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THE IMPLICATIONS OF CARING FOR
SEXUALLY ABUSED GIRLS:
THE FOSTER PARENTS' PERSPECTIVE

BY

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Bachelor of Arts, McMaster University, 1969
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DISSERTATION

Submitted to the Faculty of Social Work
In partial fulfilment of the requirements
for the Doctor of Social Work degree
Wilfrid Laurier University
1994

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Chapter I. Introduction.

Focus and Rationale For The Study

Over the last decade and a half the sexual abuse of children has come to be recognized as a major problem in our society. Upon completion of the comprehensive report, Reaching for Solutions (1990), Rix Rogers then Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse, commented: "I have been shocked by the anguish and pain of so many victims and adult survivors. I have also come to realize that this problem is so pervasive that any child could be a victim of sexual abuse . . ." (Rogers, 1990, p.11). In respect to the question of prevalence the Badgley (1984) Commission, which undertook research on sexual offences against children in Canada, determined that roughly one in two females (53.0% of a national probability sample of 2008) and one in three males (30.6%) had been victims of sexual assault sometime in their lives. Many other studies, both Canadian and American reflect somewhat similar prevalence rates as that of the Badgley Commission. Those rates range from 15.0% to 22.0% for females and 6.0% to 9.0% for males (Bagley & Ramsay, 1986; Finkelhor, 1979, 1984; Fromuth, 1986; Sorrenti-Little, Bagley & Robertson, 1984).

The Badgley Commission also established that approximately one in three or 30.6% of sexually abused children had been apprehended by child welfare authorities and placed in foster care (Badgley, 1984, p. 600). While I was unable to find more current statistics, it is speculated that the actual number of sexually abused children placed in foster homes could be greater than the Badgley committee reported. There

are many cases, for example, where child sexual abuse is either known or strongly suspected but legally not substantiated. These children, admitted to foster care for reasons other than sexual abuse, would escape any statistical count of the number of sexually abused children actually in care.

Despite the number of sexually abused children cared for by foster parents, very limited recognition has been given to the significant role foster parents could play as part of the therapeutic team or to the foster parents' need for specialized sexual abuse training. It has only been in recent years that foster parents have been identified as being ideally situated to function as part of the treatment team and to help the young victim deal with the effects of their sexual trauma (Faller, 1988; Friedrich, 1990; McFadden, 1989; Rogers, 1990).

The goal of this study is to ascertain the issues and concerns that arise in providing care for those sexually abused girls who enter the foster care system. More specifically, I will explore the implications of caring for young sexually abused females and the meaning of that experience from the perspective of the foster parents.

It is generally acknowledged that the dynamics of sexual abuse are complex, and that the impact is severe and frequently longstanding (Bagley & King, 1990; Finkelhor & Browne, 1985; Finkelhor & Browne, 1988). It has also been noted that the most devastating result of the imposition of adult sexuality upon a child unable to determine the appropriateness of his or her response is the irretrievable loss of the child's inviolability and trust in the adults (Butler, 1985). Recognizing both the pervasiveness and traumatic nature of sexual victimization, many pioneering

professionals turned their attention, not only to the study of this unfortunate phenomenon, but also to the development of treatment programs which could address the needs of the young victims and their families. As these programs evolved it was also recognized that effective treatment of the victimized child required a comprehensive team approach, and specialized knowledge and skill on the part of all team members (Bagley & King, 1990; Faller, 1988; Sgroi, 1985).

If we wish to enhance the foster parents' capacity to function as viable team members and concurrently enhance their capability to provide a healthy, therapeutic environment for the sexually abused girl, then their perspective on what constitutes the most significant issues in caring for these children must be heard. Similarly, if specialized sexual abuse training is to be meaningful to the foster parents, then such training must not only address these identified concerns but also be based on what foster parents perceive as being helpful to them (Noble & Euster, 1981). By endeavouring to capture the perspective of the foster parents on what constitutes the most significant issues involved in caring for sexually abused young females I believe this research will not only make a contribution to the development of viable training but also a contribution to enhancing the therapeutic capability of the foster home.

It is also anticipated that the findings of the research will increase our current knowledge about the demanding and complex nature of caring for sexually abused children. The findings will also potentially enhance our understanding about matching the sexually abused child and the foster family. It is recognized that matching is a delicate process whereby agencies endeavour to ascertain which foster family

strengths/characteristics will best meet the needs of a given child (Fish, 1984). While matching has been described as a process of establishing reciprocal relationships, it is also recognized as a complex pre-placement process which goes beyond the mere consideration of personal characteristics (Conchellos, 1984; Steinhauer, 1991).

Generally, the matching process is seen as extremely significant to both the stabilization of the child in the foster home and to the development of its therapeutic potential (Cohen & Westhues, 1989). In many ways the appropriate matching of the sexually abused child and the foster family constitutes a first major step in the healing process for the child in care (McFadden, 1985; Stovall & McFadden, 1984).

Alternatively, the mismatching of child and foster family creates the potential for placement disruption (Cohen & Westhues, 1989; Conchellos, 1984; Fish 1984; Steinhauer, 1991).

Current trends in fostering, in both Canada and the United States, however, not only militate against successful matching processes but also against the potential of foster parents becoming viable treatment team members. These trends in turn increase the potential risk to both the child and the family.

It is recognized that there have been increased admissions to care of more difficult children over the past ten years, including an increased number of sexually abused children (Cohen & Westhues, 1989; Kadushin & Martin, 1988; McFadden, 1985). In addition, there have been recurring problems pertaining to the retention of existing foster homes and the recruitment of new foster homes culminating in what has been described as a major foster home crisis throughout Canada and the United

States (Kadushin & Martin, 1988; Darnell Consulting Inc., 1989). Problems in retention, combined with the increased admission of more difficult children, have resulted in an overburdening of foster care resources and the burn-out of many capable foster parents. This burn-out has in turn contributed to the shrinking of the foster care pool (Kadushin & Martin, 1988; McFadden, 1985).

On a more positive note, there has been a general trend towards professionalization of foster parents as well as an increase in the provision of training in all aspects of fostering. This trend has led to the increased specialization of some foster parents and the enhancement of their capacity to address the needs of many kinds of special needs children (Kadushin & Martin, 1988; McFadden, 1985; Darnell Consulting Inc., 1989).

However, the increased professionalization has also created another difficulty in that the whole foster care system appears to be in a state of transition between a more traditional view of fostering in which the foster parent is seen solely as a substitute or surrogate parent, and the newer perception in which the foster parent is a full partner and team member. This state of flux has left many foster parents struggling with role confusion (McFadden, 1985; Darnell Consulting Inc., 1989).

