RELATIONAL ADJUSTMENT OF FORMER FOSTER CARE YOUTH INTO EMERGING ADULTHOOD

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by
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Abstract

Romantic relationships are important for development in adolescence and emerging adulthood, but less is known about the romantic relationships of different groups of children. This study investigated the group differences of romantic relationship quality during adolescence as well as romantic relationship satisfaction during emerging adulthood between biologically raised youth, adopted youth, and foster care youth. The study sample included 900 foster and/or adopted adolescents from the National Longitudinal Study of Adolescent To Adult Health, as well as 14,271 individuals raised by their biological parents. Romantic relationship quality during adolescence and romantic relationship satisfaction during emerging adulthood were measured through self-report of positive relationship experiences. Findings from hierarchical multiple regressions suggest that, after controlling for gender and depression, there are no statistically significant differences in romantic relationship quality or satisfaction among biologically raised, adopted, or foster care children. This finding suggests that, no matter which group children belong to, youth report equal experiences of satisfaction within romantic relationships during adolescence and emerging adulthood.
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Introduction

The formation of romantic relationships is an important part of adolescents’ lives. Positive romantic relationship experiences can significantly affect the adjustment of the general adolescent population (Furman & Shaffer, 2003). Despite the influential role romantic relationships play in adolescence and young adulthood, research has yet to examine positive romantic relationship experiences in the adopted youth and foster youth populations. More research is needed to determine if adopted and foster youth complete the developmentally significant task of romantic relationship formation when compared to biologically raised youth. These romantic relationships are not only a significant developmental task, but they can also impact later areas of life adjustment (Collins, Welsh, & Furman, 2009).

This paper discusses the positive and negative relationship experiences faced by children in foster care and adoptive placements. Positive relationships can aid children in healthy development, but negative relationships can lead to educational, behavioral, and mental health problems for adopted and foster youth. Negative relationship experiences can also impact romantic relationships later in life. Romantic relationship formation can have important implications for the adjustment of youth. Therefore, research should examine whether at-risk groups are experiencing positive relationship experiences during adolescence and emerging adulthood. Emerging adulthood is the developmental period from the late teens through the twenties, focusing on the ages 18 to 25 years (Arnett, 2000). This period of development is important because it is marked by identity exploration (Arnett, 2000).

Foster and Adopted Youth
In the year 2012, there were almost 400,000 children in the foster care system in the United States of America (Child Welfare Information Gateway, 2013). Many youth are placed in the foster care system during infancy and early childhood (Grotevant & McDermott, 2014). Oswald, Heil, and Goldbeck (2010) found that the main reasons for placement into the foster care system include neglect of the child (18-78%), physical abuse (6-48%), sexual abuse (4-35%), and emotional abuse (8-77%). Other placement reasons include no available caregiver (21-30%) and caregiver substance abuse or alcohol abuse (14-30%) (Oswald et al., 2010). Many other children enter foster care during adolescence, but are never adopted; this is called aging out of foster care (Courtney & Heuring, 2005). In general, abuse and neglect can be widespread in the foster youth population (Oswald et al., 2010). The prevalence of abuse and neglect in this population is important because these negative relationship experiences can adversely affect a myriad of adjustment outcomes during childhood, adolescence, and adulthood (Vinnerljung & Hjern, 2011; Grotevant & McDermott, 2014).

Although foster children are at risk for adverse adjustment outcomes, some foster children develop healthy adjustment outcomes. An earlier age at adoption seems to play a role in aiding foster children in development. One study found that children adopted before the age of 12 months seemed to catch-up to their peers in the domains of height, relational attachment, and school performance better than children adopted after 12 months (van IJzendoorn & Juffer, 2006). Before adoption, children often show delays in physical growth, formation of secure attachment bonds, and school achievement (van IJzendoorn & Juffer, 2006). After early adoption, children seem to prosper in these developmental domains; they closer resemble their peers’ development (van IJzendoorn & Juffer, 2006). One advantage of younger adoption age might be that foster children may have spent less time in negative home environments.
Instead, foster youth who are adopted earlier may have more opportunities to form healthy and positive relationships with others, leading to better overall adjustment. The formation of positive relationships may assist some foster youth, but other foster children face negative outcomes from earlier failed or compromised relationship experiences that can follow them into adulthood.

