himself or herself.
Freud’s psychodynamic theory has had an important influence on identity development. Psychodynamic theory defines the self as three parts of the personality: the id, ego, and superego (Thurschwell, 2000). The id is the instinctual desires that drive a person’s experiences. The super-ego is the moral side of the person that is the rule or law based function of the personality. The ego is the mind or the regulatory part of the personality that tries to mediate or balance the id and the superego into a balanced self. Freud’s psychodynamic theory is related to the sexual identity development of an individual through stages in their life (Thurschwell, 2000).

Freud’s theory of psychosexual development is a stage theory related to the development of personality (Bee & Boyd, 2010). Each stage is predetermined and an individual must successfully complete each sequence of the stage in a progressive process. The oral stage is the first stage, and it is characterized by individuals being centered on sensations of the mouth. Freud theorized that children first explore and interact with their world through the mouth. Suckling is often associated with the youngest of children, and weaning off of this is key to facilitate passage into the next stage. The next stage is characterized by elimination or retention of feces, and is known as the anal stage. It is in this stage that the focus of bodily functions is central for children. Freud’s next stage is considered a critical stage in the development of sexual identity. This stage is the phallic stage. It is in this stage that the characterization is on the awareness, as well as enjoyment of sensations, of the genitals. It is in this stage that children begin to focus on members of the opposite sex, and begin to differentiate themselves from them. Freud’s next stage is characterized by the development of competency in those skills that are valued by adults, and is defined as the latency stage. Freud’s final stage is the genital stage, which is characterized by the development of the adult sex drive and desires to satisfy sexual desires and urges (Bee & Boyd, 2010).
Freud’s final stage began with puberty and the developmental period associated with adolescence. According to Freud’s theory of psychosexual development, identity would be fully formed at the end of adolescence. Freud’s theory of psychosexual development provided some basis for identity development, but Freud never included any discussion of culture in his theory.

**Adolescence identity development.** Establishing an identity is an important developmental stage for all adolescents. Erikson developed his psychosocial theory based on Freud’s psychodynamic development theory with particular focus on the period of adolescence (Burston, 2007). Erikson believed that the development of a healthy identity was essential for becoming a stable and healthy human being. He proposed his stages of identify development as beginning from birth through adolescence (Burston, 2007). Erikson’s (1968) first stage is focused on children from birth to 1 year of age and is called trust versus mistrust. In this stage, infants either learn to trust their primary caregivers to meet their needs, or develop a sense of mistrust. Autonomy versus shame and doubt is usually processed during 12 months to two years. Children in this stage are learning to control themselves as well as exert their will. If children in this age do not develop a sense of autonomy, they begin to feel guilt and shame about their own behaviors. The next stage is during three years old to six years old and is the initiative versus guilt stage. In this stage children begin to initiate their own activities and develop a sense of purpose. If they do not successfully navigate this, or are not allowed to initiate their own activities they begin to develop feelings of guilt. Industry versus inferiority is during the seven years old to puberty age. In this stage, children are developing competence in areas such as academics, sports, and art. Children are either able to become industrious or they begin to see themselves as inferior. For the purpose of identity development in youth, Erikson’s stage during adolescence is critical. Identity versus role confusion is during the adolescent time period. In
this stage, children work to establish a sense of who they are in their social context and their world. If they are unable to form a clear sense of identity, they may face confusion and an inability to move ahead in a clear direction (Erikson, 1968). Adolescents from ethnic minority backgrounds experience many similar issues associated with aspects of identity development. Erikson’s theory of identity development, unlike Freud, discussed the nature of culture in the development of identity. For instance, Erikson (1968) noted the difficulty for African-Americans in establishing their identities due to a separation from their homeland and the prevailing culture of the white majority.

**Further exploration in adolescence identity development.** James Marcia (1980) further expanded on Erikson’s theory. Marcia researched Erikson’s concepts of identity formation through crisis/exploration and commitment. Crisis/exploration consists of a process through which individuals examine and reexamine their self and their choices to determine if they are satisfied. Commitment consists of an individual’s level of personal acceptance of beliefs, values, and goals either from parents or society. According to Marcia, adolescents exhibit four patterns for dealing with the task of identity formation. One pattern is identity achievement. Identity achievement is characterized by actively pursuing one’s own goals. Adolescents who have reached identity achievement have considered their thoughts, beliefs, and goals and have reached a satisfactory conclusion. Another path is foreclosure, which consists of a commitment to beliefs, ways of thinking and goals that were outlined or imbedded by the adolescents’ parents. These adolescents do not question the beliefs of family or social group, but instead, they can be seen as being committed without questioning. Marcia’s third pattern is moratorium. Moratorium is characterized by uncertainty about beliefs, thoughts, and goals. Adolescents in this path are questioning their identity, but have not come to a conclusion yet. Identity diffusion is the final
path. Identity diffusion is characterized by a lack of exploration as well as a lack of commitment. Adolescents in this path may not be in crisis about their identity, but they are not committed to a position or specific beliefs either. It does not appear that Marcia wrote about the role of culture in the stages of identity development. However, Jean Phinney’s work, which will be discussed in the following section, based her theory of the identity development on Marcia’s work.

**Race/Ethnicity/Cultural Identity**

There are different aspects and components of identity. One component of identity is ethnicity. Race and ethnicity as defined by the U.S. federal government is often different then what is used in developmental research. Frequently, both terms are used interchangeably. However, “race" is generally utilized to describe the physical characteristics of a group of people (Smith et al., 1999). The term “ethnicity” comes from the Greek word ethnikos, which means “a people” or “a nation.” Ethnicity is used to describe a group of people whose defining characteristics may be based upon such things as language, ancestry, shared cultural or national background, and physiology (Smith et al., 1999). For the purpose of this paper the term ethnicity will be used in acknowledgment of the wide make-up of various groups.

**Ethnic Identity Amongst Various Groups**

Phinney (1993) is widely recognized for expanding on the identity development theories of Erikson (1968) and Marcia (1980) and specifically addressing ethnic identity. Phinney’s theoretical contributions will be discussed in greater details, but it is first important to examine some of the initial studies that addressed ethnic identity. Prior to Phinney’s theory, much exploration regarding ethnic identity came from the early works examining the development of identity in African-Americans.
Ogbu’s theory. Ogbu (1978) examined the sociocultural dynamics affecting minority children. Ogbu’s theoretical formulations discussed the issue of educational value in the distinction between “voluntary” and “involuntary” minorities. Involuntary minorities are defined as those individuals, and their descendants, that did not come to the United States by choice. Involuntary minorities are nonimmigrant people that have been conquered, colonized, or enslaved. Voluntary minorities are immigrant people, and their descendants, that have chosen to come the United States. Ogbu contended that involuntary minorities have less faith, and are resistant to the educational norms and values held by the majority or dominant culture. Ogbu argued that the poor academic performance of some minority students is more likely a factor of cultural factors rather than genetic deficiencies. It is the consideration of the social environment that contributes to the differences experienced by minority youth (Markstorm-Adams & Spencer, 1994).

African-American ethnic identity development. Cross (1971) conceptualized a five-stage developmental model of his theory of Black identity acquisition. Cross introduced a model that discussed the development of what he called “Nigrescence,” in which Black individuals moved from one stage to another. The five stages are pre-encounter, encounter, immersion-emersion, internalization, and internalization-commitment.

Pre-encounter. The first stage is early in development when a child is typically unaware of his or her race or racial implications. Indicative of this stage is African Americans absorbing and accepting of beliefs and values of the majority culture. In this stage, African Americans seek acceptance by the majority culture, and consciously or subconsciously maintain a devalued African American worldview (Cross, 1971).
**Encounter.** The second stage occurs as a child is forced to acknowledge the differential treatment of the minority group as opposed to the preferential treatment of the majority racial group. In this stage, the individual is forced to explore their racial awareness, as they experience or are exposed to some forms of racism or discrimination. The individual then makes a conscious decision to identify with being Black (Cross, 1971).

**Immersion-emersion.** The third stage is marked by a strong sense of Black pride. Cross considered this stage as the most difficult period of this model. In the first phase of this stage the individual seeks to explore aspects of their own history and culture while avoiding, and possibly exhibiting hostility towards, aspects of the dominant culture. The second phase of this stage sees the hostility towards the majority group begin to dissipate as the individual’s attention is primarily directed towards their own group and self-exploration (Cross, 1971).

**Internalization.** The fourth stage occurs as the individual reaches a greater sense of connection with their ethnic group. In this stage, the individual becomes more confident about their racial identity as well as more comfortable with aspects of the majority culture. The individual’s hostility towards the majority group is practically non-existent and the individual adopts an orientation that is more culturally inclusive (Cross, 1971).

**Internalization-commitment.** In the last stage, the individual not only embraces a positive ethnic identity into their self-concepts, the individual actually commits to some form of social actions. The distinction between individuals in this stage and those that have just internalized is that an individual in this stage is seeking to promote social justice and civil rights (Cross, 1971).

**Mexican American Ethnic Identity Development.** Bernal, Knight, Ocampo, Garza, and Cota (1993) provided a theory on the development of Mexican American identity. Bernal et
al. theorized that Mexican Americans are distinct in their identity within their ethnic group. Their theory addressed development from preschool through the early school years. They proposed that ethnic identity of Mexican Americans has five components: Ethnic self-identification, ethnic constancy, ethnic role behaviors, ethnic knowledge, and ethnic feelings and preferences.

**Ethnic self-identification.** Children are able to correctly identify themselves using an ethnic label, like Hispanic.

**Ethnic constancy.** Children are able to understand that their ethnic characteristics are fixed and do not change over time.

**Ethnic role behaviors.** Children engage in the behaviors that are reflective of their ethnic cultural values, traditions, and customs.

**Ethnic knowledge.** Children not only engage in the cultural behaviors, but understand that these are relevant to their ethnic group.