Unfortunately, increased training and specialization have not necessarily resulted in placement decisions whereby sexually abused children are cared for by those best equipped to do so. Rather, the shrinking resource pool frequently dictates where the child will be placed. Consequently, efforts to place the child with the most appropriate family are rendered inconsequential by the limited number of foster care

homes available. Minimally, this situation sets the stage for a form of what Conte describes as system-induced trauma. System-induced trauma entails "the insensitive handling of the victim" by professionals who lack either an understanding of the dynamics of abuse, or the requisite skills "to interact effectively and sensitively with the victim" (Conte, 1984, p. 260).

In the extreme, mismatching of the sexually abused child and the foster family may create the potential for the false allegations of sexual abuse against the foster parent(s), and in those situations where the foster father is predisposed to abuse his power, the sexual revictimization of the child. A survey of abuse incidents in Ontario homes indicated that 42% of the abused children involved in the study were sexually victimized (Dawson, 1985). The potential for the sexually abused child to be revictimized and/or to go on to victimize other children has been well documented both clinically and empirically (Bagley & King, 1990; Becker, 1988; Cantwell, 1988; deYoung, 1984). McFadden (1989) has noted that foster parents need to be fully cognisant of the risks involved in caring for sexually abused children before they can begin to provide a viable therapeutic environment for the young victims.

Summary and Contribution

To sum up, it is apparent that inappropriate placements which result from mismatching the child and the foster family, combined with the failure to recognize and/or maximize the therapeutic potential of foster parents, have many negative implications. These elements not only contribute to the depletion of the resource pool and minimize the foster parents' therapeutic capability and the healing potential of the

environment, they also create the potential for further traumatization of the child.

This study, however, will potentially make the following contributions:

- 1) It will increase our understanding of what foster parents perceive as the most crucial issues and stresses involved in caring for the sexually victimized girls. This information in turn could create the foundation for the development of more viable training which focuses on caring for sexually abused children. The provision of such training will further enhance the foster parents' capacity to become an equal member of the treatment team and generally increase the professionalization of foster care.
- 2) The study will contribute to a more precise understanding of what foster parents perceive as important factors, qualities, and characteristics required in order to meet the challenge of fostering sexually abused children. Such knowledge should also facilitate better matching of the child and the foster family. This, in turn, should reduce the potential for the revictimization of the child and/or the misuse and eventual burn-out of foster parents.
- 3) By contributing to better training, the reduction of burn-out, and the empowerment of foster parents, the study will also be contributing to increased job satisfaction and to the retention of foster parents. In so doing, it will also help to forestall any further erosion of the existing pool of foster care resources.
- 4) Finally, and perhaps most significantly, in making the above contributions, the study has the potential to contribute to the creation of therapeutic environments and to the well-being and eventual healing of many sexually abused girls.

Personal Statement

Patton (1990) has suggested that researchers report ". . . personal and professional information that may have affected data collection, analysis, and interpretation . . ." (p. 474). Accordingly I wish to state that I am a middle-class, middle-aged woman who, prior to commencing doctoral studies had a twenty-year work history in the child welfare field. To my knowledge I have never been sexually abused nor have I ever worked as a foster parent. There was however a four-year period early in my career when I lived and worked with children in a residential setting. This particular work experience had a profound effect on me in that the stories and experiences of this particular group of children touched me greatly and became not only part of the foundation of my understanding of children but also the motivation for a continued career in child welfare. Many of the experiences I shared with the children live with me still and continue to constitute a touch-stone or significant reference point in my practice. By the time I left this residential setting I had developed a child centered perspective in my work. This perspective, which emphasizes that all policy and practice decisions must be undertaken in the best interest of the child, has constituted the primary focus throughout my child welfare career.

Throughout my adult life I have also held humanistic values and have tended to view personal and spiritual growth from an existential perspective. Accordingly, I believe that the individual cannot thrive in oppression but given positive circumstances will strive towards health and meaning. Translated into more spiritual terms, I

believe that, given the opportunity, people will naturally grow towards 'the light' however that light might be personally defined.

I perceive myself as a somewhat 'late bloomer' in the field of child sexual abuse. I became interested and involved in the whole area in the early to mid 1980's when I was responsible for a program where increasing numbers of sexually abused children were referred. As my knowledge about sexual abuse grew, my thoughts would periodically return to that original group of children who had taught me so much. I came to recognize that many of those children had in all likelihood been sexually abused. I was dismayed to realize how I, in my ignorance, had denied the reality of their experience and had in this way contributed to their continued traumatization. This awareness served to ignite a desire to learn more about child sexual abuse and to make a practical contribution where I could to the amelioration of such pain. Concern for sexually abused children, their protection, treatment, and daily care became the focus of my doctoral studies, as well as the focus of my ongoing involvement as a trainer in the child welfare field.

Over time my view of child sexual abuse came to combine both humanism and feminism and remained strongly child-centered. According to these perspectives the perpetrator is perceived as totally responsible and accountable for the child's abuse. He/she is viewed as requiring treatment (court-ordered) but also humane intervention. The child's needs, however, remain paramount and constitute the focus of all treatment and/or case management decisions. Should there be a conflict of interest or need, the best interest of the child takes precedence.

I believe it is important to indicate that the idea for this study emerged from a request I had received to provide sexual abuse training for foster parents. The nature and particular focus of the study evolved from the convergence of my interest in child sexual abuse, my wish to make a practical contribution, and my belief that the foster parents themselves were best situated to tell me not only about their experience of caring for sexually abused children, but also what would help in meeting the demands of this caring.

I embarked on this research fully anticipating being taught by the foster parents. I also believed that my work experience in child welfare and in the area of child sexual abuse, and my personal and professional values could function as a resource for interpretation (Kirby & McKenna, 1989; Patton, 1990). More specifically, I anticipated that my child-centered focus, combined with my understanding of 'how things are supposed to work' within the child welfare organizations, could constitute lenses through which I would filter anecdotes about the children's care and the foster parents' experiences. I fully expected to feel both sad and angry if I discovered circumstances which I believed did not enhance the well-being of either the child or the foster parents. I also commenced this research hoping it could make a positive contribution to all concerned.

Presentation of the Chapters

In chapter two, the literature review provides an overview of the research on the initial effects of child sexual abuse and a discussion as to the nature of sexual abuse trauma. This chapter also includes a description of current trends in child

welfare and fostering, fostering sexually abused children, and a brief description of the feminist perspective on fostering. Chapter three provides a description of the research design and methodology used in the study; it also describes the research participants and outlines the impact of the evolving interview process on myself and the respondents. In chapter four I report the findings of the study which emerged from the analysis of interviews conducted with the foster parents. In chapter five I discuss the potential implications of the findings, particularly in respect to the well-being of the foster child and the well-being of the foster mother. I conclude this chapter with specific recommendations pertaining to policy and practice which focus on enhancing the therapeutic potential of the foster home and on empowering the foster mother within the child welfare organization. I also make some specific suggestions for future research.