Earlier compromised or negative relationship experiences might lead to educational, behavioral and mental health problems for foster youth. For example, Vinnerljung and Hjern (2011) found that long-term foster children were at a 60% higher risk for earning very low grades in primary school compared to their adopted counterparts. Even former foster youth who are eventually adopted have some future educational difficulties. Decker and Omori (2009) discovered that children who were adopted after age six were significantly less likely to obtain their high school diplomas and college educations compared to children adopted at a younger age. A literature review conducted by Grotevant and McDermott (2014) suggests that the early adversity children experience hinders cognitive development. This cognitive stress of negative relationship experiences can impact children’s neural mechanism development that aids with social functioning, such as early attachment patterns, and in turn, inhibit healthy relationship development with peers in childhood and adolescence (Grotevant & McDermott, 2014). In addition to cognitive problems, the Grotevant and McDermott literature review found that behavioral problems among the foster youth population are well documented. An equally important problem area for foster youth is mental health. Oswald et al. (2010) found significant depression and disordered eating among foster care youth. Other poor outcomes experienced by foster care youth include criminality and homelessness when compared to the general population (Daining & DePanfilis, 2007). These behavioral and mental health outcomes exemplify the
maladjustment some foster care youth experience. Negative adjustment can impact many different life aspects of foster youth, including their relationships.

**Romantic Relationships**

The negative relationships foster children experience may impact later relationship experiences in adulthood. Former foster youth, and even adopted youth, could be at risk for experiencing marital problems once they reach adulthood due to these earlier negative relationships. One study found that former foster youth were less likely to be married or in a relationship during young adulthood (Courtney et al., 2011). Young adult former foster youth were also less optimistic concerning their chance of experiencing certain life events, such as getting married within 10 years (Courtney et al., 2007). According to Courtney and Heuring (2005), former foster children express less marital satisfaction in adulthood and also have higher rates of out-of-wedlock parenting than their biologically raised peers. Another study, however, found that a Dutch sample of international adoptees were almost two times less likely to be married as compared to nonadoptees (Tieman, van der Ende, & Verhulst, 2006). Even though these adoptees are less likely to get married, these adoptees appear to function well without a partner. Specifically, single adoptees reported higher self-care and functioning without a partner (Tieman et al., 2006). This finding could be due to absent or unstable earlier relationships, as adoptees may have had to rely on themselves to function without close relationships or support from others.

The poor relationship satisfaction experienced by adoptees and foster youth is significant because romantic relationship formation is an important developmental task of adolescence (Furman & Shaffer, 2003) and young adulthood (Madsen & Collins, 2011). Forming romantic relationships is significant for healthy adjustment because romantic relationships play a role in
identity development, family and peer relationships, development of sexuality, academic achievement, and career planning (Furman & Shaffer, 2003). Overall, high-quality relationships are positively associated with functioning and well-being (Collins et al., 2009). Romantic relationship quality is related to other aspects of adolescents’ lives as well. Romantic relationships during adolescence have shown to be associated with earlier family relationships and future romantic relationships (Collins & van Dulmen, 2006; Seiffge-Krenke & Lang, 2002). Family relationships can affect romantic relationship quality in adolescence which can, in turn, affect romantic relationship commitment in adulthood. For example, the quality of family relationships from birth on has been shown to relate to the quality of close relationships in adolescence and young adulthood (Collins & van Dulmen, 2006). In addition, Seiffge-Krenke and Lang (2002) found that the quality of adolescent romantic relationships related to commitment in future adulthood relationships.

Given the important role romantic relationships play across development, identifying groups that are susceptible to developing unhealthy romantic relationships is necessary. Adolescents are a vulnerable group because they are experiencing important developmental changes. Youth in the child welfare system are an example of an at-risk group. Youth in foster care could have an increased likelihood of developing unhealthy romantic relationships. These foster youth could be at an increased risk for relational maladjustment due to prior maltreatment within family relationships. Foster care youth may have earlier negative relationship experiences within their family that affect the quality of their romantic relationships during adolescence and, subsequently, romantic relationship satisfaction in emerging adulthood.