**Ethnic feelings and preferences.** Children have developed feelings about their ethnic group and have favor towards their ethnic members, behaviors, traditions, and languages.

Similarly, Arce (1981) examined identity development of Chicano students. Arce addressed Mexican-Americans maintaining a sense of ethnic identity through self-labeling. Arce explains how Mexican-Americans are able to retain a unique ethnic identity by proudly labeling themselves as Chicano.

**Native American Indian Ethnic Identity Development.** Horse (2001) cautioned that generalizations about American Indians should be approached with caution, as American Indians span a wide diverse population of peoples. Likewise, Henriksen and Trusty (2002) contend that, given the fact that Native American Indians comprise over 450 tribes, with more than 150
languages, this leads to wide differences between groups. Henriksen and Trusty further state that there has been an increase in the number of identified Native Americans since the 1960s. Nagel (1995) cites this increase of growth in the American Indian population to “ethnic switching.” Ethnic switching is the suggestion that those who had previously identified themselves as White have subsequently changed their race to Native American in a later Census. Nagel (1995) further asserted that growth in the Native American population was largely due to ethnic renewal. Three factors have helped to help ethnic renewal: federal Indian policy, American ethnic politics, and American Indian political activism. These three factors helped to raise Native American ethnic consciousness and encourage individuals to claim or reclaim their Native American ancestry (Nagel, 1995).

Horse (2001) found that identity development of Native Americans was largely influenced by group consciousness. Horse concluded that this consciousness is influenced in at least five distinct ways: 1) The connection the individual has to their native language and culture; 2) The validity of the individual’s genealogical heritage; 3) Whether the individual embraces a worldview that is embedded in the old Native American traditions; 4) Whether the individual views himself or herself as an Indian person; 5) Whether the individual is a recognized member of a tribe.

Phinney’s Model of Ethnic Identity Development

The work by Cross (1971), Kim (1981), and Arce (1981) are important, as Phinney (1993) utilized these in her discussion regarding her theory of ethnic identity development. The work of Phinney (1993) expanded on the identity development theories of Erikson (1968) and the extension of Marcia (1980). Phinney’s work is of particular importance as it theorizes identity development across ethnic groups. Phinney (1989) conducted a study that examined the ethnic identity development of Black, White, Hispanic, and Asian-American high school students. Phinney found that minority participants could be coded as either diffusion/foreclosure, moratorium, or ethnic identity achieved status. While each minority group faced specific issues to their group, those who were identified as ethnic identity achieved subjects had higher scores on a psychological adjustment measure.

Phinney (1993) posited a three-stage model of ethnic identity development. Much like the theories of Erikson (1968) and Marcia (1980), Phinney’s theory also focused on identity development during the period of adolescence. Phinney identified the three stages as: unexamined ethnic identity; ethnic identity search/moratorium; and ethnic identity achievement.

Unexamined ethnic identity. Phinney’s first stage is characterized by a lack of exploration or interest in ethnic issues. This could be simply an adolescent who has not been exposed to ethnic identity issues. Phinney suggested that during the period of early adolescence there may not be an interest in ethnicity or that adolescents may have given little thought to these issues. Allison and Schultz (2001) also found that these early adolescents may have yet to experience any crisis in search for their identity. Bachay (1981) advised that adolescents at this stage are in danger of accepting and internalizing negative and faulty stereotypes and beliefs.
**Ethnic identity search/moratorium.** In this stage, adolescents begin to realize that the values of the dominant cultural group may not be identical to their culture of origin. This requires adolescents to resolve these cultural differences. One of the most essential functions of this process involves the adolescent learning more about their own culture to aid them in refining their personal perception about the meaning of ethnicity. Phinney (1993) also found that during this developing of ethnic awareness there might be an association with extreme emotional experiences.

**Ethnic identity achievement.** Much like Marcia’s (1980) identity achievement stage, this stage is defined by the process of ethnic exploration followed by commitment. Characteristic of this stage is an adolescent achieving ethnic pride, belonging, and confidence. Phinney (1996) asserted that learning about ethnicity requires more than merely acquiring information; it involves exploring attitudes and feelings. Furthermore, Phinney (1996) stated that studying ethnic identity provides a means for negating negative stereotypes that are often used to define minority groups. Phinney (1993) further states that the meaning of ethnic identity may vary amongst different individuals and groups due to the difference in historical as well as personal experiences.

**Self-Perceptions of Ethnic Identity**

The difference in how one perceives their ethnic identity is of significant consideration. Jaret and Reitzes (1999) found that members of certain ethnic groups perceived ethnic identity to be a more important component of how they view themselves than others. They also found that ethnic identity varied across settings. Accordingly, ethnic identity was more important for African-Americans at work as opposed to at home, whereas youth who identify as multiracial and youth who identify as white were found to place little to no emphasis on ethnic identity.
Way, Santos, Niwa, and Kim-Gervey (2008) further examined different ethnic groups across contexts. In their qualitative results, they found that certain ethnic groups’ view of their ethnic identity was more related to “who one does not want to be” rather than “who one is” (pg. 76). These results represent more of sense an individual who is trying to accommodate and avoid negative stereotypes. Correspondingly, Dominicans in the development of their identities progress through a process of avoiding stereotypes cast on them by their Puerto Rican peers (Way et al., 2008). Conversely, African-Americans also progress through a process of avoiding stereotypes, but the stereotypes cast on them are not group specific. African-American students perceive these stereotypes as being directed to them from all ethnic groups, including their own group. Eccles, Wong, and Peck (2006) found that the perceived racial discrimination that Black students received in school led to a decline in a student’s self-concept and educational success as defined by the student’s receiving lower grades. Eccles et al. argue that a greater sense of ethnic identity can help in resisting against the negative impact associated with this type of perceived racial discrimination. There have also been examinations into the variability of ethnic identity across other developmental factors.

**Early Development of Ethnic Identity**

Branch, Tayal, and Triplett (2000) examined the relationship between age and ethnic identity among adolescents and young adults (ages 13 – 26). Specifically, the researchers hypothesized that older participants would be more likely than younger subjects to have achieved either Identity Achievement or Moratorium. Contrary to their expectations, the findings did not adequately support that age was associated with the Multigroup Ethnic Identity Measure (MEIM). Adolescents age 13 – 19 were found to score higher on the MEIM for Moratorium then the 24 – 26 year olds, but there was no significant difference for Identity Achievement.
These findings suggest that the younger subjects had more unexplored identity than the older subjects, but there were not more adolescents than young adults who had an achieved identity. The researchers cautioned the inclination to assume that the older subjects have resolved their identity crisis, as they did not achieve significantly higher scores on the achievement status scale. In a study examining emerging adults, researchers found that ethnic minorities were more likely than Whites to feel as though they were not perceived as American (Rodriguez, Schwartz, & Whitbourne, 2010). This feeling of being less American than Whites is regardless of the individual’s citizenship status. Responses from the participants suggest that many believe it is necessary to forgo their connection to their family and community. Rodriguez et al. (2010) stated that exploring the association between ethnic and personal identity can assist in understanding how these young adults make sense of their social world and deal with potential problematic choices about their identities.

**Ethnic Identity and Psychosocial Outcomes**

Ethnic identity during adolescence is important because it is during this period that many people struggle with identity issues and ethnic identity becomes increasingly important. Researchers (Yasui, Dorham, & Dishion, 2004) found that a stronger sense of ethnic identity related to better outcomes and may be a protective factor. Specifically, Wakefield and Hudley (2007) reported that a clear, positive ethnic identity may be a supportive factor in adolescent mental health as well as academic achievement.

**Ethnic identity and academic achievement.** Several studies have examined the association between ethnic identity and academic achievement (e.g., Cokley & Chapman, 2008; Fulgini et al., 2005; Worrell, 2007; Wright, 2009). Researchers in one study (Fulgini et al., 2005) examined the association between ethnic identity and academic achievement by examining
the ethnic labels used by adolescents to describe themselves. Fulgini and colleagues found that the strength of the adolescents’ ethnic identification was a significant predictor of their academic adjustment and success. Adolescents who perceived their ethnicity as an essential aspect of who they were and also considered their ethnic group in a positive regard were more likely to have positive views on education and their particular school. Furthermore, the researchers (Fulgini et al., 2005) contended that the perception of Mexican, Chinese, and immigrant families’ ethnic identification influences their views on education, which provides the additional motivation required for academic success at the same level of White peers. Similarly, Cokely and Chapman (2008) argued that academic self-concept is a positive predictor of academic success as defined by higher grade point averages (GPAs). Particularly, the researchers found that ethnic identity was indirectly related to GPA through academic self-concept. Additionally, research has suggested that adolescents’ view of self and race contribute to educational achievement through their beliefs and views on education (Chavos et al., 2008). Academic beliefs, like goals to attend college, were directly related to academic self-concept and led to positive outcomes in academic success. In another study, Guzman, Santiago-Rivera, and Haase (2005) hypothesized that high school students with higher ethnic identity scores as well as higher other-group orientation scores would exhibit more positive attitudes toward education and school. Although the researchers did not find substantial support for their hypothesis that higher ethnic identity scores related to more positive attitudes toward education and school, they did find medium effect sizes for higher other-group orientation scores. This means that those students who are more other group oriented displayed more positive attitudes toward education and school. It must be noted that there was not an inverse relationship between ethnic identity scores and attitudes toward
education and school, meaning that higher ethnic identity scores did not relate to poor academic performance or attitude.

