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# A Follow-up Study of Out-of-Home Care in Denmark: Long-term effects on self-esteem among abused and neglected children <sup>(1)</sup>

## Summary

*How did children growing up in out-of-home care manage as adults? Why did some of them manage better than others? These questions were explored in a survey based on three probability samples born in 1967 and interviewed in 1992.*

*The first sample consisted of 700 individuals who had been in care during childhood according to files. To make a comparison both a sample of risk persons and a simple control sample were selected.*

*The risk group and the control group were sampled from the same age group, 321 and 443 individuals respectively. The parents of the children in the risk group were long-term unemployed, while the control group was a simple probability sample among the cohort born in 1967.*

*The logistic regression model revealed a few factors significantly associated with a low level of self-esteem. Accordingly, the reasons underlying these young adults' low self-esteem were partly due to abuse and neglect and partly due to their feelings of failure at school (i.e. difficulty concentrating and being bullied). These problems were connected to their present situation (i.e. unemployment and no education).*

*One of the key factors was their present contact with their parents. Young adults who had no contact with their parents showed a low self-esteem and frequent personal problems (suicide considerations and psychiatric problems). Furthermore these problems were associated with conflicts between parents and the placement (foster care or residential care).*

## Former studies

A former study has shown that the major determinants of self-esteem are parental acceptance, respect of the children and latitude for individual action within the defined limits (Cooper-smith 1967).

This leads to the following three research questions of the study regarding damage to self-esteem:

- 1 When the parents (or significant others) actively undermine the personal integrity of the child.
- 2 When the parents are involved in severe conflicts.

### 3 When the father/mother have no contact or involvement with the child.

In this article we report about the development of self-esteem among young adults formerly in care.

One of the primary factors might be the spill-over from the parents' experiences of success or failure in their own lives. Economic and social strains on the parents may influence the children's feelings, since they are highly sensitive to their parents' emotional state. Even very young children can differentiate between their parents' emotions of, for instance, guilt, shame or pride (Harris 1994). One important example is that of compulsory unemployment, which may lead to decreased social status, disruption of roles, loss of self-esteem and increased financial strain. All these changes may have consequences for the mental health of parents (Ensminger & Celentano 1988; Jahoda 1982).

Secondly, conflicts between parents or conflict between the family and the foster family/residential care may be of significant importance to the development of the child. On the basis of 180 divorce studies, Amato (1993) concludes that the inter-parental conflict might explain why some of the children had psychological problems over a long period of time, and why some of the children seemed to adapt to a new situation without any problems.

Thirdly, the degree of parents' involvement or the child's loss of contact with the parents might be seen as one of the most significant mediating factors. Reviewing studies of children and divorces, Lamp (1994) concludes that a meaningful relationship with both parents could explain why some of the children managed well and others did not. Children with fathers who were highly involved managed better intellectually at school (Radin 1988; Pruetz 1983). In a variety of studies the contact between children in long-term care and their parents were found to be important for the children's development of a personal identity (Back-Hansen 1994).

## Background

Among the children born in 1967 6.8% were in care for shorter or longer periods during their childhood, according to the Social Assistance Act files. Besides the traditional family foster home and residential institutions, the Danish welfare system offers a variety of boarding schools, socio-pedagogical communities, private rooms etc. For about one-third (37%) of the children in care, the first placement outside the home involved these arrangements for teenagers (Christoffersen 1993).

During the last four decades the percentage of children in family foster homes has risen from about 15% to about 42% of the total number of children in care. In the same period the average size of the residential institutions has diminished from 27 to 21 places per institution.

During the same time span placement without consent has decreased from about one third to about 7% of the children in care. One of the goals was to reduce the use of placement without consent, in order to create a trusting relationship between parents in trouble and the authorities. Another purpose was to offer the families some help at an earlier stage and, when necessary, place the children outside their homes in close cooperation with the mothers/fathers. These changes have not affected the relative number of children in care during the last

four decades. Adoption without consent is illegal according to the Danish Social Security Act. In the late eighties and nineties alternatives to traditional child-care institutions and foster homes have developed on a small scale. In these situations the whole family is placed out-of-home in residential care or just during the daytime.

