

High-risk Behaviors, Self-control, and Identity-seeking between Adolescents in Foster Care and Normal Adolescents: A Comparative Study

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Abstract

Background: Adolescence is a critical time in human development, encompassing physical, cognitive, emotional, and social growth.

Objectives: As a result, this research sought to assess differences in risky behaviors, self-control, and identity exploration among adolescents in foster care compared to those in typical family settings in Zahedan City, Iran.

Methods: The study employed a descriptive design combined with a causal-comparative approach. All adolescents between the ages of 12 and 18 in foster care and regular families in Zahedan in 2021 were included in the research. A total of 90 individuals were chosen as the sample, with 50 being adolescents in foster care and 40 living in typical families in Zahedan. The required data were collected using questionnaires, namely the Youth Risk Behavior Survey, Self-Control Scale, and Identity Styles Questionnaire. Statistical analysis was performed in SPSS-18 software using descriptive and inferential statistics, which involved one-way ANOVA, Pearson correlation coefficient, and regression analysis.

Results: The findings indicated that 49 of the participants (54.4%) were female adolescents and 41 were male adolescents (45.6%). The F-values for high-risk behaviors (40.16) and self-control (41.06) were deemed statistically significant ($P \leq 0.001$); however, the F-value for identity styles did not show significance ($P \leq 0.001$).

Conclusion: Based on these findings, it can be inferred that there were significant distinctions in high-risk behaviors and self-control between standard students and those in foster care. As a result, it is crucial to address the requirements of teenagers in foster care when creating mental health policies.

Keywords: Adolescents, Foster care, High-risk behaviors, Identity-seeking, Self-control

1. Background

Childhood maltreatment and abuse are connected to being placed in foster care, which are known to increase the risk of engaging in criminal behavior. It is not surprising that individuals who have experienced foster care placements are overrepresented in the juvenile and adult criminal justice systems and are also more likely to exhibit long-term patterns of offending [1]. Previous studies have discovered that young people in foster care are more likely to engage in chronic criminal behavior during their teenage years and early adulthood compared to their peers. However, the exact nature of this connection has not been thoroughly explored from a theoretical standpoint, and potential factors that could influence the relationship have not been extensively studied [2]. More than 500,000 children and teenagers are placed into foster care in the United States each year. Approximately 45% of the 513,000 individuals living in foster care are teenagers, who experience higher rates of mood disorders, anxiety, behavioral issues, and substance abuse compared to the general population [3].

Adolescence commonly involves engaging in behaviors that pose a high risk to overall health. These behaviors are characterized as actions or responses that have the potential to negatively impact an individual's mental and physical well-

being [4]. In the last decade, there has been an increase in high-risk behaviors among teenagers, including unsafe sexual practices, poor diet choices, lack of exercise, substance abuse, and tobacco use [5]. According to global data, the number of children being placed in foster care is increasing. These children have usually been subjected to different forms of maltreatment, such as physical, sexual, emotional, or psychological abuse, as well as neglect. Around one million cases of abuse and neglect are confirmed in the United States every year, with about half of these children (50%) being placed in out-of-home care [6].

Possessing good self-control at a young age can lead to many positive benefits later in life, such as improved physical and mental well-being, higher levels of education, and more opportunities for a successful career [7]. People who struggle with self-control are more likely to get distracted easily, act impulsively, struggle to wait for things, and have a hard time handling frustration. This can result in lower grades and issues, such as violence, getting in trouble with the law, or becoming addicted to drugs in teenagers [8]. The study showed that child abuse has a big impact on children developing low self-control. It also found that low self-control is a key factor in how child abuse leads to delinquent behavior. In simple terms, the lack of self-control in children affected by maltreatment is linked to their tendency to engage in delinquent actions [9].

Additionally, research shows that a child's ability to control themselves during middle childhood is vital for their future kindness and involvement in community activities. It is also a key factor in shaping well-rounded individuals [10].