Oyserman, Gant, and Ager (1995) posited a tripartite model in which identity schemas of connectedness were hypothesized to relate to an increase in school performance. Altschul, Oyserman and Bybee (2006) examined the relationship between ethnic identity and academic achievement based on the tripartite model. They identified three groups of connectedness as *Connectedness, Awareness of Racism, and Embedded Achievement*. Connectedness is defined as an individual feeling a sense of connection to their ethnic group. Awareness of Racism is defined by being conscious that others may not value their identified ethnic group. Embedded Achievement is identified by feeling the sense that an individual’s ethnic group promotes academic attainment. Altschul et al. (2006) selected both African-American and Latino youth, and examined the relationship between their ethnic identity and grade point average (GPA) four times over two years. They found that those students who were in Connectedness and Embedded Achievement groups had greater GPAs at all four times that they were assessed. Moreover, they found that students who scored high in Connectedness and Awareness of Racism during the beginning of their eighth grade year had higher GPAs all the way through ninth grade.

Oyserman, Harrison, and Bybee (2001) also looked at these three areas of connectedness and academic achievement. Although the researchers did not operationalize these three groups in the terms identified by Altschul et al. (2006), their explanation of group connectedness were the definitions provided by those authors. The relationship between academic achievement and these three components was hypothesized using a gender specific relationship (Oyserman et al., 2001). The researchers hypothesized that the connectedness component of identity would be most helpful for boys, as it is generally accepted that the male gender deemphasizes relationships
with others. Oyserman et al. also hypothesized that achievement would be most helpful for girls as an outcome, as it is generally accepted that the female gender de-emphasizes independent achievement and this might help defend against the negative effects associated with awareness of racism. The researchers found that ethnic identity could be thought of in these gender-specific situations, and particularly they found that ethnic identity significantly predicted academic achievement for both boys and girls. In a study of early adolescents Smith, Walker, Fields, Brookins, & Seay, (1999) suggest that ethnic identity and self-esteem are individual but associated contributors to an individual’s opinion of their ability to achieve academically. This study provides support for the idea that there is a relationship between academic achievement and both ethnic identity and self-esteem.

**Ethnic identity and self-esteem.** An important moment in the work on ethnic identity and self-esteem stemmed from the 1954 Brown v. Board of Education Supreme Court case (Bergner, 2009). This case established that the long held doctrine of “separate but equal” negatively influenced the self-esteem of African-American children. The court supported this finding based, in part, on the research of Kenneth and Mamie Clark (Bergner, 2009). The Clarks conducted studies with African-American and European-American children, and asked their preference between playing with either a perceived white doll or a perceived black doll (Cole et al., 2005). Overwhelmingly, nearly all the children showed a preference for playing with the white doll. Although the children could distinguish and correctly identify each doll, the African-American children still seemed to prefer the white doll. The Clarks attributed this bias to racial segregation leading African-American children to have internalized racist messages, which in turn damaged their self-esteem.
It is important to consider individuals from diverse ethnic backgrounds differently in how they develop their ethnic identity, and how this can impact their self-esteem. Johnson (2002) found that self-esteem was significantly related to ethnic identity. Specifically, higher self-esteem scores were associated with higher stages of ethnic identity. Johnson stated that higher stages of ethnic identity are often related to greater contentment with inner personal identity and of being accepting of other cultures. Smith et al. (1999) found that an individual’s self-esteem is related to their sense of ethnic identity. Furthermore, the researchers found that both self-esteem and ethnic identity influenced early adolescent’s belief in their capability of achieving their academic and career possibilities.

Cavazos-Rehg and DeLucia-Waack (2009) examined 150 Latino adolescents enrolled in either a bilingual or traditional education program. They found that ethnic identity was greater predictor of self-esteem for bilingual education students than for traditional education students. They found significant differences between students in bilingual and traditional education programs in ethnic identity on the MEIM and the relation of their MEIM score to their self-esteem. Cavazos-Rehg and DeLucia-Waack (2009) found that GPA, acculturation, and ethnic identity significantly predicted self-esteem for students in bilingual education programs, whereas only GPA and acculturation measure significantly predicted self-esteem for students in traditional education programs. The researchers suggested that bilingual children may have more access to their culture and, therefore, experience more interactions with other students from similar backgrounds. These interactions in turn may also play a role in the relationship between self-esteem and ethnic identity for Latino adolescents.

found in some of their reviewed studies that ethnic identity and self-esteem were positively related, whereas in other studies the relationship was inconsistent. Many of the differences were attributed to methodological issues as well as conceptualization limitations. These limitations included the inability to specify the distinct Latino populations of the various studies. However, the researchers did find that there is a positive relationship between a degree of ethnic identification and self-esteem for Latinos who live in areas where the majority of the population is Latino.

Bracey, Bámaca, and Umaña-Taylor (2004) examined the relations between ethnic identity and self-esteem for biracial and monoracial adolescents. The adolescent’s racial group membership was determined by what the adolescent reported as their parents’ ethnic or racial category. In order to be placed in monoracial group both the adolescent’s parents would need to have the same ethnic or racial group. Specifically, this study examined more than 3,000 adolescents identified as Black, White, Asian, Latino, Black/White, Asian/White, Latino/White, Black/Latino, Asian/Black, and Asian/Latino. The research by Bracey et al. (2004) revealed several aspects of ethnic identity and self-esteem. They found that biracial and monoracial adolescents differed significantly in regards to their ethnic identity. Biracial adolescents reported significantly higher levels of ethnic identity than White adolescents, but lower levels of reported ethnic identity than Latino, Black, and Asian adolescents. In terms of self-esteem, biracial adolescents reported lower self-esteem than Black and Asian adolescents, with no other significant differences between any other groups. Bracey et al. (2004) found that in regards to the relations between ethnic identity and self-esteem, there were significant positive relations among all the groups. However, they did find that there was a significant positive relationship
between ethnic identity and self-esteem for all groups, meaning that higher scores on ethnic identity were associated with higher scores on self-esteem for all monoracial and biracial groups.

Similarly, Martinez and Dukes (1997) examined ethnic identity, self-esteem, and purpose in life in over 12,000 adolescents. Comparable to the results of Bracey et al. (2004), Martinez and Dukes (1997) found that different groups reported significantly different levels of ethnic identity. Martinez and Dukes found that Blacks and Hispanics had the highest reported ethnic identity scores. Asians and those who identified as more than one race were in the middle in terms of levels of ethnic identity. People who identified as White and Native American had lower ethnic identity scores when compared to the other groups. Martinez and Dukes (1997) also found that the higher the ethnic identity score, the greater the self-esteem, purpose in life, and self-confidence. Martinez and Dukes concluded that ethnic identity may play a role in negating the effects of negative stereotypes and denigration on an adolescent’s sense of well-being, and that teaching multiculturalism in the schools may help in increasing students’ ethnic identity.

**Ethnic identity and depression.** Swenson and Prelow (2005) found that self-esteem helped to reduce depressive symptoms among African American adolescents through that individual’s confidence in their ability to handle stress. Adolescents’ ability to handle stress was related to higher reported ethnic identity. They found that adolescents with higher levels of ethnic identity reported were more equipped to handle problematic situations, which in turn, was associated with fewer reports of depressive symptoms. Lusk, Taylor, Nanney, and Austin (2010) examined the relationship between levels of depression and self-esteem amongst biracial adolescents in terms of their ethnic identity and how they identified themselves. In their study of
74 black/white biracial adolescents, they found that higher reported ethnic identity was associated with higher reported levels of self-esteem and lower reported levels of depression.

Ethnic identity has been associated with various aspects of mental health and social adaptation for all adolescents (Yasui et al., 2004). Yasui et al. found that African-American adolescents who had higher reported ethnic identity scores as measured by the MEIM had lower depression scores as measured by the Children’s Depression Inventory and lower internalizing problems as measured by a Youth Self-Report. Similarly, Fisher, Reynolds, Hsu, Barnes, and Tyler (2104) found no significant differences in depressive symptoms between African Americans and Caucasians youth. They did find that multiracial adolescents had a significantly higher level of depressive symptoms than their African American and Caucasian counterparts. The multiracial youth in this study were self identified as multiracial meaning there was no criteria set to designate any individual as multiracial. Researchers concluded that the higher reported depressive symptoms could be related to complicated nature associated with multiracial ethnic identity development. Of consideration to ethnic identity and various outcomes is the importance of adolescents who identify with more than one ethnic or racial category. Lusk et al.’s (2010) study of biracial adolescents showed that adolescents who either identified as biracial all the time or even sometimes, as opposed to never identifying their biracial identity, had higher self-esteem and lower levels of depression than those who did not acknowledge their biracial identity. This specific study provided support for the inclusion of both racial components, as opposed to choosing just one or even denying both races as components of their identity would be connected with greater psychosocial adjustment (Lusk et al., 2010).

Ethnic identity and stress. St. Louis and Liem (2005) conducted a study that examined college students at various levels of identity development, based on identity development of
Erikson and Marcia. Moreover, this study looked at the association between ethnic identity and ego identity on the psychosocial functioning of ethnic minority youth. Students who were identified as having an achieved ego identity were more likely to report more positive psychosocial competencies than did students who had a diffused ego identity, and students who were in the ‘achieved ego identity’ status were significantly more likely to report high intellectual competence than students who were foreclosed or diffused. There were no significant group differences in ego identity statuses between ethnic minority students and non-ethnic minorities, yet there were significant group differences in ethnic minority and majority students in regard to ethnic identity achievement. Also, ethnic identity achievement was negatively correlated with depression. Minority students who were actively searching, but have not yet made a commitment to their ideological identity, had higher levels of depression.

**Ethnic identity and life satisfaction.** There has been limited research on the associations between positive perceptions of functioning and ethnic identity. Research has found a relationship between life satisfaction and student engagement (Lewis, Huebner, Malone, & Valois, 2011). Student engagement included positive outlook regarding school, like school being helpful in achieving future goals. Greig (2003) found that ethnic identity has been consistently associated with positive aspects of psychological functioning in African-American and Hispanic adolescents, with most focusing on positive sense of self. Greig also found that that ethnic identity was positively related to self-concept and self-efficacy. Furthermore, Greig states that it is important when examining adolescent mental health and self esteem to consider the implication of ethnic identity.