The public and the private sector are cooperating (cf. Browning 1994). Foster homes and institutions are established by both sectors, but founded by the municipalities and the Government. The decision-making process is strictly regulated by law. The extended kinship and kin-related household is used as a foster home relatively often. Such arrangements are financially supported and usually less expensive than actual foster families.

About 9% of the children in foster families were officially placed with their grandparents, while about 8% were officially placed with other relatives (e.g. uncles and aunts), according to an unbiased nationwide survey sample. In cases in which one or both parents had died, a large number of the children were placed with uncles and aunts (Christoffersen 1988; 1989).

About one-third of the children (35%) were placed in foster homes where at least one of the foster parents was a professional (e.g. social pedagogues with 3½ years of vocational training, school teachers or psychologists). About 17% were placed in foster families with some experience in the health and care sectors. The remainder (31%) were 'ordinary' foster families.

This research is based on information from a nationwide sample of children in foster care whose foster parents had filled in the questionnaire. Unfortunately, very limited research information is available that provides insight into the living conditions and psychological well-being of non-biased samples of adults formerly in care.

### Methods

The children born in 1967 who had been in care according to the Social Assistance Act were selected from the national register. These children had been in care for longer or shorter periods during their childhood. These files were based on individual reports from the municipalities for each child in care. The civil registration numbers in these files make it possible to identify a person's present address in the files.

The risk group was composed of children born in 1967 who had not been in care, but whose parents had received welfare assistance during at least 9 months in 1981, when the children were teenagers. This group consisted mainly of long-term unemployed parents.

The control group consisted of children born in 1967 who did not fit into the other groups.

### Interviewing

The interviewing was done by a special trained corps of interviewers under the auspices of the Danish National Institute of Social Research. The selected individuals received a letter in the autumn of 1992 and were contacted by phone where possible. The respondents could choose whether they wanted to be interviewed at home or by phone. The interviewers did not know

in advance whether a respondent had been in care or had experienced parental unemployment. It was found that relatively many of the respondents formerly in care chose to be interviewed at home.

## The samples

The three probability samples consisted of 910 individuals formerly in care, 389 individuals from the risk group and 500 individuals from the control group, respectively.

About 82% of the total sample of 1,799 individuals were interviewed. But only 77% of the respondents were interviewed. These differences were caused primarily by the fact that many were not found at home during repeated attempts. Contact was not achieved with 10% among the formerly-in-care group, nor with 6% and 3% of the risk group and the control group respectively.

About 9% of the individuals formerly in care refused to participate; compared with 7% and 5% of the risk group and the control group respectively. These differences in obtaining interviews probably gives the formerly in care a better account of themselves than those who were not interviewed.

The distribution of the parents' occupations (i.e. self-employed, higher and lower level salaried employees, skilled and unskilled manual workers, housewives, unemployed, unknown occupation) was nearly identical for the risk group and the formerly-in-care group.<sup>(2)</sup>

However, highly significant differences were found between the control group and the others ( $P < 0.0005$ ). Thus, it was possible to establish a risk group similar to the formerly-in-care group concerning their parents' socio-economic situation.

At the time when the young adults left home about 20% of the mothers were unemployed (received pension or social aid) in the risk group and the formerly-in-care group, while this was the case for only 5% in the control group. Accordingly, the fathers in the risk group and in-care group were unemployed much more frequently compared to the control group (table 1).

Concerning parental divorces the same pattern was found. Only 37% among the formerly-in-care group and 38% in the risk group had lived with both their parents during childhood, compared with 82% in the control group.<sup>(3)</sup>

## Findings

The characteristics of the original homes differentiate the formerly-in-care group from the risk group and the control group. Their parents' mental health, violence in the family, isolation from friends and the children's and adolescents' own efforts to get away from home differ greatly among the three groups (see table 1).