Multiple research studies have shown that over half of children in foster care, as well as a significant percentage of adolescents, experience behavioral and identity challenges. Additionally, a concerning 6.7% of adolescents between the ages of 13 and 17 in foster care have attempted suicide and received medical attention, while over half of them needed professional support to address their mental and emotional issues [11]. Children and teenagers who have grown up in foster care experience elevated levels of physical, psychological, and social challenges in comparison to children who have not been in foster care [12]. Adolescents who are in foster care are more at risk of attempting suicide and receiving a diagnosis of substance use disorder in comparison to adolescents who are not in foster care [13]. A Study indicated that a notable portion of adolescents in foster care have acknowledged engaging in alcohol or drug abuse [14]. These children and teenagers face more challenging experiences with their parents and struggle with their identities compared to others at their age. Their development is also affected by delays in growth [15]. The instability of the environment where these children and teenagers grow up worsens the negative impact on them [16].

2. Objectives

Adolescents in foster care often face difficult and

upsetting situations due to the mistreatment and lack of stability in the care provided by their foster parents [17]. These children and teenagers are not entirely protected from experiencing sexual abuse, putting them in danger of being victimized [18]. Hence, considering the significance of adolescence in the development of individuals and the influence of foster care, this research was conducted to explore risky behaviors, self-regulation, and identity exploration among teenagers in foster care compared to typical teenagers in Zahedan City, Iran.

3. Methods

The current study is a comparative analysis that aims to explore high-risk behaviors, self-control, and identity formation among teenagers in foster care and traditional family settings in Zahedan, located in Sistan and Baluchistan province in 2021. Standardized questionnaires were utilized in this study within the context of Iranian society.

The target population included adolescents aged 12-18 from foster care centers and regular families in Zahedan. A sample size of 100 individuals was selected, with 50 participants from foster care centers and 50 from regular families, based on the research hypotheses and variables. The sample size adequacy was determined using G-Power software (Figure 1), with a significance level of 0.05, effect size of 0.60, and a power test of 0.90 [19]. Based on the formula, the sample size was determined to be 98 people, and the researcher finally selected 100 people for the sample.

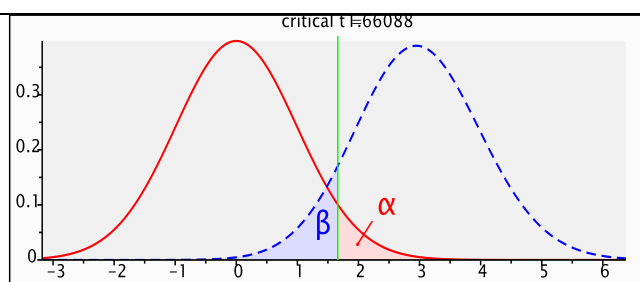


Figure 1. Sample size calculation with G-Power software

Individuals needed to meet specific criteria to be eligible for the research study, including being at the age range of 12 to 18, having high scores on the Risk Behavior Survey, and showing willingness to participate. On the other hand, individuals with intellectual disabilities or other severe mental or physical conditions that might impact their capacity to derive advantages from the program were excluded from the research. Participants were allowed to opt out of the research, and any surveys

that were left unfinished were disregarded. The necessary coordination was established by obtaining a letter from the Islamic Azad University branch in Zahedan and presenting it to the Welfare Center in the city. Following approval, information about the organization was gathered, and participants were selected using available sampling methods. The researchers introduced themselves and the purpose of the study to the selected individuals, who were given the option to opt in or

out of participation. Participants were also free to decline to complete the questionnaire at any point. The research objectives were explained to the participants before completing the questionnaire, with additional support provided for clarification on any unclear questions. The questionnaire took approximately 40 minutes to complete, with examples provided for any questions needing further explanation. Data collected through the questionnaire were entered into SPSS-18 software for analysis. Descriptive statistics, including mean, standard deviation, minimum, and maximum values, were used to present the data, while inferential statistics, such as one-way ANOVA, Pearson correlation coefficient, and regression analysis, were conducted.