Yasui et al. (2004) found that ethnic identity is a critical component of self-concept, and that ethnic identity was a significant predictor of adolescent adjustment. In examining
adjustment, they examined both the areas of social adaptation and emotional adjustment, which is an inverse of stress. Additionally, both Black and White children in this study conveyed similar levels of ethnic identity, indicative of equivalent developmental stages of ethnic identity. However, White children’s positive social adaptation and emotional adjustment were less likely to be predicted by higher levels of ethnic identity, as compared to the Black children. These findings suggest that ethnic identity may be correlated to emotional adjustment and psychological functioning particularly in minority children. Although this study examined African-American and European-American youth, the researchers found that the affirmation and belonging subgroups of the MEIM are influential aspects in the psychological adjustment of all adolescents, regardless of their ethnicity. The ethnic identity achievement subcomponent demonstrated a significant relationship between ethnic identity and social adaptation, as well as emotional adjustment for African American youth only. Yasui et al. (2004) found that ethnic identity achievement can serve as a resiliency factor for African-American adolescents.

The Role of the Family in Ethnic Identity

When examining individual differences in ethnic identity development, it is important to consider the context from which youth form their self-identities and sense of culture. Adolescents usually acquire an ethnic identity through observations and interactions within their family, particularly their parents, where they engage in crucial socialization (Schwartz, 2007). In a study of 639 adolescents of Asian Indian, Chinese, Filipino, Vietnamese, and Salvadoran descent, researchers found that familial ethnic socialization played a critical component in the process of ethnic identity development for all adolescents, regardless of ethnic group membership (Umaña-Taylor, Bhanot, & Shin, 2006). Familial ethnic socialization includes the values, customs, and ideals instilled upon children from their parents. Some specific examples
of familial ethnic socialization include speaking native language at home, decorating homes with native art and objects, and celebrating religious holidays namely (Umaña-Taylor et al., 2006).

Similarly, Kiang and Fuligni (2009) found that ethnic identity might permit adolescents to have a better bond to their family in which they can gain a sense of support in times of need. Furthermore, Kiang and Fuligni (2009) found that this bond could also provide a purpose or meaning in life, which could possibly function as a helpful or valuable strength. Jourdan (2006) conducted a qualitative study of 5 multiethnic college students. Jourdan found that for these college students, their family environment played a critical role in the individual’s facility to develop secure ethnic identities. Importantly, Swenson and Prelow (2005) found that African American youth with more supportive parents reported higher levels of ethnic identity.

In contrast to above, youth who are part of fragmented families or youth who are removed from the home may experience a disruption or change in their sense of ethnic identity. This may be particularly true if placed in a family who support different cultural values. To this end, there has been little research in the area of long-term effects of identity issues studied in child welfare, particularly for children of ethnic and diverse backgrounds. This next section briefly reviews the history of the foster care/child welfare system, followed by research on foster care and ethnic identity. For children of color in the child welfare system, questions are raised regarding how the system supports their ethnic identity development. The historical context of the child welfare system in the United States began to appear in the mid-nineteenth century.

**History of Child Welfare/Foster Care**

The first case of child abuse that resulted in criminal prosecution involved a child by the name of Mary Ellen Wilson (Crosson-Tower, 2009). Mary Ellen was an 8-year-old child who was being severely abused in 1874. A concerned church member brought the matter to Henry
Bergh, president of the Society for the Prevention of Cruelty to Animals (SPCA). This child’s maltreatment issue was brought to an agency for animals, as there was nothing in place for children. Mary Ellen was eventually removed from the home she resided, and placed in the Sheltering Arms children’s home. The Sheltering Arms children’s home is deceptive in nature as this was not a home for orphan children, but rather this was a place for disturbed girls (Crosson-Tower). In fact, the Children's Aid Society that was founded in 1853 in New York created some of the first homes for orphaned children (Nelson, 2003).

The Children’s Aid Society was a response to the “uncared-for” children who were living on the street or who were institutionalized (Nelson, 2003). What the Children’s aid Society created was orphan trains that moved from town to town, and perspective foster parents would select children the children in which they were interested. Children who did not attract a foster parent were boarded back on the train and taken to the next town (Nelson). Much like the case of Mary Ellen, many of these children were exploited and abused (Crosson-Tower, 2009; Nelson, 2003). The children placed in these first foster homes were typically placed with the purpose of helping these foster families with some type of work (Nelson, 2003). Nelson noted that the concern was societal, as these children were typically associated with crime and vagrancy.

When the Social Security Act of 1930 addressed and provided financial support for dependent and neglected children, the goal was to help children at risk of becoming delinquent (Nelson, 2003).

It was not until the mid-1940s when x-ray technology allowed the medical profession to note an increase number of children with injuries that did not appear accidental but rather intentional (Crosson-Tower, 2009). The 1960s finally began to see a change in the view of the role of the child in society. In 1961, Dr. Henry Kempe first coined the term “The Battered-Child
Syndrome” (Crosson-Tower, 2009). This syndrome referred to children who had been victims of severe physical abuse perpetrated by their parents. However, Dr. Kempe only included children under the age of three years in his original syndrome.

In 1974, Congress passed the Child Abuse Prevention and Treatment Act, which required states to identify, prevent, and deal with child abuse and neglect. Subsequently in 1978, the Indian Child Welfare Act (ICWA) was passed in an effort to alleviate some of the concerns of the large number of American Indian children being separated from their homes and placed outside of their tribal reservations (Crosson-Tower, 2009). The ICWA legislation is vastly important, as this was the first legislation that allowed for the consideration of culture in child welfare cases.

Today, child welfare and child protection is guided by the 1997 Adoption and Safe Families Act (ASFA). ASFA focuses on permanency for children and that the health and safety of children are the overriding concern (Crosson-Tower, 2009). When Child Protective Services (CPS) receives a report of abuse or neglect that meets the criteria for response, a local CPS specialist is assigned to interview the child's siblings, other children in the home, and others who may have information about the child’s safety including family, parents, neighbors, teachers, doctors and friends. After all information is gathered, the CPS specialist and a supervisor review the available facts and the next steps to take. Following the investigation, the CPS team determines if the report should be substantiated or unsubstantiated. If it is determined that the child would be at risk of harm in allowed to remain in the home, then this child is removed on an emergency basis. The first preference is for the child to be placed with a relative. If a relative is not available or appropriate, then the child may be placed in a foster home or shelter home.
Ethnic Identity Research in Foster Care

Based on the information regarding the role of the family in ethnic identity development, it would be reasonable to assume that children placed outside of their family could be impacted in regard to their ethnic identity. It is unclear how extreme or extraordinary this impact could be. Very few studies have addressed ethnic identity in the child welfare system. Schwartz (2007) examined the ethnic identity experiences of 18 African American adolescents in comparing children placed with family and those placed with non-family placements. Specifically, Schwartz examined adolescents residing in both kinship and non-kinship foster families. Given the relative small sample size, statistically significant results could not be ascertained. However, those adolescents with a kinship placement construed their ethnic identity in a more positive regard than did those in non-kinship placements. Schwartz stated that adolescents with kinship placements have had greater opportunities to develop their sense of ethnic identity as opposed to those without.

White et al. (2008) conducted some of the most recent research on ethnic identity of children in foster care. White et al. examined adolescent’s belief and attitudes about their own ethnic identity specifically related to their experiences of being in foster care. Researchers interviewed 188 adolescents from age 14 – 17. Their results indicated that that Black and Hispanic adolescents in foster care have a stronger sense of ethnic identity than their white counterparts. Black and Hispanic youth also placed greater emphasis on having foster parents of the same race or ethnicity, by reporting that they felt it was important to have foster parents of the same race/ethnicity. Although this study explored youth attitudes about their ethnic identity, it did not investigate the relation between ethnic identity and various outcomes like depression or
self-esteem. The potential relationship between the two is important because psychosocial outcomes could be highly impactful and meaningful for youth depending on their ethnic identity.

**Summary and Conclusions**

In summary, there is evidence that greater ethnic identity in adolescence is negatively related to positive outcomes in many areas of functioning like depression and positively related to other psychosocial areas like self-esteem. Furthermore, it has also been suggested that these outcomes may serve as a protective factor for youth in that greater sense of ethnic identity can lead to more positive mental health outcomes. Studies have addressed the importance of the family on the formation of ethnic identity. The vast majority of the literature on ethnic identity development has focused on nuclear families. There have been very few studies that have looked at ethnic identity in children from fragmented homes. One study on adolescents in foster care found that minority youth reported that they felt it was important to have a foster parent of the same ethnic background. The purpose of this study was to examine how the length of time in foster care influences an adolescent’s ethnic identity, and if there is a difference in ethnic identity between adolescents who are placed with foster care providers of the similar ethnic backgrounds as opposed to those adolescents who are placed with foster care providers of different ethnic backgrounds.
CHAPTER 3: METHOD

Participants

The data used for this study were extracted from data collected from the Mental Health Service Use Of Youth Leaving Foster Care (2001-2003). At the time of the original study, 406 adolescents in the Missouri foster care system were interviewed in person near their 17th birthday. Data were collected on participants every three months, but for the purpose of this study, data collected at or near the final interview were utilized when available. This particular age group (prior to 18 years of age) is important, as Phinney (1996) noted that ethnic identity is characteristically developed during late adolescence and young adulthood. Similarly, in Erikson’s (1968) stages of human development, adolescence is characterized as when identity development begins. Adolescents were eligible for this study if they were in the legal custody of the Missouri Division of Family Services. There were eight pre-selected counties eligible for study inclusion, so the youth needed to reside within 100 miles one of these counties. The youth needed to be turning age 17 between December 1, 2001 and June 30, 2003. Participants were required to speak and understand English. Participants also had to have an IQ above 70. Youths were excluded for not meeting any of the aforementioned criteria, or if they remained on runaway status from their 17th birthdates to 45 days beyond. The resulting sample of 406 young people included 228 females and 178 males (mean age = 16.33). The sample of participants consisted of 178 white youth and 228 youth of color, that specifically included 204 African Americans, 14 youth of mixed race, 3 American Indians, 4 Latinos, and 2 of other races (see Table 1 for demographics). A number of youth initially selected for the study were not retained throughout the duration of the study. The majority of these participants did not remain in the study due to the inability of the researches to locate them. This would include youth who may
have run away from their homes or moved to an unknown address. A total of 325 youth were interviewed at the final interview. The total number of participants who answered questions regarding placement, indicated that 294 were placed in homes were there was at least one caregiver of the same ethnic or racial background. Fifty nine other students were placed in a home where there was not one caregiver of the same ethnic or racial background.