Chapter 2. The Literature Review

Caring for sexually abused children in a foster family is both a complex and demanding endeavour. To more fully comprehend this complexity, as well as the many issues that can arise in the provision of such care, it is important to understand what both the young victim and the foster parents are bringing to their encounter. To help facilitate this understanding and to help create a context for this study I will provide a review of some of the research on the most common initial effects of sexual abuse, as well as a brief review of literature on variability and the nature of sexual abuse trauma.

To better understand the current context of fostering I will also provide a brief history of foster care in Ontario, an overview of current trends and issues, and a discussion related to the impact of some of the issues on the fostering of sexually abused children. Within the context of this latter discussion I will also present the somewhat limited literature on false allegations of sexual abuse in foster homes. I will conclude the literature review by highlighting what constitutes an emerging influence in the field of child welfare, the feminist perspective.

Child Sexual Abuse

Initial Effects of Sexual Abuse

Early studies of both the initial and long term sequelae of child sexual abuse have been criticized on methodological grounds. In addition to failing to use standardized outcome measures and control groups (Beitchman, Zucker, Hood, &

DaCosta, 1991) many of the studies drew samples from "deviant" populations or groups (Mrazek & Mrazek, 1981). Although methodological shortcomings have been used by some to invalidate findings and to minimize the negative impact of the sexual victimization (Constantine, 1981 cited in Conte, 1985), Beitchman et al. (1991) suggest that the findings can be viewed as heuristic, in that they suggest variables which will eventually be important in understanding child sexual abuse.

Subsequent to their review of the empirical research on the initial effects of child sexual abuse, Browne and Finkelhor (1986) concluded that some child victims do suffer from many of the initial effects highlighted in the clinical literature. They noted that reactions of fear, anxiety, depression, anger/hostility, and inappropriate sexual behaviour were the effects most consistently identified. Accordingly a brief review of the empirical studies which address these effects will be presented below.

The Tufts study (1984) on child sexual abuse found that 45% of children 7-13 years manifested severe fear when measured by the Louisville Behaviour Checklist. The same study found that 36% of adolescents 13-18 years had elevated scores on "ambivalent hostility" or fear of being harmed. When measured by the Gottschalk Glesser Content Analysis, the Tufts study found that 4-6 year olds, 7-13 year olds and adolescents had elevated hostility levels of 25%, 35% and 23% respectively.

Similarly Friedrich, Urquize, and Beilke (1987) utilizing the Child Behaviour Checklist found that 39% of the children in their study had elevated scores on the externalized scale which involved aggressive, anti-social and uncontrolled behaviour. They also found that 46% of the children had elevated scores on the internalized

scale. This included measures of fearful, inhibited, depressed and overcontrolled behaviours.

In a similar vein, Fagot, Hagan, Youngblade, and Potter (1989) found that sexually abused preschoolers tended to be more passive in their free play than the normal preschooler control group, which Beitchman et al. (1991) indicate is suggestive of internalized symptomology.

When Gale, Thompson, and Moran (1988) studied a clinical sample of children referred to a community mental health centre, over a two-year period, they found that 68% displayed symptoms of anxiety, 62% exhibited noncompliant behaviour, 27% anti-social and/or aggressive behaviour, and 35% were withdrawn. It is a somewhat confusing finding that while 68% of the children suffered from symptoms of anxiety none of the children manifested psycho-somatic complaints. This is similar to the findings of Gomez-Schwartz, Horowitz, and Sauzier (1985) who found that only 13% of their sample had somatic complaints. Both physical and psycho-somatic symptoms of anxiety, however, have been found by other researchers. Dysuria, vaginal discharge, and chronic abdominal pain were the most commonly cited complaints in a study by Rimza, Berg, and Locke (1988). Both sleeping and eating disturbances have also been identified as problematic areas for young victims of sexual abuse (Anderson, 1981; Bach & Griffith, 1981).

Feelings of guilt, shame, depression, and poor self-esteem have all been discussed in the clinical literature (SgROI, 1985). However, empirical findings regarding these effects present a somewhat conflicting picture. While the Tufts

researchers (1984) could find no evidence that the sexually abused children had lower self-esteem than the normal population of children, a number of other studies have identified behaviours which could be associated with severely damaged self-esteem, specifically, school problems, running away, self-destructive and suicidal behaviours (Bagley & Young, 1990; Briere & Runtz, 1988; deYoung, 1982a; Herman, 1981; McCormack, Janus, & Burgess, 1986; Meiselman, 1978; Rimza, Berg & Locke, 1988).

A number of studies identified behavioural and school-related problems in school-age children (Adams-Tucker, 1981; Elwell & Ephross, 1987; Tong, Oates & McDowell, 1987). Freiderich and Luecke (1988) found that all the school-age children in their sample of sexually abused and sexually aggressive children had school difficulties. Beitchman et al. (1991) note, however, that none of the studies which they reviewed in respect to the question of school-related problems used clinical control groups.

Goldstein, Turnquist and Knutson (1989), while finding limited evidence that acting out behaviours such as truancy, alcohol/drug abuse and promiscuity, were more common among sexually abused girls than among clinical control girls, found that running was more common to the sexually abused population. McCormack et al. (1986) in a study conducted in Toronto also found that abused female runaways were significantly more likely than non-abused runaways to engage in criminal or delinquent behaviour, especially substance abuse and prostitution. Consistent with these findings, Bagley and Young (1987), in a study of former adolescent prostitutes, found

that 73% had been sexually abused prior to leaving home and that at least 50% of the abused sample had left home before age 15 years.

Alarming, evidence of depression and poor self-esteem are also reflected in a small number of children who engage in self-injurious and/or suicidal behaviour.

DeYoung (1982b) in a clinical sample of 45 paternal incest victims found that 57.7% had engaged in self-injurious behaviour which ranged from cutting, slashing, scratching, bruising, poisoning, to deliberate efforts to break bones.

While some studies indicate that the actual numbers of suicidal children may be small, for example, Rimza et al. (1988) reported 3 of 268 victims and Goodwin (1989a) noted 8 of 201 victims, other studies of adolescent incest victims indicate higher rates. Lindberg and Distal (1985) noted that 1/3 of their sample of 27 adolescents had attempted suicide and all of the adolescents presented poor self-concepts.