Youth Risk Behavior Survey: This tool was used to evaluate risky behaviors, using a survey created by the American Center for Disease Control in 1989 and subsequently modified [19]. This survey assesses behaviors that endanger physical health, elevate the chances of disease and social problems, and contribute to the mortality rate in teenagers and adults. It evaluates a range of risky behaviors, such as driving, violence, smoking, alcohol and drug use, nutrition, physical activity, and peer influence, based on how often and how intense they are on a monthly and yearly basis. The questionnaire comprises 72 items, with 6 answered as either yes or no with a score of 0 or 1, while the rest are rated on a 5-point Likert scale from 0 (never) to 4 (very much). Brenner et al. tested the reliability of this survey by conducting re-testing at two-week intervals and achieving kappa coefficients between 23.6% and 90.5%. Bakhshani et al. in Iran also assessed the reliability of this instrument and reported a kappa coefficient of 0.85 [20]. Moreover, the questionnaire's reliability was assessed in this study through Cronbach's alpha coefficient method, which resulted in a reliability coefficient of 0.79 for the entire scale of high-risk behaviors.

Self-Control Scale: In 2004, Tangney et al. created a short survey to evaluate an individual's level of self-control as a characteristic [21]. The survey contains 35 items that are scored on a 5-point Likert scale ranging from 1 (not at all) to 5 (very much). A shorter version of the test with 13 items was later introduced by Tangney et al., who employed the same Likert scale for self-assessment [21]. Scores on the test can vary from 13 to 65, with higher scores indicating stronger self-control. It should be noted that certain statements on the short form of the self-control scale are scored in reverse. Several studies have investigated the validity of the self-control scale by examining its association with other measures. Positive correlations have been discovered with academic success, adaptability,

healthy relationships, interpersonal abilities, secure attachment, and suitable emotional reactions. Conversely, there is a significant negative correlation with eating disorders and alcohol consumption. Tangney et al. conducted a separate study to calculate Cronbach's alpha coefficient in an attempt to standardize the self-control assessment, resulting in scores of 0.83 and 0.85 in two different groups [21]. In two separate studies, BahadoriKhosroshahi and Habibi Kalibar (2017) demonstrated the reliability of the instrument by using Cronbach's alpha method with a result of 0.89, signifying the test's high reliability [22].

Identity Styles Questionnaire: In order to confirm someone's identity, we used the Identity Styles Questionnaire created by Berzonsky in 2003 [23]. Originally designed in 1989, this questionnaire helps understand how adolescents deal with identity issues. It consists of 40 items and uses a scale from 1 to 5. Berzonsky found three distinct identity styles based on problem-solving approaches and coping methods. He suggests that teenagers can choose from three different styles when it comes to their identity: informational, normative, and confused-avoidant [23]. He found the reliability coefficients for these styles to be 0.74, 0.79, 0.67, and 0.81, respectively [23]. Khodaie et al. confirmed the consistency of the questionnaire's factor structure in their assessment [24].

4. Results

In the current study, 50 adolescents (55.6%) resided in foster care, while 40 adolescents (44.6%) were considered normal. Out of these adolescents, 49 (54.4%) were female and 41 (45.6%) were male.

Table 1 demonstrates that students who are in foster care exhibit higher mean scores on all subcategories of high-risk behaviors as well as on total high-risk behaviors in comparison to students who are not in foster care. The data from **Table 1** suggests that students who are not in foster care have higher mean scores on self-control and identity styles (3.46 and 3.25) than students who are in foster care (2.56 and 3.12). Additionally, students who are not in foster care score higher on informational identity style (3.51) and normative identity style (3.07) than students in foster care; however, they score lower on diffuse identity style (2.95) compared to students in foster care (3.05).