**Measures**

**Multigroup Ethnic Identity Measure (MEIM).** The MEIM was used to assess aspects of the adolescents' ethnic identity. Phinney’s (1992) original MEIM consisted of 20 items, although only 14 of these items were used to assess ethnic identity. Five items assessed positive ethnic attitudes and a sense of belonging (Affirmation and Belonging); seven items assessed exploration and resolution of identity issues (Ethnic Identity Achievement); and two items assessed ethnic behaviors or practices (Ethnic Behaviors). The other six items assessed attitudes and orientation towards other groups (Other Group Orientation). The MEIM uses a four-point Likert scale from strongly agree to strongly disagree. Phinney’s (1992) MEIM was standardized on 417 high school participants, which included 182 males and 235 females. This sample specifically included 131 African Americans, 89 Hispanics, 134 Asian Americans, 41 students with mixed backgrounds, 12 Whites, and 10 participants who identified as other. Participants were between 14 and 19 years of age. Subsequently, the MEIM has been used in many studies (Goodstein & Ponterotto, 1997; Ponterotto, Gretchen, Utsey, Stracuzzi, & Saya Jr., 2003; Taub, 1995) and has consistently shown good reliability, typically with alphas above .80 across a wide range of ethnic groups and ages. The MEIM has been used with adolescent populations as well as adult populations (Avery, Tonidandel, Thomas, Johnson, & Mack, 2007).
The MEIM has been revised with two items dropped and a few minor modifications (Roberts et al., 1999). The Other-Group Orientation scale, which was a component of the original MEIM, is not included, as it is considered to be a separate construct. Specifically, the Other-Group Orientation scale is not a component of the overall ethnic identity score. The other two items have been dropped as Roberts et al. (1999) found that the fit of the two-factor model of ethnic identity could be improved greatly by removing two of the original items from the MEIM. The current version of the MEIM includes 12 items that examine two factors: Ethnic Identity Search subscale and Affirmation, Belonging, and Commitment subscale. The last three items (13, 14, and 15) are used for identification as well as ethnicity categorization. None of the items on the current version of the MEIM are reversed scored. The internal consistency of the 12-item MEIM and of each factor for 11 ethnic groups has shown alpha levels for reliability ranging from .81 through .89 across ethnic groups (Roberts et al., 1999).

The scoring of the MEIM provides an overall ethnic identity score. The Ethnic Identity Score is derived by summing all the scores and then obtaining a mean. The MEIM provides two subscale scores: Ethnic Identity Search (1, 2, 4, 8, and 10); and Affirmation, Belonging, and Commitment (3, 5, 6, 7, 9, 11, 12). Similar to the overall Ethnic Identity Score, subscale scores are derived by using the mean of the item scores. Therefore, the possible range of scores is from 1 to 46.

**Academic Achievement.** Adolescents were asked "What kind of grades did you average last semester, or the last semester you were in school? Would you say you had Mostly A’s, Mostly B’s, Mostly C’s, Mostly D’s, Mostly F’s" (McMillen, 2010, pg 47).

**Rosenberg Self-Esteem Scale.** The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) was used as a measure of global self-esteem. The RSE is one of the most popular and
well-utilized measures of self-esteem. For this study, the RSE is a 10-item scale with items answered on a four-point Likert scale ranging from strongly disagree to strongly agree. Half of the items, specifically 1, 3, 4, 7, and 10, are reverse scored. The sum of all ten items produces a total score, and higher scores indicate higher self-esteem. The original sample for which the scale was developed consisted of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State (Rosenberg, 1965). The RSE has been shown to have high reliability, typically in the range of .82 to .88 (Rosenberg, 1986). The RSE is readily available and can be utilized without explicit permission. Also, the RSE has been utilized in other studies that have examined ethnic identity and measures of self-esteem (Cavazos-Rehg & DeLucia-Waack, 2007).

**Depression Outcomes Module.** Current depressive symptoms were assessed at each interview by the Depression Outcomes Module (DOM, Smith, Burnam, Burns, Cleary, & Rost, 1994). Participants answered 11 items from the Patient Baseline Assessment (PBA) of the DOM that were used to assess the experience of depressive symptoms in the past 4 weeks (e.g., “How often in the past 4 weeks did you have days in which you experienced little or no pleasure in most of your activities?”). Response options ranged from "Not at all" (1) to "Nearly every day for at least 2 weeks" (5). Responses were summed to create a current depressive symptom score (11 – 44), with higher scores indicating greater depressive symptomatology. The DOM has been tested in culturally diverse populations and has evidenced good convergent validity, with depression severity on the DOM being correlated with depression ratings on the Hamilton-D, symptoms on the SCID, and number of depressive symptoms on the Diagnostic Interview Schedule (Smith, Ross, & Rost, 1996).

**Perceived Stress Scale.** Perceived stress was measured with the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). The PSS is a 14-item measure that assesses the
degree to which situations in one’s life are appraised as stressful in the last month (e.g., “In the last month, how often have you been upset because of something that happened unexpectedly”) and their perceived ability to handle that stress. Participants responded to items on a 5-point, Likert-type scale ranging from "never" (1) to "very often" (5), with higher mean scores indicating greater perceived stress. Overall scores are obtained by reversing the scores on the seven positive items (item #s 4, 5, 6, 7, 9, 10, and 13), and then summing the total of all 14 items. Among a sample of 421 African American adolescents, Schmeelk-Cone and Zimmerman (2003) reported alphas ranging from .74 to .83 across five waves of data collection. Evidence of the predictive validity of the PSS has been demonstrated by its stronger, positive correlation with depressive symptomatology and physical symptomatology than the number of life events and appraised impact of life events (Cohen et al., 1983).

Students Life Satisfaction Scale. Life satisfaction was measured by the Students Life Satisfaction Scale (SLSS; Terry & Huebner, 1995). The SLSS is a seven-item scale that assesses global life satisfaction (i.e., “My life is just right”). Participants responded to items on a four-point, Likert-type scale ranging from "never" (0) to "almost always" (3), with higher mean scores indicating greater life satisfaction. Terry and Huebner (1995) reported an alpha of .73 and a one to two week test-retest reliability of .76 for the SLSS.

Foster care variables. Participants were asked questions related to foster care. These questions were designed to gain a greater understanding of the adolescents' living situation. The living situation of each youth was categorized into four variables: with family, non-kin foster family, congregate care and living independently. Participants were asked at which age they first entered custody of the Division of Family Services for the first time, and if they were ever placed in a home with individuals of a different race. Participants were asked: "Have you ever
been in a foster home where there was a parent that was a different race than you?" "How many times were you in a foster home with a parent of a different race?" "How old were you when you were placed in this home?" (McMillen, 2010). Participants were also asked how they would have felt if they had never been taken into the custody of the Division of Family Services.

Participants were asked if they had any contact with relatives, and then asked to identify which relatives they have had contact.

**Procedures**

From December 2001 to May 2003, the child welfare authority in Missouri provided to the research team the names and caseworkers of youth from eight Missouri counties who were turning 16 years, nine months of age and were in the custody and care of the Division. The caseworkers were instructed to exclude youth who: were no longer in custody; had a report of a full scale IQ below 70 in the case record; or did not speak English. The study team also excluded youth who were living more than 100 miles from the boundaries of any of the identified study areas. After the case manager consented, youth were contacted and asked if they wanted to participate.

A total of 647 youths were referred to the project; 81 were excluded due to custody status changes that occurred prior to informed consent and assent being obtained; 31 were excluded because of documented full scale IQ scores below 70; 31 were excluded because they were living out of the study area; and 5 were excluded because they had a chronic medical condition that it made it impossible for them to communicate. In addition, 49 were excluded because they were on runaway status at age 17 and had not returned by age 17 years, 45 days (McMillen, 2010).
Participants were then interviewed in person for the first time near their 17th birthday at their homes or the facilities in which they were living by trained professional interviewers. All data at baseline are from an in-person interview. Participants were interviewed every three months from age 17 to 19 (9 interviews). Waves two through eight were all phone interviews. Wave nine was another in-person interview (McMillen, 2010). The data were collected via surveys. Participants were interviewed using a structured interview protocol in conjunction with a history calendar to improve recall accuracy.

**Data Analyses**

The following analyses will be used to address the questions and hypotheses that were presented in Chapter 1.

**Question 1.** The first question is what are the relations between length of time in foster care and an adolescent’s ethnic identity? Specifically, this question seeks to determine if an adolescent’s length of time in foster care (defined as less than one year versus greater than one year) is related to their sense of ethnic identity.

**Hypothesis 1:** As length of time in foster care increases, adolescents’ ethnic identity scores will decrease.

**Data analysis 1:** A Spearman's rank-order correlation analyses were conducted to examine the relations between when children were first placed into foster care and their total ethnic identity scores.

**Question 2.** Do adolescents who were placed with foster care provider(s) of a different cultural background on at least one occasion significantly differ in their sense of ethnic identity from adolescents who were always placed with foster care providers of similar cultural backgrounds?
Hypothesis 2: Youth placed with foster care provider(s) of the same cultural background will have higher ethnic identity scores than youth placed with foster care provider(s) with a different background.