Even though earlier negative relationship experiences can adversely affect later relationships for children, positive relationships can potentially compensate for these negative
experiences. Some research has shown that constructive relationship experiences may buffer the harmful effects of early negative relationships. For example, resilient youth (those who manage to properly adapt to life stress and adversity) were found to have close reciprocal relationships with their friends and partners (Yates & Grey, 2012). Close reciprocal relationships were determined based on the relationship’s intimacy and reciprocity, predictability and reliability, and safety and security (Yates & Grey, 2012). Another study found similar resiliency results; a sample of foster youth who reported higher social support levels from their family and friends demonstrated higher resilience (Daining & DePanfilis, 2007). Goldstein, Faulkner, and Wekerle (2013) found that foster youth’s abilities to cope with stress were related to the positive relationship aspects of caregiver monitoring and community involvement. All of these positive relationship experiences with family, friends, and partners can mitigate the negative effects of adverse relationships and life circumstances in childhood and adolescence. Resiliency in the face of stressful and traumatic life events and relationship experiences may be supported by healthy and positive relationships in a child’s life.

Although previous studies hint at the potential role of romantic relationships in understanding later adaptation among former foster care youth and adoptees, research has yet to examine whether adopted and foster care youth similarly complete the important developmental task of romantic relationship formation during adolescence and emerging adulthood as compared to biologically raised children. Previous research has mainly focused on the relational outcomes in later adulthood, such as marriage. Prior research has also shown that romantic relationships and positive relationship experiences play a significant role in adjustment and resilience. Therefore, investigating the relationships in adolescence and emerging adulthood is important, because they relate to later outcomes. Examining the state of adolescent and emerging adult
relationships can help inform relationship interventions for the at-risk groups of adoptees and foster youth.

**Current Study**

Previous research has shown that positive experiences, like romantic relationships, are associated with resilience and healthier adjustment. However, there are many children in the foster care system who do not get the chance to experience positive relationships during youth. Possibly due to the lack of positive romantic relationships in adolescence, foster youth may have poorer adjustment in emerging adulthood than adopted youth.

The current study examines group differences in romantic relationship quality and satisfaction in adolescence and emerging adulthood between biologically raised children, adopted youth, and children who aged out of the foster care system. Relationships, including romantic relationships, are an important part of adolescents’ and emerging adults’ adjustment in life. Before research can examine whether the romantic relationships of foster care youth and adopted youth predict later outcomes differently from biologically raised youth, research must first investigate whether mean differences exist between the three groups of youth on romantic relationship processes, such as relationship quality and satisfaction. After controlling for factors associated with lower levels of romantic relationship satisfaction, like depression and gender (Tolpin, Cohen, Gunther, & Farreh, 2006; Stackert & Bursik, 2003), I predict foster youth will have lower levels of romantic relationship quality in adolescence than adopted youth. I also predict adopted youth will have lower levels of romantic relationship quality in adolescence than biologically raised youth due to limited opportunities to experience positive relationships, including romantic ones. This study also examines group differences in romantic relationship satisfaction in emerging adulthood. I predict these differences will persist into emerging
adulthood. The current study also examines the prevalence rates of marriage and cohabitation in biologically raised, adopted, and foster youth.

Method

Participants

Participants were derived from the National Longitudinal Study of Adolescent To Adult Health (Add health) (Harris, 2009). Add health is a nationally representative sample of adolescents and emerging adults in the United States. There were four waves of data collection beginning when adolescents were in grades 7 to 12 and following these adolescents into adulthood (ages 24 to 32 years). In the current study, data from two waves of Add health were examined (Wave 2 and Wave 3). The mean age at Wave 2 was 16.69 years and the mean age at Wave 3 was 22.45 years. The study sample included 900 foster and/or adopted adolescents from this Add health dataset, as well as 14,271 individuals who were raised by their biological parents. The adoption and foster care status of participants was determined with two questions: “Were you ever adopted?” and “Did you ever live in a foster home?” These two questions were assessed with yes or no responses from participants. These questions were assessed during the third wave of data collection. There were 164 participants in foster care and adopted, meaning participants were previously in foster care and were eventually adopted (Females=57.7%, Males=42.3%). There were 198 participants in foster care and not adopted, meaning participants were previously in foster care and then aged out of the foster care system (Females=61.4%, Males=38.6%). There were 538 participants who were adopted but not in foster care, meaning participants were never in foster care, but were eventually adopted (Females=51.8%, Males=48.2%).