In addition, some current studies of the long term sequelae of child sexual abuse indicate significantly higher rates of suicidal behaviour and suicidal ideation in adult survivors. Suicidal behaviour and ideation have been linked with chronically impaired self-esteem, self-blame, powerlessness, and depression initiated in childhood (Briere & Runtz, 1986; Bagley & Young, 1990). Of particular significance, Briere and Runtz (1986) noted that 93% (14) of the women in their study reported attempting suicide prior to age 13 years. These authors propose a "diminished effect" model of abuse related to suicidal behaviour whereby the link between sexual abuse and suicidal behaviour is most significant during childhood and adolescence and

becomes less relevant to first instances of attempted suicide in adulthood.

Revictimization which is linked with poor self-esteem and a sense of powerlessness has also been identified as a consequence of sexual abuse for both children and adults (deYoung, 1982a; Russell, 1986). DeYoung (1984) hypothesizes that counterphobic behaviour in children is a possible cause of the revictimization. The sexually abused child who has few resources to cope with the overwhelming anxiety generated by the abusive situation "unconsciously tries to gain mastery over their phobias by engaging in the very behaviour that caused them anxiety in the first place" (deYoung, 1984, p. 338). This understanding not only explains why some children are revictimized, it also provides an explanation as to why some children may act out their abuse by victimizing other children.

In addition to involvement in adolescent prostitution, which has already been suggested, other inappropriate sexual behaviour in young sexual abuse victims has been identified. When Friedrich (1988) compared sexually abused boys with a comparative sample of boys diagnosed as conduct disorders, the sexually abused sample was significantly more sexualized. Similarly, the Tufts (1984) study found that 27% of 4-6 year old children and 36% of children 7-13 years scored significantly higher than clinical and general population norms on a sexual behaviour scale. Consistent with this finding Gale et al. (1988) also found that 41% of the sexually abused children exhibited inappropriate sexual behaviour as compared to less than 5% in two comparison groups. Similarly, Beitchman et al. (1991) noted in their review of research that both sexually abused school-age children and pre-schoolers of both

sexes were more likely to exhibit inappropriate sexual behaviours, such as masturbation, sexual preoccupation and sexual aggression, than both normal and clinical controls. They subsequently concluded that "sexualized behaviour appeared to be a type of symptom that was a relatively constant marker of sexual abuse during the years prior to puberty" (Beitchman et al., 1991, p. 544).

Although most of these studies involved female victims, another concern which relates predominantly to the sexual adjustment of young male victims deserves specific consideration. While the majority of sexually assaulted boys do not become sex offenders, concern regarding the potential for the cycle of abuse to be perpetuated by young male victims is more frequently being addressed in the literature (Bagley & King, 1990; Becker, 1988; Cantwell, 1988; Cavanagh-Johnson, 1988).

Bagley and King (1990) state that 30% of males who sexually molest children are juveniles themselves and that these adolescent perpetrators often continue the abusive behaviour into adulthood. In one study of sexually assaultive adolescents it was found that over 50% of them, as compared to 10% of a control group, had been sexually abused themselves (Bagley & Dann, 1987). A finding that was of particular concern was that none of the youths had received any significant treatment which addressed either their own abuse or their sexually assaultive behaviour.

In a current review of research Finkelhor (1990) noted that in respect to stress-related symptoms there was a relative similarity between boys and girls. Where differences did exist they related to dimensions of internalizing and externalizing, with boys more often acting aggressively while girls were more likely to be depressed.

Conte (1988, cited in Finkelhor, 1990) suggests that the absence of gender difference in stress-related symptoms may relate to what is being measured. Conte speculates that a greater difference between girls and boys might actually exist in the cognitive realm, that is, in the kinds of attitudes, beliefs, and self-concepts the young victims develop as a consequence of the abuse.

It should be noted that in most studies of the impact of sexual abuse there is usually a substantial group who are symptom-free. Several explanations have been put forward to address the existence of asymptomatic children. Firstly it is suggested that current measures may not ask the right questions or capture the right symptoms. Secondly, it is suggested that this grouping of children may have been in denial at the time of testing and that their symptoms may emerge later as a consequence of subsequent stressor such as a criminal court appearance (Finkelhor, 1990). In addition, Friedrich (1988) notes that the child's pattern of response may vary over time and that symptoms could emerge during a later developmental stage. Similarly, many adult survivors report that they did not experience any symptoms until early adulthood. A third explanation, which Finkelhor (1990) indicates may be the most plausible, is that an asymptomatic group may be composed primarily of children who suffered less severe abuse and who had adequate social and psychological resources that helped them cope with the abuse experience.

Variability in Sexual Abuse Trauma

While the prior discussion of initial effects does not purport to be an

exhaustive examination of all the effects of child sexual abuse, it aptly demonstrates that child sexual molestation is a complex multi-faceted phenomenon. The review does not explain, however, why some victims are affected differently or why some are more damaged than others. In order to more fully understand the nature of this variability and the plight of many sexually abused children, the following section will briefly describe some of the research associated with the degree of trauma experienced by the child.

Early efforts to classify sexual abuse experiences have generally reflected simple dichotomies based on clinical judgement as to what constitutes more or less severe abuse. Although these simple classifications have been used extensively in sexual abuse training (SgROI, 1985), they provide little helpful information as to the real nature of the sexual abuse experience for the individual child (Conte, 1985). More recently, however, some researchers have endeavoured to identify more precisely the impact of a variety of the most frequently cited variables associated with the degree of trauma experienced by the child. Such variables as the use of force, duration, and frequency of the abuse, nature of the child - perpetrator relationship, age and developmental maturity of the child, the nature of the sexual activity, and the reaction of parents at the point of disclosure can all affect the degree of harm (Browne & Finkelhor, 1986; Finkelhor & Browne, 1986; Finkelhor & Browne, 1988; Bagley & King, 1990).

Finkelhor and Browne (1986) reviewed research which endeavoured to determine more precisely the impact of the above-noted dimensions. They identified

five studies which confirmed a strong association between the degree of trauma and the use of force or aggression (Bagley & Ramsay, 1986; Finkelhor, 1979; Russell, 1986; Tufts, 1984). Beitchman et al. (1991) similarly reviewed a number of short-term studies which suggested that sexual experiences that involved force to a high degree of physical violation contributed to a greater sense of trauma for the victim. Another study which looked at children's responses to sexual encounters with other children similarly found that children coerced by another child rated the experience as negatively as children coerced by adults (Haugaard & Tilly, 1988). This study appears to contradict other research which indicates that experience with adult perpetrators was more traumatic than experiences with adolescents (Finkelhor, 1979; Russell, 1986). What is not clear in these studies, however, is whether the contextual aspects of the relationship such as the degree of coercion were factored in and/or controlled for during the analysis of the data.