Data analysis 2: The second question of the study used an independent-samples t-test to compare MEIM scores for adolescents in matched versus unmatched homes. Furthermore, analysis of variance (ANOVA) was conducted to examine the differences among means between youth who were placed in matched versus unmatched homes. For variables that did not have normal distributions, a Kruskal–Wallis one-way analysis of variance (KWANOVA) was run. Any missing data was eliminated for analysis purposes.

Question 3. The third question was does ethnic identity in foster care act as a protective factor for youth in foster care? This study addressed this exploratory issue for this particular population and examined how positive attributes (e.g., life satisfaction, self-esteem), mental health problems (e.g., depressive symptoms, perceived stress), and grades relate to each other.

Data analysis 3: Pearson product-moment correlations between the independent variable (total Ethnic Identity score) with the each dependent variable (outcomes) were explored with at α set at .05.

These dependent variables were taken from the Student’s Life Satisfaction Scale; Revised Life Orientation Scale; Perceived Stress Scale; Depressive Outcome Modules; and grades.
CHAPTER 4: RESULTS

Preliminary Analysis

The average age of youth who identified as Black and White were first involved in care was 10.87 (SD = 4.47) years of age (see Table 1). Age first involved in care was normally distributed, with skewness of -0.78 (Std. Error of Skewness = 0.13) and kurtosis of -0.63 (Std. Error of Skewness = 0.25). These two measures do not indicate significant skewness or kurtosis. American Indian youth had the average youngest age of first involvement in care (M = 4.33, SD = 2.88), whereas Latino youth had the average oldest age of first involvement in care (M = 19.22, SD = 3.45). However, it must be noted that both of these groups had very small sample sizes. As such both Latino and America Indian youth were not included in statistical analyses. Youth who identified as Black and White had the largest sample populations. A total of 58 youth were placed in unmatched homes (see Table 1).

Variables. The average MEIM scores for youth who identified as Black or White was 1.70 (SD = .55), with skewness of .99 (Std. Error of Skewness = 0.13) and kurtosis of 1.49 (Std. Error of Kurtosis = 0.25). These MEIM scores reflect scores in which youth disagreed with positive statements regarding their ethnicity. The grades achieved the previous semester as reported by adolescents ranged from 0 to 4 (M = 2.56, SD = 1.12), with skewness of -.48 (Std. Error of Skewness = .13) and kurtosis of -.39 (Std. Error of Kurtosis = .25), indicating that youth received mostly C’s as their average grades. Rosenberg Self-Esteem scale scores ranges from 0 to 40 (M = 33.3, SD = 3.81). Data on the Rosenberg yielded a skewness of -2.1 (Std. Error of Skewness = .14) and kurtosis of 19.5 (Std. Error of Kurtosis = .28). Adolescent’s PSS ranged from 14 to 66 (M = 39.38, SD = 8.69), with a skewness of -.16 (Std. Error of Skewness = .13) and kurtosis of .43 (Std. Error of Kurtosis = .25). Since scores above 20 are considered to be high levels of stress (Perfect, Elkins, Lyle-Lahroud, & Posey, 2010), these youth are moderately
to highly stressed. Life Satisfaction scale scores ranged from 0 to 19 \((M = 10.51, SD = 3.18)\), with a skewness of .13 (Std. Error of Skewness = .13) and a kurtosis of -.24 (Std. Error of Kurtosis = .25). Depression Outcomes Module scores ranged from 11 to 39 \((M = 15.61, SD = 4.98)\), with a skewness of 1.43 (Std. Error of Skewness = .13) and a kurtosis of 2.21 (Std. Error or Kurtosis = .25).

Table 1. Sample study population

<table>
<thead>
<tr>
<th>Number in sample population</th>
<th>Age of first involvement Mean (SD)</th>
<th>Youth in matched homes</th>
<th>Youth in unmatched homes</th>
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<tr>
<td>White</td>
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<td>21</td>
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<tr>
<td>Black</td>
<td>10.31 (4.63)</td>
<td>145</td>
<td>33</td>
</tr>
<tr>
<td>Mixed race</td>
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<td>5</td>
<td>4</td>
</tr>
<tr>
<td>American Indian</td>
<td>4.33 (2.88)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Latino</td>
<td>12.33 (3.05)</td>
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<td>0</td>
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Table 2. Variables

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<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
<th>Skewness Statistic</th>
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<td>.99 .13</td>
<td>1.49 .25</td>
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<td>4</td>
<td>2.56</td>
<td>1.12</td>
<td>-.48 .13</td>
<td>-.39 .25</td>
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<td>284</td>
<td>17</td>
<td>23</td>
<td>40</td>
<td>33.54</td>
<td>3.14</td>
<td>.51 .15</td>
<td>-.16 .29</td>
</tr>
<tr>
<td>PSS</td>
<td>384</td>
<td>52</td>
<td>14</td>
<td>66</td>
<td>39.38</td>
<td>8.69</td>
<td>-.16 .13</td>
<td>.43 .25</td>
</tr>
<tr>
<td>LSAT</td>
<td>384</td>
<td>19</td>
<td>0</td>
<td>19</td>
<td>10.51</td>
<td>3.18</td>
<td>.13 .13</td>
<td>-.24 .25</td>
</tr>
<tr>
<td>DOM</td>
<td>384</td>
<td>28</td>
<td>11</td>
<td>39</td>
<td>15.61</td>
<td>4.98</td>
<td>1.43 .13</td>
<td>2.21 .25</td>
</tr>
</tbody>
</table>

Note. N’s range from 284 to 384 due to occasional missing data. MEIM = Multi-Ethnic Identity Measure.  CTS = Rosenberg Self-Esteem Scale. PSS= Perceived Stress Scale. LSAT = Life Satisfaction. DOM = Depression Outcomes Module.

**Research Question 1.** Does length of time in foster care relate to adolescents’ sense of ethnic identity?

**Hypothesis 1.** As length of time in foster care increases, adolescents’ ethnic identity scores will decrease.

**Results for Question 1.** A Spearman's rank-order correlation did not reveal a significant relationship between when children were first placed into foster care and their total ethnic identity scores, \( r(402) = .017, p = .728 \).

**Research Question 2.** Do adolescents who were placed with foster care provider(s) of a different cultural background on at least one occasion significantly differ in their sense of ethnic identity from adolescents who were always placed with foster care providers of similar cultural backgrounds?
Hypothesis 2. Children placed with foster care provider(s) of the same cultural background will have higher ethnic identity scores than those placed with providers of a different background.

Results for Question 2. An independent-samples t-test was conducted to compare MEIM scores for adolescents in matched versus unmatched homes. There was not a significant effect for MEIM, $t(321) = -0.502, p = .616$, for youth placed in matched and unmatched homes (See Table 3).

Table 3. Independent-Samples t-test for MEIM.

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<th>Standard Deviation</th>
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</thead>
<tbody>
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<td>Matched placement</td>
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<td>.55</td>
</tr>
<tr>
<td>Unmatched placement</td>
<td>1.76</td>
<td>.62</td>
</tr>
</tbody>
</table>

The data were further examined to determine if there was differential impact on ethnic identity for those who identified as White versus Black according to whether they had ever been in an unmatched home. Although this was not necessarily planned a priori, it was believed that further analysis might provide greater insight into possible differences A two-way ANOVA yielded a significant interaction between placement and race on ethnic identity, $F(1, 307) = 6.51, p = .011, \eta^2 = .021$. A KWANOVA test was conducted because the data from these variables did not have normal distributions, and this test is equivalent to One-way Between-Subjects Analysis of Variance. The KWANOVA evaluated differences among the four conditions groups (i.e., youth who identified as White placed in matched homes, youth who identified as White placed in unmatched homes, youth who identified as Black placed in matched homes, and youth who identified as Black placed in unmatched homes) for variables without normal distributions. The test was significant for the MEIM, $\chi^2(3, N = 311) = 18.07, p < .001$. 
Analysis revealed that youth who identified as White and had been placed in at least one unmatched home had a lower sense of ethnic identity than youth who identified as White placed in same-race homes. There was not a significant difference for Black youth who were placed in either homes with foster care parents of the same or different race.

**Research question 3.** Does ethnic identity in foster care youth act as a protective factor?

**Hypothesis/results for question 3.** Ethnic identity did relate to the psychosocial outcomes of self-esteem, $r(284) = .18, p = .01$. The positive correlation indicated that as study ethnic identity increased, so did their rating on the self-esteem scale.

**Table 4. Correlations for all variables.**

<table>
<thead>
<tr>
<th></th>
<th>MEIM</th>
<th>CTS</th>
<th>PSS</th>
<th>LSAT</th>
<th>DOM</th>
<th>Grades</th>
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<tbody>
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<td>.054</td>
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<td>1</td>
<td>.12**</td>
<td>.15**</td>
<td>.01</td>
<td>.12**</td>
</tr>
<tr>
<td>PSS</td>
<td>-.02</td>
<td>.12**</td>
<td>1</td>
<td>.09</td>
<td>.23***</td>
<td>.03</td>
</tr>
<tr>
<td>LSAT</td>
<td>-.05</td>
<td>.15**</td>
<td>.09</td>
<td>1</td>
<td>-.11**</td>
<td>.02</td>
</tr>
<tr>
<td>DOM</td>
<td>.1</td>
<td>.01</td>
<td>.23***</td>
<td>-.11**</td>
<td>1</td>
<td>-.01</td>
</tr>
<tr>
<td>Grades</td>
<td>-.07</td>
<td>.12**</td>
<td>.03</td>
<td>.02</td>
<td>-.01</td>
<td>1</td>
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</tbody>
</table>

Note. N’s range from 284 to 384 due to occasional missing data. MEIM = Ethnic identification. CTS = Rosenberg Self-Esteem Scale. PSS = Perceived Stress Scale. LSAT = Life Satisfaction. DOM = Depression Outcomes Module. ** $p < .05$. *** $p < .001$. 
Supplemental Analysis.