The Wilk's lambda test results, displayed in **Table 2**, indicated statistical significance ($P \leq 0.001$). Hence, it can be inferred that there is a significant variation in the three variables among the groups under investigation.

Table 1. Means and standard deviations of high-risk behaviors in foster care and normal students

| Variables | Normal students | | Students in foster care | |
|-------------------------------|-----------------|------|-------------------------|------|
| | Mean | SD | Mean | SD |
| Dangerous driving | 2.89 | 0.76 | 3.43 | 0.80 |
| Violence | 1.98 | 1.08 | 3.11 | 0.96 |
| Smoking cigarette | 1.62 | 1.07 | 2.63 | 1.15 |
| Abusing substance | 1.46 | 0.74 | 2.62 | 1.01 |
| Drinking alcohol | 1.62 | 1.02 | 2.91 | 0.97 |
| Tendency to take sexual risks | 1.80 | 1.11 | 3.05 | 0.94 |
| Self-control | 2.56 | 0.76 | 3.46 | 0.57 |
| Informational identity style | 3.51 | 0.52 | 3.23 | 0.71 |
| Normative identity style | 3.30 | 0.59 | 3.07 | 0.74 |
| Diffuse identity style | 2.95 | 0.71 | 3.05 | 0.61 |

Table 2. Results of the multivariate analysis of variance

| Statistical index Source | Wilk's lambda | F | Sig | Eta ² |
|--------------------------|---------------|-------|-------|------------------|
| Group | 0.607 | 19.39 | 0.001 | 0.40 |

The results presented in Table 3 show that the hypothesis of equal variances among the research groups is confirmed, enabling the use of analysis of covariance.

The F-values for high-risk behaviors and self-control were statistically significant ($P \leq 0.001$) according to the data presented in Table 4.

However, the F-value for identity styles was not significant ($P \geq 0.001$). These results imply that there are significant differences in high-risk behaviors and self-control between normal students and students in foster care.

Table 3. Testing for homogeneity of variances

| Variable | F | df1 | df2 | Sig |
|---------------------|-------|-----|-----|-------|
| High-risk behaviors | 0.003 | 1 | 88 | 0.955 |
| Self-control | 0.082 | 1 | 88 | 0.586 |
| Identity styles | 0.663 | 1 | 88 | 0.326 |

Table 4. Results of the multivariate analysis of variance between the two groups

| Statistical index Source | SS | df | MS | F | Sig | Eta ² | |
|--------------------------|---------------------|-------|----|-------|-------|------------------|-------|
| Group | High-risk behaviors | 25.04 | 1 | 25.04 | 40.16 | 0.001 | 0.313 |
| | Self-control | 17.97 | 1 | 17.97 | 41.06 | 0.001 | 0.318 |
| | Identity styles | 0.400 | 1 | 0.400 | 1.757 | 0.188 | 0.20 |

5. Discussion

The purpose of this study was to investigate risky behaviors, self-regulation, and identity exploration in adolescents in foster care as opposed to typical teenagers in Zahedan City. The findings from the recent research showed a significant distinction in high-risk behaviors between typical teenagers and those in foster care. The mean high-risk behavior score for adolescents in foster care was found to be higher than that of their normal counterparts. This distinction was deemed statistically significant, with a confidence level of 99%.

The results of this research were in line with the conclusions drawn by Yoshioka-Maxwell et al. [25], Kind et al. [26], and Korom et al. [27]. The findings demonstrated that young people who experienced homelessness before leaving foster care were significantly more inclined to use drugs while engaging in sexual activity and participating in sex exchange compared to those who experienced homelessness after leaving foster care [25]. Adolescents in the Child Welfare System often lack sufficient access to help and services for substance abuse issues. Research shows that there are fewer

females than males in this system, resulting in a lack of gender-specific support, such as substance abuse services and reproductive health care for girls. During adolescence, losing custody was found to be a predictor of being in the groups with a consistently high trajectory of substance use [28]. Research indicates that numerous young individuals have mixed emotions regarding their time in foster care, experiencing feelings of shame and detachment from their peers [29]. Several studies focusing on foster youth in higher education reveal that these individuals view their social capital, which includes various types of social connections such as peers, mentors, therapists, and lawyers, as crucial to their achievements [30]. Nonetheless, research also indicates that many youths believe they lack the essential social capital needed for success [31].