Research which addresses the nature of the relationship between the offender and the child suggest that sexual abuse by fathers and step-fathers, as compared to all other types of perpetrators, is more traumatic (Beitchman et al., 1991; Finkelhor, 1979; Meiselman, 1978; Russell, 1986). Finkelhor and Browne (1988) as well as Beitchman et al. (1991) indicate that not all studies found a clear distinction between the effect of sexual experiences with relatives and those with non-relatives. Finkelhor and Browne (1988) suggest that to more fully understand how the child-offender relationship affects the degree of harm, the degree of trust, and/or the degree of betrayal must be considered. As was the case with the relationship between an

adolescent perpetrator and the child victim, contextual variables need to be considered. In addition Beitchman et al. (1991) suggest that the relationship of the offender may also interact with the sex and age of the child. Tong et al. (1987) found that boys were more likely than girls to be sexually assaulted by strangers (58%), while girls were more often abused by relatives or acquaintances (78%).

Conflictual findings have also been reported in respect to the impact of duration and frequency. While conventional wisdom and several empirical studies suggest that longer duration would be associated with greater trauma (Bagley & Ramsay, 1986; Russell, 1986), Finkelhor (1979) and the Tufts (1984) research report no such link. However, Beitchman et al. (1991) after reviewing pertinent research, concluded that there was a link between frequency, duration, and the degree of trauma. These contradictory findings could relate to the confounding of duration and frequency with other aspects of the experience such as age at onset, nature of the relationship with the offender, and the nature of the sexual activity (Browne & Finkelhor, 1986). In respect to sexual activity and trauma, experiences involving genital contact have proven to be more detrimental than those experiences which did not involve such contact (Bagley & Ramsay, 1986; Russell, 1986). Beitchman et al. (1991) also noted that abuse by more than one offender was associated with more negative effects.

Only two studies cited in the Finkelhor and Browne (1986) review looked at the relationship between the child's trauma and parental reaction to disclosure. Both the Tufts (1984) study and Anderson et al. (1981) found that when the non-offending

parent (mother) reacted with anger or punishment, children displayed more behavioural problems. However, the same studies did not find that positive responses necessarily related to more positive adjustment.

In contrast to the above findings, another, more current study found that the level of maternal support was highly predictive of the child's psychological functioning. The nature of maternal support was second to the child's gender (female) as the best single predictor of the child's total psychopathology (Everson, Hunter, Runyon, Edelson, & Coulter, 1989). Everson et al. also found that the level of maternal support to the child was highly related to the mother's relationship with the offender. Mothers were significantly more supportive of the child, if the offender was an ex-spouse, rather than if he was someone with whom the mother currently had a relationship.

Conte and Berliner (1988) reporting on a study of initial effects also indicated that support from a non-offending parent or from a sibling was significant in reducing the impact of the abuse. Additionally, they report that the more characteristics of negative family functioning ascribed to the victim's family the more difficulties the victim exhibited. Friedrich (1988), who also looked at the impact of family cohesion, family conflict, and direct parental support of the young victim, concluded that variables descriptive of the familial context are significantly related to the child's adaptation to the sexual abuse.

The relationship between a child's age and the degree of trauma a child experiences is an area where there has been considerable controversy. Some authors

contend that younger children will be more traumatized because of their impressionability, while others have argued that the child's naivete will protect them from more negative effects. Conflicting findings in the research literature have not helped to resolve the debate. Several studies indicate that children abused during the pre-teen and teenage years suffered greater disturbance than children abused at a younger age (Adams-Tucker, 1982; Sedney & Brooks, 1984). However, other studies which examined effects in adult survivors suggest that younger children may be more traumatized (Couretois, 1979, cited in Finkelhor & Browne, 1986; Meiselman, 1978; Russell, 1986). Beitchman et al. (1991) provide two explanations for these discrepancies. They suggest that the full extent of the effects of abuse may not be immediately evident in young victims. As children mature, new effects may become more evident. Secondly, they suggest that age of onset may also relate to duration and nature of the sexual abuse experienced.

Generally, the majority of studies found no significant relationship between age of onset and impact of the abuse (Bagley & Ramsay, 1986; Finkelhor, 1979). The Tufts (1984) study which concurred with these findings suggested that the age at which the abuse began may be less important than the developmental stage through which the abuse persists. As has been indicated, Friedrich (1988) also notes that the child's pattern of response can vary over time, that is, the child can manifest difference symptoms at different times. Such variation in symptoms suggests that children must be studied developmentally and that children who do not display any initial symptomology or distress may not necessarily be problem free.

The Nature of Sexual Abuse Trauma

This brief overview of the dimensions which impact on the degree of trauma clearly suggests that this is a complex and difficult area to conceptualize, yet understanding the nature and sources of trauma is identified as one of the most imposing challenges for researchers today (Browne & Finkelhor, 1986).

In order to facilitate an understanding of the nature of the sexual abuse trauma several models have been proposed. The most frequently cited is the Post-Traumatic Stress Disorder (PTSD) model (Bagley & King, 1990; Briere & Runtz, 1988; Conte, 1985; Finkelhor, 1988; Goodwin, 1989b; Lindberg & Distad, 1985). According to the DSM IV (American Psychiatric Association, 1994) PTSD is characterized by the following elements:

1. (a) The person has been exposed to a traumatic event which involved actual or threatened death or threat to the physical integrity of self or others.
- (b) The person's response involves intense fear, helplessness or horror. With children this may be expressed by disorganized or agitated behaviour.
2. The traumatic event is persistently re-experienced. In young children, repetitive play may occur in which themes or aspects of the trauma is expressed. Similarly with children there may be recurrent frightening dreams without recognizable content and/or trauma specific re-enactment.

3. There may be persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, (not present before the trauma).
4. There may be persistent symptoms of increased arousal (not present before the trauma). For example, difficulty falling asleep, irritability or outburst of anger, difficulty concentrating.
5. Duration of the symptoms is more than one month.
6. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Placing child sexual abuse into the framework of PTSD has a number of benefits not least of which is that it affords an opportunity to consider many of the effects and symptoms of child sexual abuse in a structured way (Finkelhor, 1988). The formulation when applied to child sexual abuse, however, does have several limitations. Various authors indicate that the model does not account for all the symptoms associated with child sexual abuse nor does it accurately apply to all victims (Conte, 1985; Finkelhor, 1988, 1990; Herman, 1992). More specifically Finkelhor (1990) notes that the theory does not account for symptoms such as sexualized behaviour. Finkelhor (1990) also suggests that the PTSD conceptualization puts misplaced emphasis on the affective realm. While recognizing that sexual abuse does result in affective trauma, he suggests further that it also impacts on the cognitive realm which PTSD does not really address. Finkelhor (1988) also questions whether the PTSD model can be applied to children whose assumptions and

perceptions of the world often differ significantly from adults. Both Herman (1992) and Finkelhor (1990) suggest that PTSD does not readily adapt to the experience of child sexual abuse. The existing diagnostic criteria are based on prototypes of war, disaster, and rape. Finkelhor (1990) notes that the trauma of sexual abuse can result from the meaning of the act as much as from the physical trauma or danger experienced by the victim. He argues further that sexual abuse is more "a situation, relationship or process" (p. 328-329) which can carry on over time rather than a single event. He posits that the problem for the child may not lay in a failure to integrate the experience but rather in a potential to "over integrate" the experience such that the distortions acquired in the process of the sexual victimization come to be generalized and applied indiscriminantly and inappropriately.