**Table 1.** Characteristics of the homes. Percentage of affirmative answers to characteristics of the homes

Characteristics	Formerly in care	Risk group	Control group	P<
	<i>Percentage</i> (N = 700)	<i>Percentage</i> (N = 321)	<i>Percentage</i> (N = 443)	
<b>Mental health &amp; abuse:</b>				
Mental diseases and/or abuse enabling one or both parents to attend a job during longer periods	27	21	5	0.0005
<b>Violence:</b>				
The mother was beaten up	23	16	4	0.0005
The father was beaten up	5	2	1	0.0005
The child was beaten a lot	22	7	3	0.0005
Incest	5	1	1	0.002
At least one of the above problems	43	27	7	0.0005
unemployed, disabled				
father	11	17	3	0.0005
mother	20	22	5	0.0005
<b>Isolation:</b>				
Ashamed to bring home friends	24	10	5	0.0005
Was sometimes not allowed to bring home friends	13	8	2	0.0005
Parents divorced or separated	63	62	18	0.0005
No contact with parents <sup>(1)</sup>				
mother	9	4	1	0.0005
father	23	19	6	0.0005
Asked others for help to leave home before the age of 16	31	10	5	0.0005

**Note:** P values are produced by chi-squared-tests. The characteristics were dichotomous factors.

(1) Excluding cases when parents are deceased.

The parents had mental diseases and/or alcohol problems making them unable to attend a job during longer periods for 5% in the control group, while this was the case for 21% in the risk group and 27% among the formerly-in-care group. Not surprisingly, the frequency of battering of the mother or the child was much higher among the formerly-in-care group than among the others. Even the very rare situation of the father being beaten occurred more frequently among the formerly-in-care than among the others.

The 25-year-olds were also interviewed about whether they had been the victims of incest during their childhood. This phenomenon is extremely rare in the general population. Only about 1% in the control group had experienced this. A similar proportion was found in a post interview with a non-biased sample of 18-year-old Danes (Leth et al. 1988). This study revealed that about 2% had been victims of incest (32 out of 1,325 interviewed individuals).

Not surprisingly, the formerly-in-care group suffered from incest far more frequently. About 5% of the formerly-in-care experienced this kind of sexual abuse during childhood, compared with 1% in the risk group. Particularly girls were in an exposed position. About 10% of the girls formerly-in-care had been victims of incest.

Nearly half (43%) of the formerly-in-care group had experienced violence between parents, alcohol abuse making one and/or both parents incapable of attending a job during longer periods and/or had themselves been beaten up by the parents and/or been the victims of incest.

The conditions in the home may have increased the isolation of the children coming from the disadvantaged homes. At least, it was found that a relatively high proportion of the formerly-in-care individuals had experienced feeling ashamed about bringing friends home, or were sometimes not allowed to bring friends home.

Nearly one-third (31%) of the formerly-in-care group had themselves asked others for help in leaving home before the age of 16. The youngest individuals were 6 years old when they asked for help, although the average age was about 14. The adults who were asked for help were social workers, police officers, schoolteachers, own practitioners, personnel at after-school center etc. The younger the age of the children asking for help the more frequently there were drinking problems and/or violence in the families.

A British study found that children in care managed poorly at school compared to individuals of the same age (Essen et al. 1976). Similar results were found in the present study. A higher proportion of the formerly-in-care group had dropped out before completion of compulsory teaching (see table 2). They had often had difficulties concentrating at school. Furthermore, they had moved to different schools relatively often. One quarter (23%) of the formerly-in-care had been to 5 or more schools during the first 9 school years. In addition a relatively high proportion of the children formerly in care had experienced bullying at school.