An examination of the other psychosocial variables that related to each other revealed that self-esteem related to higher grades $r(284) = .12, p = .04$ and greater life satisfaction $r(284) = .15, p = .01$. Perceived stress was related to higher depression levels $r(384) = .23, p < .001$. Life satisfaction was related to lower depression levels $r(384) = -.01, p = .03$. Perceived stress was also related to self-esteem $r(284) = .12, p = .04$. This positive correlation indicates that has perceived stress increases so did self-esteem.

Further questions were raised since there was an indication of significant interaction between race and placement. In order to better understand the interaction of the effect of race of the caregiver and race of the adolescent, a two-way ANOVA was conducted on an exploratory basis to examine whether youth who identified as youth who identified as Black or youth who identified as White differed on different psychosocial outcomes based on whether they were placed in matched or unmatched homes. There was a significant main effect for depressive symptoms on the placement of the adolescent, $F(1, 307) = 4.27, p = .014, \eta^2 = .014$, with youth placed in unmatched homes identifying more depressive symptoms than those placed in matched homes. There was also a significant main effect for the level of perceived stress on the identified race of an adolescent, $F(1, 307) = 12.39, p < .01, \eta^2 = .039$, with Black youth indicating higher levels of perceived stress than White youth. A significant main effect for life satisfaction based on the identified race of an adolescent was also found, $F(1, 307) = 8.38, p < .01, \eta^2 = .027$ with White youth indicate greater life satisfaction than Black youth. Overall scores for both White and Black youth can be found in Table 6 through 10.
Table 5. ANOVA Results and Descriptive Statistics for Rosenberg Self-Esteem Scale

<table>
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<tr>
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<th>df</th>
<th>MS</th>
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<td></td>
</tr>
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<td>.13</td>
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<tr>
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Table 6. ANOVA Results and Descriptive Statistics for Perceived Stress Scale

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Table 7. ANOVA Results and Descriptive Statistics for Life Satisfaction Scale

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<td>.97</td>
<td>.043</td>
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Interaction
CHAPTER 5: DISCUSSION

The purpose of this study was to provide a better understanding of the formation of ethnic identity of children in the foster care system, and how one’s ethnic identity relates to outcomes such as academic success, self-esteem, and possible mental health functioning. Researchers have found that a stronger sense of ethnic identity may be related to better outcomes, such as self-esteem, and may also act as a protective factor (Yasui et al., 2004). Previous research by White et al. (2008) investigated adolescents’ views about their own ethnic identity specifically as it related to their experiences of being in foster care. Although they found that youth of color had a stronger sense of ethnic identity than other youth, there has been no research that has considered the impact of ethnic identity on psychosocial outcomes. Therefore, this study was conducted to examine the impact of ethnic identity and placement type on various psychosocial outcomes.

As a whole group, participants in this study reported overall low levels of ethnic identity, with mean of 1.70 out of 4.00 whereas the mean typically reported in the literature is about 2.71 (Phinney, 1992). This indicates that many participants disagreed with statements regarding their ethnicity or how they feel about their ethnicity, including their attachment to their ethnic group, a sense of belonging to their ethnic group, and their participation in cultural practices related to their ethnic group. Scores on the MEIM by participants in both matched and unmatched homes suggest that youth in this study may not feel a sense of belonging to their ethnic group or associate positive feelings about their ethnicity. According to Marcia (1980) this could represent Identity Diffusion or Moratorium as it relates to identity development. Identity Diffusion represents a lack of exploration or commitment, while Moratorium represents a certain level of ambiguity towards one's identity while still questioning their identity. With regard to ethnic
identity, participants in this study are likely in what Phinney (1993) labeled as Unexamined Ethnic Identity, in which individuals are characterized by a lack of exploration or interest in ethnic issues. Phinney postulated that this stage occurred prior to adolescence in which children had not contemplated much on their ethnic identity.

Results of the study indicated that although there was not a significant difference between ethnic identity and placement type among youth who identified as Black and youth who identified as White, there was a difference among youth who identified as White in terms of placement type, with youth who identified as White and who were placed in unmatched homes having lower ethnic identity scores. Further, Ethnic identity related to one's self-esteem, indicating that higher ethnic identity was related to higher self-esteem. Supplemental analyses also revealed that psychosocial outcomes differed based on placement (matched or unmatched) or race (African American or White) and related to each other. Further, when compared with one another, variables such as higher self-esteem did relate to greater life satisfaction and higher grades, though it also related to higher levels of perceived stress.

**Age Placed in Foster Care**

The first question addressed by this research was would the age when adolescents were first placed in foster care result in lower ethnic identity scores. This question was postulated based on identity development theories. Specifically, Erikson (1968) characterized adolescence as when identity development begins. It was proposed that earlier placement in foster care would likely result in a disruption of the period of adolescence identity development based on youth being placed in a different setting at an earlier age. Similarly, Marcia's (1980) identity theory suggested that youth placed in foster care at earlier ages would likely face impediment in their identity development because they would be placed in a different home at an earlier age.
There was no significant relationship found between when children were first placed into foster care and their total ethnic identity scores. The average age of children entering foster care during the 2013 fiscal year was 7.5 years (AFCARS Report, 2014). The average self-reported age of when children entered care for the first time in this study was on average 10.87 years. Thus, this study’s participants were relatively older than the general population. For youth in this study it may be the case that even though typically family connections may strengthen ethnic identity development, dysfunctional family functioning as is the case in homes with where children are removed may actually disrupt the developmental process in ethnic identity.

Further, research has indicated that those placed in kinship placements have higher ethnic identity scores (Schwartz, 2007). The research question in which lower ethnic identity based on age was put forth because it was expected that an individual placed in foster care at an earlier age would have less interaction with biological family members. This biological family interaction does not take into account whether individuals had or continued to have any contact with family members or the quality of that interaction. This biological family interaction also does not account for the placement type for which individuals were placed. It is a possibility that although individuals were placed in foster care, they were exposed to aspects of their culture. This could be that placements help youth in their care examine and explore their ethnic identity. Unfortunately, this study did not have sufficient data on kinship placements to make any assumptions or assertions regarding the number of youth who may or may not have been in kinship placements. One possible explanation is that the higher ethnic identity scores of those placed in kinship care are likely attributed to similar ethnic identity of the kinship placement as well as continuous family interaction (Schwartz, 2007). Another example could be if children are placed in similarly populated neighborhoods, they may continue to have exposure to aspects of
their culture (Umaña-Taylor et al, 2002). This could result in similar ethnic identity scores across different ages of removal.

**Matched Versus Unmatched Placement**

The second hypothesis was that adolescents who were placed with foster care providers of the same cultural background would have higher ethnic identity scores than those who had ever been placed with at least one foster care provider of a different cultural background. There was not a significant difference between ethnic identity scores between adolescents placed in matched homes versus those placed in unmatched homes. However, when adolescents’ race (youth identifies either White or Black) was added as a factor, a significant interaction emerged. Specifically although youth placed in unmatched homes did not have lower MEIM scores overall, youth who identified as White who had been placed in at least one unmatched home had a lower sense of ethnic identity than youth who identified as White who had been placed in same-race homes and youth who identified as Black were placed in either homes with foster care parents of the same or different race. First, when considering why there was not a main effect for youth being placed in unmatched homes having lower ethnic identity scores than those who never were placed in an unmatched home, it is important to consider again that the whole sample had lower MIEM scores than previously reported in the literature for this age group. It also maybe even though youth are placed in matched in homes with individuals of the same race, it does not mean they embrace their culture. Another factor possible for no group difference according to placement could also be due to the fact that the results are based on self-reports from the adolescents. This does not take into account how adolescents may be perceived or evaluated by others. However, research has found that self reported MEIM scores are congruent with other informant observations (Yap, Anusic, Donnellan, & Lucas, 2014). It is also important...
to consider the determination of being placed in an unmatched home. Accordingly, adolescents in this study were asked if they were ever placed in a home with at least one caregiver of a different race. It is possible that although one caregiver may have been of a different race, another caregiver could have been of the same race. Placements in unmatched homes may have been for brief periods (i.e., less than three months) and adolescents may have been placed in those homes long ago. All of these placement issues may influence the impact of that placement on the ethnic identity of the youth. There also remains the possibility that with all the other things in these adolescents life, being in an unmatched home may not affect ethnic identity.

There were also limited data provided on connections with other family members, which could have also impacted ethnic identity scores. Adolescents were asked about contact with family members in the last 30 days, but no specific information was asked in terms of the nature of this contact. Since this information was not utilized for this study, future studies should examine the database such as to address the component of family interaction for youth. However, even none of the questions asked about continual family contact and the extent of family contact. Second, when the hypothesis was originally put forth, it was assuming that all youth would be impacting similarly. However, given the fact that Roberts et al. (1999) and White et al. (2008) found that youth who were Black had higher overall ethnic identity scores than their White counterparts, race was added as a separate factor. Although youth who identified as Black did not have overall MEIM scores that differed based on whether they were placed in a match versus unmatched home, there was a difference in MEIM scores by youth who identified as White in relation to their placement. Youth who identified as White may have greater difficulty with their own ethnic identity and embracing their culture that being in a non-White home may have greater effect on them. It has previously been found that youth in the general population
who identify as White had greater difficulty in achieving their ethnic identity (Phinney, 1992). The difficulty with achieving their ethnic identity and then being placed in home with a caregiver of a different background, would likely impact their ability to achieve higher ethnic identity scores because of the disruption in their adult provider to assist in their development. This group difference between youth who identify as White does at the very least provide some support for the notion that being placed in an unmatched home may have adverse effects for adolescent youth.