Measures
Romantic Relationships in adolescence. To assess the level of romantic relationship quality in adolescence, positive romantic relationship experiences during adolescence were examined. In the first and second waves of data collection, a total of six items were used to determine the number of positive relationship experiences in adolescence. The examples of the measured items include “I met my partner’s parents,” “I told other people that we were a couple,” and “We thought of ourselves as a couple.” More specifically in wave one of data collection, the example items include, “I told my partner that I loved him or her” and “My partner told me that he or she loved me.” The corresponding item in wave two of data collection was “You told each other that you loved each other.” Participants were asked to indicate whether or not these activities occurred within their romantic relationships. The score for romantic relationship quality in adolescence was created based on a composite of these measured items. This scale was reliable and internally consistent (alpha = 0.79), and has been used in previous research to measure quality (van Dulmen & Goncy, 2006).

Romantic Relationships in emerging adulthood. Levels of romantic relationship satisfaction in emerging adulthood were measured, including levels of relationship commitment. In the third and fourth waves of data collection, four items were used to determine the level of romantic relationship satisfaction and commitment. The measured items include questions such as “In general, how satisfied are you with your relationship?” “How committed are you to your relationship?” “How much do you love (partner)” and “How likely is it that your relationship with (partner) will be permanent?” Participants were asked to indicate how satisfied with and committed to their relationships they were on a 5-point scale ranging from completely to not at all. The scale for romantic relationship satisfaction and commitment in emerging adulthood was created through a composite of these measured items. This scale was reliable and internally consistent.
consistent (alpha = 0.80), and has been used in previous research to measure satisfaction (Joyner & Campa, 2006).

**Depression.** In all four waves of data collection, nine items were used to determine the presence of depressive symptoms. The items that participants were asked to respond to include “You felt depressed,” “You felt sad,” “You were bothered by things that usually don’t bother you,” “You felt that you could not shake off the blues, even with help from your family and your friends,” “You felt that you were just as good as other people,” “You had trouble keeping your mind on what you were doing,” “You felt that you were too tired to do things,” “You enjoyed life,” and “You felt that people disliked you.” The scale for depression was created by using a composite of these measured items. Participants were asked to specify how often these statements were true for them over the course of a week on a 4-point scale ranging from never or rarely to most of the time or all of the time. This scale was reliable and internally consistent (alpha = 0.77, and 0.80 at waves 2 and 3 respectively).

**Marriage and cohabitation.** In wave three of data collection, two items were used to determine the marriage and cohabitation experiences of emerging adults: “How many times have you been married?” and “Have you ever lived with someone in a marriage-like relationship for one month or more?” Responses were coded into a dichotomous (yes or no) variable to reflect whether participants had ever been married or ever cohabited with a romantic partner.

**Results**

Table 1 displays correlations among all study variables. The correlation table reports on associations between the control factors related to relationship quality and satisfaction. The controls were significantly associated with the dependent variables. Controls included gender and depression. Depression at wave 2 showed a statistically significant, weak positive
association with relationship satisfaction. Depression at wave 3 showed statistically significant, weak negative associations with relationship quality and satisfaction. Gender showed statistically significant, weak positive associations with both relationship quality and satisfaction. Follow-up t-tests showed that females ($M = 3.15, SD = 1.28$), as compared to males ($M = 2.94, SD = 1.47$), reported more romantic relationship quality during adolescence [$t(7415) = -6.84, p < .001$]. Similarly, females ($M = 3.76, SD = 0.93$), as compared to males ($M = 3.54, SD = 1.03$), reported more romantic relationship satisfaction in emerging adulthood [$t(10608) = -11.48, p < .001$].

Table 2 also displays the average scores for relationship quality and satisfaction for foster youth, adopted youth, and biologically raised youth. A one-way ANOVA was conducted to compare the impact of adoption and foster care status (i.e., youth who were in foster care and adopted, foster care but not adopted, adopted but not in foster care, and biologically raised) on romantic relationship quality in adolescence. There was not a significant effect of adoption and foster care status on romantic relationship quality in adolescence ($F(3, 7413) = 0.22, p = 0.88$). Therefore, these results suggest that group status alone does not provide a statistically significant impact on romantic relationship quality in adolescence.

A one-way ANOVA was conducted to compare the impact of adoption and foster care status on romantic relationship satisfaction in emerging adulthood. There was not a significant effect of adoption and foster care status on romantic relationship satisfaction in emerging adulthood ($F(3,10625) = 0.80, p = 0.50$). Therefore, these results suggest that group status alone does not provide a statistically significant impact on romantic relationship satisfaction in emerging adulthood.