**Table 2.** Characteristics of living conditions in percentages.

Characteristics	Formerly in care (N = 700)	Risk group (N = 321)	Control group (N = 443)	P<
<b>Education:</b>				
Dropped out from school	10	7	2	0.0005
Often been bullied in school	23	12	9	0.0005
Had been to 5 or more schools within the first 9 school years	23	12	2	0.0005
Had great difficulty in concentrating in school	34	17	7	0.0005
Completed 'gymnasium' (higher level)	12	17	39	0.0005
No vocational training	43	37	20	0.0005
Unemployed	32	19	12	0.0005
<b>Family &amp; friends:</b>				
Married or cohabiting	42	45	42	-
Have a supporting spouse <sup>(1)</sup>	93	96	97	-
Steady boy/girlfriend	18	13	18	-
<b>Mental health:</b>				
Occasional sleep disorders (e.g. insomnia, nightmares)	30	23	16	0.0005
Have asked for help with psychological problems (e.g. own practitioner, psychiatrist, hospital)	24	13	8	0.0005
<b>Lack of self-esteem:</b>				
'I often have a feeling of emptiness'	27	18	6	0.0005
'I often feel rejected by others'	14	6	3	0.0005
'I often lack self-confidence'	27	21	12	0.0005
<b>Self-destructive behavior:</b>				
Tried drugs (e.g. cocaine, speed, heroin, crack, ecstasy or amphetamine)	26	11	9	0.0005
Thinking about committing or attempted suicide	22	10	7	0.0005
<b>Delinquency:</b>				
Have ever stolen a bike, a car, been shop-lifting or committed burglary	66	48	40	0.0005
Have been convicted of a crime	26	11	8	0.0005

**Note:** Answers to the questions covering the topics mentioned have been classified by dichotomy. P values are produced by chi-squared tests. (1) Only individuals with a spouse who were not present at the interview.

Not surprisingly, comparatively few have completed higher levels of education. They often end up without any vocational training and are unemployed when interviewed at 25 years old. About one-third (32%) of the formerly-in-care group were unemployed when interviewed, whereas about 19% in the risk group and only 12% in the control group were unemployed at that time.

It would seem likely that comparatively many of the formerly-in-care group would be living by themselves. Surprisingly, however, no differences were found among the three groups. Living as a couple (possibly married) or having a steady boy/girlfriend were equally frequent among the three groups. The partners in the formerly-in-care group were regarded as supportive as the others. A similar result was found by Quinton (1995) in a study of women raised in children's homes.

But the mental health and lack of self-esteem were significantly different between the three groups. Individuals in the formerly-in-care group were affected more severely than the others. They had more frequent sleep disorders (e.g. insomnia, nightmares) or they had asked more often for professional help with psychological problems.

The same pattern was found concerning self-destructive behavior and delinquency. Experiments with drugs (e.g. cocaine, speed, heroin, crack, amphetamine) were registered more frequently among the formerly-in-care group than among others. This was particularly noticeable among the children who had been in residential care compared with children in foster care. About one third (37%) of the adolescents in residential care had tried drugs compared with only one-fourth (23%) among the others in care ( $P < 0.001$ ).

Correspondingly, the proportion of adolescents convicted for a crime was 38% among those who had been in residential care before the age of 15, while 26% had been convicted among those who had been in foster homes ( $P < 0.02$ ). It is alarming that about 40% of the boys formerly in care (foster care or residential care) have been convicted of a crime.

Both delinquency and the experiments with drugs might be seen as self-destructive behavior. An association was found between self-destructive behavior and crime. The exact nature of this link might be investigated further in future research.

According to expectations, a high proportion (41%) of the adolescents formerly in care who had thought about committing suicide had also tried drugs. Correspondingly, only 22% among the non-suicidal formerly-in-care group tried drugs ( $P < 0.0005$ ).

Some of the young adults formerly in care managed quite well, while others suffered from loss of self-confidence or loss of self-esteem. Among those suffering from a severe loss of self-esteem, there was a relatively high proportion of young adults who had been battered during childhood (see table 3).



**Table 3.** Percentages with various background characteristics in groups with different degrees of loss of self-esteem. Only individuals formerly in care. (N=695)

	Loss of self-esteem?			P <
	0 (N=406)	1 (N=239)	2 (N=50)	
<b>Strains during childhood:</b>				
The child had frequently been beaten up by parents/stepparents	16	25	51	0.0008
Had often been bullied at school	17	26	53	0.04
Had much difficulty concentrating at school	22	49	68	0.0001
Special instructions at school	38	59	64	0.0007
<b>Adolescence and present time:</b>				
Convicted of a crime	22	32	32	0.003
No contact with parents	3	5	14	0.03
Not married/cohabiting or not supported by partner when having trouble	44	57	42	0.01
Being a woman	45	50	62	0.0002

**Note:** These factors give some information that explains the variation in self-esteem, while other factors might be seen only as statistical consequences of these connections. The individual P values have been calculated under the logistic regression model. (An additive regression model isolated the same factors.)