In terms of matched and unmatched homes, the only difference found was in relation to depression, with youth being placed in unmatched homes having higher depression scores. The implications of these findings should be considered in future research to examine potential depression in youth placed in homes where the caregivers have a different background. For identified race, youth who identified as Black had higher identified stress than those that identified as White. Also, youth who identified as Black had lower scores on life satisfaction than those youth who identified as White. Research has found that youth in the foster care system are commonly diagnosed with depression (Stoner et al., 2015). While depression in foster care has been examined, very few studies have examined placement type (i.e. matched and unmatched) in relation to depression. Further studies are needed to examine the possible impact that ethnicity and placement may have on youth development and psychosocial outcomes.

**Ethnic Identity as a Protective Factor**

The third research question examined whether or not ethnic identity in foster care could act as a protective factor against many of the negative outcomes often associated with foster care like depression and poorer academic achievement. Ethnic identity was positively correlated to self-esteem. Self-esteem has been widely researched in relationship to ethnic identity.
Numerous studies have found that ethnic identity is positively related to self-esteem (Cavazos-Rehg, & DeLucia-Waack, 2009; Johnson, 2000; Umaña-Taylor, Diversi, & Fine, 2002). There were no significant relations between ethnic identity and any other psychosocial outcomes. Previous research by Lusk et al. (2010) found that ethnic identity scores related to lower reported depression scores. Cokley and Chapman (2008) demonstrated relations between ethnic identity and academic achievement. Although this present study was unable to further validate findings related to depression, academic achievement, and other psychosocial outcomes; previous studies have demonstrated the need to consider research to address this possible interaction. The importance of ethnic identity and self-esteem should also not be overlooked, as self-esteem has been associated with higher academic achievement and better mental health outcomes (Cavazos-Rehg & DeLucia-Waack, 2009).

**Psychosocial Outcomes**

Exploratory analyses allowed for an examination of how psychosocial outcomes related to each other amongst youth exiting foster care. Higher life satisfaction related to lower depression levels and perceived stress. This connection between life satisfaction and depression makes practical sense as the better one feels about their life, it would be expected that their identified stress and depression would be lower. Moto and Matas (2015) cited theories in attachment that suggested the importance of secure relationships with significant figures for the development of resilience, which plays a role in adolescence well-being. Mantovani and Thomas (2013) found that youth in Britain who identified as Black and had inadequate or absent relationships were still able to overcome difficult services with self-directed resilience. This is an important component in considering outcomes for children in care.
Another area explored was that of race as a function of placement on psychosocial outcomes. A significant main effect was found for depressive symptoms on the placement of the adolescent, with youth who had been placed in unmatched home reporting more depressive symptoms than those placed in matched homes. Depression is one of the prevalent diagnosed disorders for children in the foster care systems (Stoner, Leon, & Fuller, 2015). Being removed from one's home and placed in a home with someone of a different background would be traumatic. Stoner et al. found that a youth in foster care who were able to adjust to trauma had lower reported levels of depression. Aside from depression, these researchers also found that family functioning was also another predictor of depression, with those who had higher levels of family functioning predicting lower levels of depression. Future research should consider examining family functioning as a moderating factor for youth in foster care as this appears to play a role in depression and likely youth self-esteem.

There was also an effect for the level of perceived stress on the identified race of an adolescent, with youth who identified as Black indicating higher levels of perceived stress than youth who identified as White reported in regards to levels of perceived stress. Similarly, there was a significant effect for life satisfaction based on the identified race of an adolescent, with youth who identified as White indicating greater life satisfaction than youth who identified as Black. The potential problems experienced by adolescents who identify as Black are those of greater stress and less life satisfaction. Previous research has found that ethnic identity may be correlated to mental health issues, like stress and life satisfaction, particularly for minority children (Yasui et al, 2004). Ethnic identity is a critical contributor to adolescents’ emotional and social adjustment, which provides valuable influence their mental health outcomes.
Although this current study did not find data to support all psychosocial factors, ethnic identity to relate to self-esteem.

**Limitations**

**Measurement.** One of the limitations to this study was the overall low ethnic identity scores. Although low ethnic identity scores in isolation may not necessarily appear to be a limitation, this does highlight the potential impediment to accessing ethnic identity for youth in foster care. This also supports the idea that many youth have fewer additional influences other than being in foster care to begin with or that the families from which they come are often dysfunctional. Although this may be reflective of population, it does make it more difficult to examine differences.

Since the data for this study were collected, the MEIM has been updated and revised (Phinney & Ong, 2007). The updated version of the MEIM is referred to as the MEIM-R (Multi Ethnic Identity Measure - Revised). Phinney and Ong cited one reason for the MEIM revision was due primarily to dispute over whether to consider ethnic identity, as assessed by the MEIM, as a single factor or two or more factors. Yoon (2011) reiterated some of the limitations of the MEIM, specifically on the utilization of the aspects of ethnic identity (e.g., affirmation and achievement) as being incongruent with identity development theories. Yoon pointed out that the achievement subscale of the MEIM fails to separate exploration and resolution, therefore making it difficult to split the individual components of the two aspects of identity development. The MEIM-R has only six questions. Three questions of the MEIM-R now make up the Exploration factor, while the other three questions make up the Commitment factor (Phinney & Ong, 2007). Researchers (Brown et al., 2014; Phinney & Ong, 2007; Yoon, 2011) have found that MEIM-R could be used to measure ethnic identity across various racial and ethnic groups,
using the two-factor model in which ethnic identity is comprised of two different but related factors (e.g. exploration and commitment). Yoon (2011) also examined use of the Ethnic Identity Scale (EIS), and found that it was a valid measure for examining ethnic identity. The EIS assesses 3 areas of ethnic identity formation, which include exploration, resolution, and affirmation (Umaña, Yazedjian, & Bámaca-Gómez, 2004).

**Consideration of Generalizations.** Another notable limitation was that data collected for this study were collected from youth in one state, which may not represent all adolescents in care across the nation. The administration of foster care services and the manner in which children are provided services varies by each state. Because of the nature of this study only youth who identified as Black or White were used for data purposes. Given that certain racial and ethnic groups were not included in this current analysis, it would be extremely beneficial to include other racial and ethnically diverse youth in future studies. Also interviewer characteristics were not known. Gender, age, and ethnicity may also affect how participants responded to questions.

The current data included youth who were transitioning out of care. Depending on the state, some youth are allowed to remain in care until 21 years of age. This may also impact outcomes, particularly in younger children had been examined. It would also be beneficial for future studies to include younger children, as a means to compare ethnic identity scores at early ages for youth in care.

**Foster care variables.** Another notable limitation was not being able to take into account how many placements a youth experienced over the course of their life, only the age they were first placed. This also does not take into account the length of time in each placement, as well as total time in placement. Specifically, this does not take into account if youth were placed in unmatched home for one month or one year. Future research should also address the
length of time in each placement, or data could be gained from accessing the youth's foster care file. Also, some measures were not taken at same time point. Youth in this longitudinal study were interviewed every three months and only interviews one and nine were in-person. Future studies would benefit from ensuring that all data to be examined is taken at the same time points.

All data collected were based on self-report, which means that only a single person using a single measure was utilized. Studies have found that although self-reported measures are one of the most common methods of data collection in social sciences, it is also highly susceptible to variance based on how the individual responds (Malhotra, Kim, & Patil, 2006). It can be difficult to provide a valid measure of any outcome based on one version, so it is more likely that only a portion of the outcome was measured (e.g., depression). In particular individuals may process and interpret questions differently then how questions were designed (Bertrand, & Mullainathan, 2001). It could have been beneficial for other individuals involved in the youth’s life to provide associated information on various outcomes (e.g. depression).

Implications and Future Research Directions

Based on the findings from this study, mental health practitioners, including school psychologists, should consider ethnic identity development in relation to all emergent youth. Group counseling intervention has been previously used to help increase ethnic identity in youth (Malott, Paone, Humphreys, & Martinez, 2010). This type of ethnic identity group could be facilitated in a school setting in which youth would have an opportunity to share experiences or ask questions regarding their believes and values.

School psychologist are in the unique position to be able to provide substantial support for foster care children from ethnically diverse backgrounds. Specifically this support could be in the facilitation of mental health services, or even in advocacy in special education. Research
has linked a greater sense of ethnic identity to better outcomes like academic achievement and self-esteem (Cokley & Chapman, 2008; Umaña-Taylor, Diversi, & Fine, 2002). School psychologists are on the front lines of considering students unique needs in terms of how that impacts learning and behavior in the classroom.

Self-esteem should also be considered of importance for youth, particularly in terms of development and psychosocial well-being. The use of photography has been used in the foster care setting to help youth who are transitioning to adulthood (Rice, Girvin & Primak, 2014). Photography can be used as an intervention to engage youth in sharing their concerns, hopes, and fears. Rice et al., 2014 found that photography intervention for youth increased their self-esteem and engage adolescents in planning for their future.

There continues to be need for more information across the U.S. for ethnic identity and its importance for foster care youth. Specifically, there needs to be greater emphasis on prospective studies on ethnic identity. Prospective studies should focus on initial placement in foster care and following youth through exit to monitor the developmental process of ethnic identity. Research examining ethnic identity from a multi-prospective approach gathered on adolescents repeatedly over a significant period of time is needed. Continuing to conduct longitudinal studies investigating ethnic identity as a protective factor for youth in foster care also are imperative as this type of longitude study would greatly contribute to the field in providing information regarding foster care experiences and the relation to ethnic identity and mental health outcomes.

Further research in ethnic identity will continue to help guide child welfare policies. The consideration of the MEIM-R and/or EIS in evaluating ethnic identity would be beneficial to helping to create policies. These policies would need to ensure that youth in foster care have
multiple opportunities to explore and develop their ethnic identity. Having opportunities to explore one's ethnic identity is an important aspect of development. This is particularly important for youth who may be placed in unfamiliar homes.
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