A hierarchical multiple regression was conducted to determine whether foster care and adoption group status predicted adolescent relationship quality at wave 2 above and beyond the
variance accounted for by depression and gender. To analyze adoption and foster care status as a predictor, three dummy-coded variables were created with biologically raised youth as the reference group. These variables represent those youth who were a) in foster care and adopted b) in foster care but not adopted, and c) adopted but never in foster care. In the hierarchical regression, gender was entered in step one, depression at wave 2 was entered in step two, and the three dummy-coded variables were entered simultaneously at step three. Results indicated that gender was a statistically significant predictor of adolescent relationship quality, and explained 0.60% of the variance, $F(1, 7414) = 46.76, p < .001$. Depression at wave 2 was a statistically significant predictor of adolescent relationship quality, and explained 0.70% of the variance, $F(1, 7413) = 6.97, p = 0.01$. Group status of foster care was not a statistically significant predictor of adolescent relationship quality, but explained 0.70% of the variance, $F(1, 7410) = 0.19, p = 0.90$. Therefore, even after controlling for gender and depression, this regression suggests foster care and adoption status do not impact adolescent romantic relationship quality, as compared to biologically raised youth.

A hierarchical multiple regression was conducted to determine whether foster care and adoption group status predicted emerging adult relationship satisfaction at wave 3 above and beyond the variance accounted for by depression, gender, and adolescent relationship quality at wave 2. Gender was entered in step one, depression at wave 3 was entered in step two, adolescent relationship quality at wave 2 was entered in step three, and the three dummy coded variables were entered simultaneously at step four. Results indicated that gender was a statistically significant predictor of emerging adult relationship satisfaction, and explained 1.10% of the variance, $F(1, 5409) = 61.40, p < .001$. Depression at wave 3 was a statistically significant predictor of emerging adult relationship satisfaction, and explained 1.50% of the variance, $F(1,
Adolescent relationship quality at wave 2 was a statistically significant predictor of emerging adult relationship satisfaction, and explained 1.90% of the variance, $F(1, 5407) = 18.88, p < .001$. Group status of adoption and foster care was not a statistically significant predictor of emerging adult relationship satisfaction, but explained 1.90% of the variance, $F(1, 5404) = 0.43, p = 0.74$. Results from this analysis indicate that group status of adoption or foster care did not impact romantic relationship satisfaction in emerging adulthood, after controlling for gender, depression, and adolescent romantic relationship quality.

**Follow-up Analyses**

Given the group differences in marriage rates found in previous research (Courtney et al., 2011; Tieman et al., 2006), the current study also examined marriage and cohabitation rates between biologically raised children, children who were adopted but never in foster care, children who were only in foster care and not adopted, and children who were adopted and also in foster care. Differences in marriage rates were observed between the groups, such that 18.5% of the biologically raised children reported being married at least once, whereas 25.1% of those who were adopted but never in foster care reported being married at least once. Similarly, 28.9% of those who were only in foster care and not adopted reported being married at least once, and 18.4% of those who were adopted and also in foster care reported being married at least once. Differences in cohabitation were also observed between groups. Specifically, 38.7% of biologically raised youth, 65.0% of foster care only youth, 49.7% of foster care and adopted youth, and 49.7% of adopted only youth reported being in a cohabitating, marriage-like relationship.

**Discussion**
Romantic relationship formation is an important developmental task for adolescents (Furman & Shaffer, 2003), and the quality of these relationships can positively impact the functioning and well-being of youth (Collins et al., 2009). Therefore, the current study examined possible differences in adolescent romantic relationship quality and emerging adult romantic relationship satisfaction between foster care youth, adopted youth, and biologically raised youth. For the current study, I hypothesized that foster care youth would have lower levels of romantic relationship quality in adolescence than adopted youth. I also hypothesized that adopted youth would have lower levels of romantic relationship quality in adolescence than biologically raised youth. This study found that the group status of youth was not associated with romantic relationship quality in adolescence, even after controlling for variables related to poor romantic relationship satisfaction, like gender and depression (Stackert & Bursik, 2003; Tolpin et al., 2006).

For this study, I predicted that foster care youth would also have lower levels of romantic relationship satisfaction in emerging adulthood than adopted youth. Additionally, I predicted that adopted youth would have lower levels of romantic relationship satisfaction in emerging adulthood than biologically raised youth. After controlling for gender, depression, and previous levels of romantic relationship quality in adolescence, this study found that foster care and adoption status was not associated with romantic relationship satisfaction in emerging adulthood.