Herman's (1992) discussion of trauma provides insight into the nature of the distortions and "over integration" by identifying the nature of psychological adaptations the child may employ in order to contend with their abusive experience. Faced with an abusive environment, in which she must still establish attachment and a sense of trust with abusive or negligent care-providers and faced with the task of maintaining a sense of meaning and hope, the child engages in what Herman refers to as "doublethink". Essentially the child will construct an explanation for her situation that absolves her parents of blame and responsibility. To this end the child employs a variety of psychological defenses such that the abuse is minimized and rationalized or walled off from conscious awareness. In addition, when children are unable to alter reality through denial, repression, or dissociation, they often evolve what Herman

refers to as "a double self". The child assumes responsibility for the abuse and concludes that her innate badness was the cause.

Within the context of the abusive environment this tendency to self-blame is continually reinforced, such that "by developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachment to her parents" (Herman, p. 105). Even after the abuse has stopped, the inner sense of badness, which is important to maintaining the relationship with the care-providers, becomes a stable part of the child's personality structure. Additionally with some victims, the inner sense of badness is masked by the child's attempts to not only be good, but also be perfect in all she attempts.

Herman maintains that given these contradictory identities, the child cannot develop a cohesive self-image with "moderate virtues and tolerable faults" (p. 101). Essentially the victim's self-representations become rigid, exaggerated, and split. Herman further notes that failures of integration also occur in the child's inner representations of others, most significantly her parents. In order to maintain faith in her parents, the victim develops an idealized image of at least one parent. Most frequently, the child idealizes the abuser and displaces all her anger on the non-offending parent whom she may perceive as neglectful and disinterested. However, the idealized image(s) cannot be reliably maintained in the face of the reality of the abusive situation. Consequently, the internalized representations also remain contradictory and split. Because the abused child cannot maintain an inner representation of a safe consistent caretaker, she is unable to develop normal

capacities for emotional self-regulation. Without an inner sense of safety the child becomes dependent on external sources of comfort.

In an attempt to understand the effects of sexual abuse and the nature of sexual abuse trauma Finkelhor and Browne (1985) developed a multi-factorial, eclectic model of sexual abuse trauma which can apply equally to intra- and extra-familial abuse. The four traumagenic dynamics model focuses on the meaning of different elements in the abusive experience. They focus, not only on the physical and emotional responses to the assault, but also on stigmatization. The model also takes into consideration the unintended consequences which can result from the system's intervention (Tutty, 1990). The Finkelhor and Browne (1985) schema essentially provides for a more systematic analysis of the sexually abusive experience utilizing a framework of four components or traumagenic dynamics: 1) traumatic sexualization; 2) stigmatization; 3) betrayal; and, 4) powerlessness.

Briefly summarized, traumatic sexualization refers to a process whereby a child's sexuality (including both feelings and attitudes) is shaped in developmentally inappropriate and dysfunctional ways. Betrayal is the dynamic through which the child learns that a person on whom s/he is dependent has caused them harm. Powerlessness is the dynamic process in which "the child's will, desires and sense of efficacy are continually contravened" (Finkelhor & Browne, p. 532). Stigmatization involves the process by which negative connotations such as badness, shame, and guilt are communicated to the child and eventually are incorporated in the child's self-image. Just as the child's psychological processes reinforce a sense of badness, so

the child's immediate environment and the social system, of which they can become a part at the point of disclosure, can serve to reinforce a sense of stigmatization. In support of this possibility Elwell and Ephross (1987) found that among other things, insensitive handling by police, having to repeat the story of their abuse to professionals, and facing an impending criminal court case, all serve to increase the child's trauma.

Finkelhor and Browne (1985) have indicated that while the four traumagenic components are generalized traumatizing phenomena, their convergence in one set of circumstances make the experience of child sexual abuse different from other childhood trauma and therefore somewhat unique. These authors contend that when elements of these four traumagenic components are present, the child's cognitive and emotional orientation to the world can be greatly altered, creating trauma by distorting "the child's self concept, world view, and affective capacities" (Finkelhor & Browne, 1988a, p. 63).

Clearly the authors recognize the serious impact sexual abuse trauma can have on the child's perception. Lucy Berliner (1988) expands further on the model and highlights the significance of the child's perception by differentiating between causes of harm which relate to the abusive experience per se and those causes which stem from the meaning that the experience of sexual victimization has for the child. In a similar vein, Conte (1985) recommends the refinement of the four traumagenic factors into first and second-order sources of trauma. Accordingly, first-order sources of trauma, also referred to as first-order aversive events, apply to specific aspects of the

sexual abuse which induce stress. First-order aversive events would include elements of sexual behaviour, psychological or emotional threat, force or threat of force, secrecy, and powerlessness.

Second-order aversive events or sources of trauma relate to the child's cognitive, emotional, or mental processing of the first-order events which then generate trauma in their own right. Conte (1985) identifies fear, guilt, betrayal, isolation, and loss as examples of second-order sources of trauma.

The significance of the nonverbal psychological processes involved in second-order sources of trauma is that they serve as mediators between the sexual abuse and the effects of the abuse, both initial and long term. Accordingly, if these psychological processes themselves become targets of intervention, the possibility of reducing the long-term effects of victimization could be greatly enhanced (Conte & Schuerman, 1988). Another significant value of formulating the trauma producing aspects of sexual victimization into first and second-order aversive events, is that it provides a readily conceptualized vehicle for young victims to describe what aspects of the abuse were most personally difficult for them. If we truly wish to understand the effect of sexual victimization and the nature of trauma as it is experienced and perceived by the individual child, then clearly the continued identification and measurement of first-order sources of trauma and the psychological processes involved in second-order sources of trauma are areas where future research efforts are warranted.

Further Comments on Effects, Variability, and Trauma

Apart from the methodological limitations already identified I have found that the empirical research on both the short-term effects of sexual abuse and the variability in those effects have limitations when practically applied. The contradictory nature of many of the findings leave the foster parent or worker wondering whether and how the data apply to specific children. Indeed, as you read the material, the individual child tends to get lost in the conflictual statistical information.