The study's other findings revealed a significant contrast in self-control levels between typical adolescents and those in foster care, with foster care adolescents showing lower self-control scores on average compared to their typical counterparts. Overall, findings suggest that adolescents in foster care are more likely to exhibit elevated levels of mental health issues and clinical conditions

compared to their peers, although this pattern may not be consistent across all research studies [32]. A study discovered that, in contrast to previous beliefs, there was no indication that having high self-control was linked to any negative consequences, a greater likelihood of developing psychosocial issues, and emotional and behavioral issues in adolescents [33]. Most maltreated youth do not become juvenile delinquents or adult criminals; therefore, there must be other factors at play in the relationship between maltreatment and delinquency. Two important factors are callous-unemotional traits and low self-control, which are key predictors of delinquent behavior according to criminal lifestyle theory [34]. Many difficult behaviors, such as running away, alcohol use, drug abuse, and criminal activities, are common among children in foster care. These behaviors are often a combination of issues related to adolescence and the challenging living conditions within the foster care system [28-35].

Additionally, there was no notable discrepancy in identity styles between the typical adolescents and those in foster care. Even though the mean score for identity styles was slightly lower in adolescents in foster care than in typical adolescents, this variance did not hold statistical significance. Furthermore, there was no significant contrast in terms of diffuse identity style between typical adolescents and those in foster care. Despite the fact that the mean score for diffuse identity style was slightly higher in adolescents in foster care than in typical students, this difference was not statistically significant.

Studies that have concentrated on young people in foster care have consistently revealed unfavorable outcomes during the transition period. These outcomes include lower levels of educational achievement and job placement, as well as high occurrences of becoming parents at a young age, experiencing homelessness, getting involved in the criminal justice system, and receiving diagnoses of mental health disorders and substance abuse issues [16, 35]. Young individuals in foster care have consistently shown unsatisfactory results during their transition period. This includes having low levels of education and employment, as well as experiencing high rates of early parenthood, homelessness, involvement in the criminal justice system, and being diagnosed with mental health and substance abuse issues [36].

Research indicates that adolescents from divorced families are more susceptible to experiencing an identity crisis than adolescents from intact families. Teenagers with fragmented identities are frequently individuals who have been neglected or abandoned by their parents [37]. Contrary to the findings of this article, the studies revealed a significant difference between the

identity styles of normal teenagers and teenagers who are under the welfare system coverage [38]. Teenagers who have been abandoned and mistreated may struggle with low self-esteem because of inadequate communication within the family, which plays a crucial role in shaping their identity. As a result, they may feel isolated and lonely while trying to discover themselves, leading to potential mental health issues, such as depression and anxiety [37, 38].

There were limitations to this study, such as the lack of examination of factors such as the duration of residency and the presence of family members among adolescents living in foster care centers. These factors should be considered in future investigations. The findings of the study are restricted to the data gathered from teenagers residing in families and foster care centers in Zahedan city. Therefore, caution should be taken when generalizing the results to other locations. The limitations of the sampling method will constrain the generalizability of the findings.

6. Conclusion

The findings of the current research showed that adolescents in foster care had more difficulties compared to normal adolescents. Analysis of these adolescents demonstrated that they were inclined towards engaging in risky behaviors and lacked self-control. Additionally, they exhibited high levels of identity diffusion in terms of their identity styles.

Acknowledgments

All procedures carried out in this research involving human participants adhered to the ethical standards established by the Research Committee under the code IR.IAU.ZAH.REC.1400.134.

Conflicts of interest

No conflicts of interest.

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