Three observations were deleted due to missing values.

Loss of self-esteem was expressed by confirming the following statements: 'I often have a feeling of emptiness', 'I often have a feeling of being turned down by others' and 'I often lack self-confidence'. If all three statements are confirmed the score is 2, if only one or two statements are confirmed the score is 1, else the score is null.

The dependent variable: Loss of self-esteem has therefore three response levels; 0, 1, and 2. The model is called the proportional odds model (McCullagh, 1980). The eight independent factors above covering the themes of constraints during childhood, adolescence and the present time are all dichotomous factors. The SAS program 'logist' was used (SAS, 1986).

The logistic regression model kept eight factors which gave some information associated with the degrees of self-esteem. Four of the factors were different kinds of strains during childhood. One of the important ones was experience of violence in the original family.

Another factor, which partly correlated with violence in the family, was the experience of being bullied at school. The adults formerly-in-care who had little self-esteem had more frequently experienced bullying at school.

The adults with less self-esteem also had feelings of being defeated at school. The pupils who had difficulty concentrating at school and received special instruction at school were frequently found in the group with little self-esteem. The explanation might be that the special instruction could unintentionally cause labeling and isolation.

Delinquency among the formerly-in-care group seems to be associated with loss of self-esteem. The proportion of individuals convicted of a crime was relatively high among those with relatively little self-esteem.

The formerly-in-care group of 25-year-olds who had no contact with their parents showed less self-esteem compared to those who still continued to have some contact with their parents. Finally the women formerly in care had - other things being equal - less self-esteem than the men.

According to a former study, the fact that some of the mothers who had been in care during childhood still managed well and others did badly could to some extent be explained by having a supportive spouse (Rutter et al 1983; Quinton 1995). The findings from the present study give conflicting evidence concerning the development of self-esteem. However, a supportive spouse seems to play an important role in reducing suicide risks.

In attempting to reveal factors which differentiate the individuals formerly in care who had thought about committing suicide, or had attempted suicide, from the other individuals formerly in care we found nearly the same low-self-esteem pattern (compare tables 3 and 4).

Suicidal thoughts were frequently found among those who had experienced violence in their original homes and among those with problems at school. Half of the adolescents who had been victims of incest had thoughts about committing suicide or had actually attempted suicide. Suicidal thoughts also seemed to be more frequent among those who were bullied at school.

In some cases the strains might have been so severe that the children themselves tried to get away from home. Suicidal tendency was also more frequent among the adolescents who asked others for help in leaving home before the age of 16.

**Table 4.** Percentages of individuals thinking about committing suicide or attempting suicide in groups with and without different kinds of family or school strains. Only individuals formerly in care. (N=695)

	Problems in the family/school		P <
	Yes	No	
<b>Strains during childhood:</b>			
The child had frequently been beaten by parents/stepparents	38	17	0.002
Had been victim of incest	52	20	0.02
Had often been bullied at school	32	19	0.03
Had much difficulty concentrating at school	30	17	0.008
Asked others for help to leave home before the age of 16	32	17	0.004
<b>Adolescence and present time:</b>			
Have stolen a bike, a car, been shoplifting or committed burglary	25	15	0.04
Contact with parents	20	46	0.05
Married/cohabiting and supported by partner when having trouble	18	25	0.02

**Note:** These factors give some information that explains the variation in self-esteem, while other factors might be seen only as statistical consequences of these connections. The individual P values have been calculated under the logistic regression model. The dependent variable of suicidal tendency is classified by dichotomy. The independent factors covering the themes of strains are classified by dichotomy, too. 5 observations were deleted due to missing values.

In cases where parents were hostile or negative about the placement, the adolescents themselves have far more often had psychological and/or self-destructive problems (table 5). However, these connections should be seen as statistical and not causal.