It is also important to recognize, that while some of the initial effects could be indicative of sexual abuse, many of the effects discussed above could also be indicative of other childhood emotional difficulties. Simple lists of symptoms are therefore limited in their usefulness to both the practitioner and foster parent when attempting to validate sexual abuse. Two symptoms, however, have been identified as clearly characteristic of childhood sexual abuse, specifically physical trauma, especially in the genital area, and age-inappropriate sexualized behaviour. It is important to note, and this study will validate this point, that foster parents find the child's sexual behaviour a particular challenge.

While identifying some practical limitations in the application of the research on effects and variability, I also believe that an awareness of some of possible effects of sexual abuse could be helpful in understanding what a victimized child has to cope with. For the purposes of this study, understanding the nature of some of the possible effects also helps create a sense of the difficulties a child might bring to her or his

placement. In a similar vein, the research on variability can be helpful in beginning to understand the degree of trauma a given child might experience. The studies on the importance of familial support in ameliorating the impact of abuse also point to an important role the foster parents could play in the child's healing.

Generally, however, I have found the work on the nature of trauma more helpful in beginning to understand how the child might perceive and experience her abuse. While the PTSD model is limited in understanding a child's experience, Finkelhor and Browne's (1985) model is helpful in that it identifies the complexity of issues around sexual abuse. The traumagenic theory not only suggests potential areas of intrapersonal difficulty, but also how interpersonal problems could evolve from the abusive experience. Their model also identifies potential areas of systemic abuse. Indeed, in reference to this study, I found this model particularly helpful when considering the implication of the findings in respect to the well-being of the child.

Judith Herman's (1992) discussion which highlights the psychological processes employed by the child, when she attempts to understand the sexual abuse, is also particularly helpful when grappling to understand the child's perspective, an important requirement for all those involved in the young victim's treatment. Understanding the nature of the psychological processes is also of particular importance, because, as indicated, they point to potential areas of intervention. In the final analysis, however, these theoretical models, while based on the experience of victims, are theoretical. Our best understanding of how a given child perceives and experiences sexual abuse must be derived from the child herself. Only as we begin to

understand the specific child can we begin to understand her unique experience of trauma.

Foster Family Care

A Brief History of Foster Care in Ontario

The use of foster family care in Ontario, as well as in Canada generally is associated with the emigration of the "home children" from Britain. In the period from 1869 to 1939 over 80,000 orphaned and destitute children arrived from Britain and were placed in rural family homes. Many of the placements took the form of indentured labour (Bagnell, 1980; McKenzie, 1993; Wiltse, 1985).

Within Ontario the development of foster care emerged, in part, as a consequence of the early work of middle-class reformers, most noteworthy of whom was John Kelso (Jones & Rutman, 1981). Middle-class social reformers saw foster homes as a humane solution to the need to find appropriate means to care for neglected, dependent, and delinquent children. They believed that a warm Christian based, family environment could provide a powerful corrective influence for those children who had been exposed to negative environments which could predispose them to a life of crime.

Prior to the development of foster care, early reform efforts in Ontario focused on the creation of industrial schools. Although legislation was passed in 1874 which empowered school boards to establish industrial schools, the first such institution did not exist until 1887 (Ministry of Community & Social Services, 1990). With time, it

came to be recognized that these schools were not adequate to meet the needs of children.

At a convention of the Toronto Humane Society, held a year following the creation of the first industrial school, John Kelso was given his first opportunity to raise the merits of foster home care over institutional care, a theme which became central in his approach to child welfare. In 1890, subsequent to his becoming Ontario's first Superintendent of Child Welfare, Kelso recommended the establishment of a new form of voluntary societies which were to work exclusively with neglected and destitute children. These societies were to be responsible for placing children in "good Christian" homes. It was emphasized that couples who accepted these children were to do so from philanthropic and charitable motivation (Ministry of Community & Social Services, 1990; Jones & Rutman, 1981).

The Act for the Prevention of Cruelty to and Better Protection of Children, which was passed in 1893, provided for the creation of voluntary visiting committees. These committees were responsible for selecting and monitoring the foster homes throughout Ontario. Initially Kelso viewed the committees as being equal in importance to the Children's Aid Societies. He believed it was the responsibility of the visiting committees to guarantee that the foster home system worked efficiently (Jones & Rutman, 1981). However, in a subsequent amendment to the Children's Protection Act passed in 1895, the visiting committees essentially became auxiliary committees to the Children's Aid Societies and their importance declined.

In 1896, John Kelso's belief in the importance of effective supervision for

foster homes was reflected in the appointment of J.L. Harvie as the first paid visitor. Harvie was responsible for visiting children in foster homes and for generally assisting in the supervision of more than 300 children placed throughout Ontario (Jones & Rutman, 1981).

Kelso's belief in the foster care system was matched by his criticism of the institutionalization of neglected and destitute children. Because of his work, an amendment was made to the Children's Protection Act, 1895 which permitted the transfer of children from institutions to the care of the Children's Aid Societies. Despite this change, however, there was little reduction in the actual number of children "housed" in institutions during the 1890's.

Throughout much of the early twentieth century the debate between foster care and institutional care prevailed. Only after World War II did foster family care emerge as the preferred form of care for most children. The child welfare field came to adopt the perspective that children should be provided care most like a "normal" home. Institutions came to be reserved for children who could not function in a family-type environment (Kadushin & Martin, 1988; McKenzie, 1993; Wiltse, 1985). Institutions became specialized in terms of function and purpose such that separate institutional settings were created for children with different "types of problems". Emotionally disturbed children, delinquent children and adolescents, and retarded children who required intensive care became the primary clients of institutional services (Ministry of Community & Social Services, 1990). In more recent years, with trends towards deinstitutionalization, group and institutional treatment have

become even more narrowly defined. Paralleling this decline was a growing emphasis on short-term, community based, family-focused service (Ministry of Community & Social Services, 1990; 1992).

During the past twenty years the foster care systems in both the United States and Canada have come under a great deal of criticism. There was a growing recognition that many children "drifted" in foster placements for long periods of time. As a consequence, they were not given "the necessary guarantees of permanency required to encourage more complete family attachments" (McKenzie, 1993, p.8). This recognition led to what has been called the permanency planning movement (Kadushin & Martin, 1988; McKenzie, 1993; Wiltse, 1985).

Trocmé (1989) notes that permanency planning is both a philosophy, and a case management method. McKenzie (1993) indicates that permanency planning emphasizes the significance of early, long-term planning which enables the child "to achieve a continuing nurturing relationship within a family unit" (p.8). Because both policy makers and practitioners became cognizant of the need for children to establish long-term relationships, the foster family care system became cast in a planning-for-permanency framework (Wiltse, 1985). What emerged from this framework was the development of a variety of services which emphasized a) support to natural families geared to the prevention of admission to care, b) services to facilitate reunification in situations where admission to care was necessary, and c) movement to adoption where the child's reunification with his/her natural family was viewed as inappropriate (McKenzie, 1993). These services have resulted in a shift away from long-term

foster care, even though, as McKenzie (1993) notes, foster care can be a viable permanency plan when neither adoption nor reunification is feasible.