The findings of the current study are not consistent with previous research. Prior studies found that relationship differences exist between former foster youth, adopted youth, and their biologically raised peers. For example, one study found that adopted youth were about two times less likely to be married when compared to their biologically raised peers (Tieman et al., 2006). In the present study, higher percentages of adopted youth who were never in foster care and
youth who were only in foster care and not adopted reported being married, as compared to biologically raised youth and youth who were in foster care and later adopted. Another difference between previous research and the present study is current age of participant. The age of participants in one previous study ranged from 24 to 30 years old (Tieman et al., 2006), while the average age for participants in the present study was 16.69 years at wave 2 of data collection and 22.45 years at wave 3 of data collection. Therefore, the possibility exists that the differences in marriage rates increase with age. Nevertheless, romantic relationship satisfaction and quality may be more impacted by personal experiences within foster care and adoptive families rather than group status alone. The possibility exists that family structure during childhood does not determine adult romantic relationship satisfaction. Perhaps compromised relationships within families are not entirely predictive of romantic relationship satisfaction in adulthood. This idea could lead to the conclusion that children have the potential to experience positive relationships, regardless of their earlier family relationships.

The formation of positive relationships, specifically romantic relationships, is an important part of adolescence. Again, forming quality romantic relationships is significant for healthy adjustment, functioning, and well-being (Furman & Shaffer, 2003; Collins et al., 2009). The current study examined whether adopted youth and foster youth show different levels of satisfaction and quality in romantic relationships. This study found evidence to support adopted and foster youths’ satisfaction and quality experiences within romantic relationships are similar to their biologically raised peers.

Again, in previous research, romantic relationship satisfaction during later adulthood seems to suffer for adopted and foster youth, particularly in the context of marital relationships (Courtney & Heuring, 2005; Tieman et al., 2006). Previous research has shown these marital
relationship differences in later adulthood, but the current study examined if these relationship trends can be found in adolescence and emerging adulthood. The results indicated that these romantic relationship differences do not appear to be present during adolescence and emerging adulthood for adopted or foster youth. An alternative interpretation of the results for the current study could be that the measures for romantic relationship quality in adolescence and the measures for romantic relationship satisfaction in emerging adulthood assess different features of relationships other than the features present in later adult romantic relationships. In the Tieman et al. (2006) study, the researchers examined subjects’ relationships with their partners through questions concerning getting along well with partners. In contrast, the current study examined romantic relationship quality through questions about positive relationship experiences. Any potential differences in the measures could account for inconsistent research findings.

Possible limitations of the current study include the self-report nature of the questionnaires. Participants could have varying ideas of romantic relationship quality and some participants may have reported being satisfied with an unhealthy romantic relationship. The current study could be improved with more contemporary measures of relationship quality and satisfaction. The present study also only examines the one relationship feature of satisfaction. Future research should investigate different features of relationship functioning.

Overall, this study found that there seems to be no difference in adopted youth and foster youth romantic relationship quality or satisfaction in adolescence and emerging adulthood when compared to biologically raised youth. Future research could investigate what might occur after adolescence and emerging adulthood that accounts for the poor adult romantic relationship satisfaction of adopted and foster youth reported by previous research studies (Courtney & Heuring, 2005; Tieman et al., 2006). Future research could also examine specific experiences
that occur within foster care and adoption. For example, romantic relationship quality during adolescence and relationship satisfaction in adulthood could be more affected by specific positive or negative relationship experiences within foster or adoptive families. Other areas for investigation could include age at adoption and the number of home placements within the foster care system, as both of these factors have been shown to be related to adjustment outcomes for children (van IJzendoorn & Juffer, 2006; Newton, Litrownik, & Landsverk, 2000), and therefore they may relate to romantic relationship functioning.

In general, the findings of the current study are important because they show that foster youth and adopted youth have an equal chance of forming positive romantic relationships during adolescence and emerging adulthood. Findings of the present study suggest that romantic relationships might serve as an area in which this vulnerable population can succeed, or at least express comparable levels of success when compared with biologically raised youth. The fact that the current study did not find significant differences in these three groups suggests there might be a more intricate relationship between romantic relationship functioning and foster care or adoption status that should be examined in future research.
References


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Table 1

*Correlations of Study Variables.*

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**p < .01  * p < .05**
Table 2

*Relationship Quality and Satisfaction Means and Standard Deviations.*

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