**Table 5.** Percentages of individuals having had psychiatric help and percentages of individuals thinking about committing suicide or attempted suicide in groups with and without conflict between the family and the placement. Only individuals who confirmed being in care. (N=385)

	Parents' attitude towards the placement:		P<
	positive	negative	
<b>Mental health:</b>			
Have asked for help with psychological problems (e.g. own practitioner, psychiatrist, hospital)	27	41	0.005
<b>Self-destructive behavior:</b>			
Suicidal thoughts or attempted suicide	20	32	0.008

**Note:** Some of the respondents who had been in care according to the files did not know or would not tell the interviewer that they had. A majority of these individuals had been to ordinary boarding schools with support from the municipalities. P values have been calculated according to the Fisher exact test.

## Discussion

The design of the present study includes some fundamental methodological problems which have proved difficult to solve. One of the basic methodological problems is that placement outside the home happens selectively in the population. Children from vulnerable family types (e.g. long-term unemployed, low-income families, single mothers) are the most likely ones to be placed outside the home.

Furthermore, the present study has no access to information about the evaluation of the authorities' different types of placement (e.g. foster families, residential care, folk high school, boarding school, own room, socio-pedagogical community), although a broad variety of possibilities has been developed during the last two decades.

In Denmark the discussion focuses on the late timing of the intervention by the municipality (i. e. social security office). This study partly reveals that many are placed outside the home for the first time as teenagers and that relatively many have serious social and psychological difficulties to contend with when interviewed as adults. These problems appear to be linked to abuse and neglect before placement.

## Proposals

- 1 The results of the present study emphasize the importance of being sensitive to the child's signals for help. The younger the child the more serious the problem, but preschool children or children younger than 8-10 rarely have the strength to ask for help, regardless of the outrages. This will accentuate the principal problem: lack of early action against neglect and early support for the abusive family.
- 2 Some of the pupils managed quite well despite the abuse in the family; probably because of the school's successful way of handling problems with the victimization of the most disadvantaged. The question is how to support the pupils with special intervention at school without the stigmatizing effects.
- 3 Although the crime rates were relatively high among the most disadvantaged, their criminal behavior might be seen as a demonstration of low self-esteem or a form of self-destructiveness. An assumption might therefore be that some of the reactions to the crime (e.g. imprisonment) support their experience, while other responses (e.g. community service) might help to build up self-esteem.
- 4 Low self-esteem in the present situation was associated with unemployment and lack of vocational training. An effective effort to make sure that the formerly-in-care receive vocational training and a job would probably change this picture.
- 5 The results suggest that maintaining contact between the child in care and both parents might prove to be a valuable resource, if the family agrees with placement. An obvious assumption is that a family that does not agree is an impediment to the child's further development.

We do not know the reasons why the parent-child contact was broken, but my impression from interviewing was, that some of the young adults were bitter and felt a painful loss because the parents had been too passive in keeping up regular contact.

The results support the three special interest topics which influence self-esteem described in the introduction.

- a When the parents (or the significant others) actively undermine the personal integrity of the child; this was the case with violence (the battered child), incest and victimization at school.
- b When the father/mother have no contact or involvement with the child.
- c When the parents are involved in severe internal conflicts or conflicts with the foster family or the residential care institute.

These findings corroborate other studies which emphasize the importance of parental acceptance and close cooperation when the child is placed in residential care or in a foster family.

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## Notes

- 1 This is a revised version of a paper presented at the IVth EUSARF-CONGRESS (European Scientific Association for Residential and Foster Care for Children and Adolescents): 'There is no Place like Home'. 6-9 September, 1995. Leuven, Belgium.
- 2 No significant differences between the mothers' occupations in the risk group and the formerly-in-care group were found; small differences between the fathers' occupations were found, however ( $P=0.05$ ).  
In the risk group fathers were frequently unemployed and less frequently in a high salary scale than fathers of the adolescents formerly in care.
- 3 The increasing level of family dissolution is more visible for the following generations; of the children born 10 years after 1977 only about 70% lived with both their parents during childhood. A Danish forecast predicts that about one-third of the children born in 1989 will experience family dissolution during childhood (Christoffersen 1995).