In very recent years the evaluation of some of the permanency planning initiatives has led to the recognition that the child's need for permanence must be balanced by other considerations. Other factors such as the actual quality of the child's care and the nature of the history of maltreatment the child has experienced must be factored into the plan for permanency (Trocmé, 1989). Wolfe and Jaffe (1990) note, that regardless of where the child is placed, whether natural home or foster home, the placement must be evaluated in respect to its capacity to foster the child's social, emotional, and intellectual development.

Current Trends and Issues in Foster Care

McKenzie (1993) has noted that there has been considerable growth in the number of children requiring out-of-home placement and that this increase in numbers has created a greater demand for more foster family providers. As evidence of this increase he indicates that in the Province of Manitoba the number of children in care increased by 56% between 1985 to 1991. Ontario statistics, which cover a period from 1976 to 1989 suggest, however, that the number of children in care actually decreased 22%, from 12,962 to 10,052. While this decline is consistent with the decline in the overall child population, the actual proportion of children in care has remained relatively consistent (0.4% in 1976 & 0.5% in 1989). As of October 1989, 5,518 or 54.9% of the children in care in Ontario were in foster homes and another

412 of the children (4.1%) resided in foster homes run by other agencies (Ministry of Community & Social Services, 1992).

While the question of increases in the number of children entering the foster care system remains unclear, it is generally recognized that there has been an increase in the admission of more difficult children over the past decade. Included in this increased number of special needs children are also an increased number of sexually abused children (Cohen & Westhues, 1989; Kadushin & Martin, 1988; McFadden, 1985; McKenzie, 1993, Ministry of Community & Social Services, 1992; Wiltse, 1985; Wolfe & Jaffe, 1990). The increased admission of children and youth with special needs and problems has been attributed to the greater emphasis placed on permanency planning and the nature of practice and services which evolved from it. Increased support and services geared to maintaining the child with his/her natural family means that children, who in past years would have entered care, now are able to remain at home. As a consequence, children enter care only after every other alternative has been exhausted. This trend often means children who are more traumatized or damaged are more likely to enter the foster care system (McKenzie, 1993; Ministry of Community & Social Services, 1992; Steinhauer, 1991). McKenzie (1993) notes the irony that there is now a new form of "foster care drift" whereby children move from placement to placement as a consequence of a repeated pattern of returning the child home and then having them readmitted to care.

Another issue confronting the foster care system has been an underrepresentation of culturally or racially appropriate homes for children of diverse

cultures or races. This trend has been a particularly controversial issue in Canada in respect to the placement of aboriginal children (Armitage, 1993; McKenzie & Hudson, 1985). Recognizing the underrepresentation of culturally appropriate homes, some agencies have recently developed policies and practices which focus on the recruitment and development of foster homes within culturally diverse communities (Elaine Leiba, Supervisor of Foster Care Development, Catholic Children's Aid Society of Metro Toronto, personal conversation, March, 1994).

Despite these efforts, it is generally recognized that the foster care system tends to perpetuate stereotypical attitudes about sexual orientation and gender. Agencies are still inclined to recruit foster parents who best fit the heterosexual nuclear family model. The greater the extent that foster parent(s) deviate from that norm, the more reluctant the agency is about accepting them (Kadushin & Martin, 1988; McKenzie, 1993). McKenzie (1993) notes that the degree to which the foster care system adheres to this practice and reinforces homophobic and heterosexist attitudes, it limits the options available to children. To the degree that this is true, it has particular significance for gay and lesbian children in care. Conte (1993), in his study of street youth, found a number of gay or lesbian adolescents had left care, in part because of feeling out of place in the more traditional home. In addition, as the discussion of the feminist perspective in foster care will highlight, continued emphasis on the heterosexual nuclear family model also has significant implications for the foster mother. This study will also demonstrate that using the traditional family model also has major implications for the well-being of sexually victimized girls.

While there is a slowly growing trend towards shared parenting in society as a whole (Lupri, 1991; Stebbins, 1988), this trend does not appear to extend to foster family care. Because of the continued practice of recruiting families which fit the middle-class heterosexual nuclear family, it follows that the foster mothers and foster fathers tend to assume more traditional roles, especially in respect to child care (Cautley, 1980; Fish, 1984; Kadushin & Martin, 1988). Perhaps because of this orientation, foster fathers have historically received scant attention from either agencies or researchers (Fisher, 1984). Although limited, the research which does exist suggests, however, that the foster father may not be the passive partner, that the agencies and society might perceive him to be. In her study of first-time foster parents, Cautley (1980) found that the foster mother's satisfaction with fostering was significantly related to her report of the effect of the placement on her spouse and/or her children. She also discovered that foster fathers tended to be less enthusiastic about fostering, and generally more critical of agency policy and worker behaviour. In their study on the adoption of special needs children, Westhues and Cohen (1988) similarly found that the adoptive fathers, as compared with the mothers, were more realistic about their family's functioning. In both these studies, it was concluded that, because the fathers were not the primary or traditional care providers, they did not need to be validated as the child's parent and therefore could be more objective about possible difficulties.

Another significant trend in foster family care relates to problems in the retention and recruitment of foster homes, culminating in what has been described as

a major foster home crisis throughout Canada and the United States (Darnell Consulting Inc., 1988; Kadushin & Martin, 1988; McKenzie, 1993; McFadden & Ryan, 1991; Wolfe & Jaffe, 1990). Inadequate financial compensation, limited support and training, poor communication with the agency representatives, the difficult nature of the children and youth entering care, have all been identified as factors which contribute to difficulties in retention and recruitment (Henry, Cossett, Auletta, & Egan, 1991; McKenzie, 1993; McFadden & Ryan, 1993; Steinhauer, 1991). This shortage of foster homes has contributed to those that do exist being used as an inexhaustible resource, which in turn has contributed to the "burn out" of many capable foster parents, and to the depletion of the existing foster care pool (Steinhauer, 1991).

These factors clearly have major implications for the more difficult children entering the foster system, as well as for those children currently in placement. Because of the depletion of resources it is often difficult to "match" the child with the most appropriate family (Kadushin & Martin, 1988; Steinhauer, 1991). As Kadushin and Martin (1988) note, it is often not the needs of the child which determines the placement, but the availability of the resource. Implicit in this situation is the possibility of placement breakdown and multiple placements for the child. Multiple placements and poor handling of separation are viewed as antithetical to the concept of permanency or continuity of care (Steinhauer, 1983; Steinhauer, 1991; Wiltse, 1985).

The placement of special needs children and youth has also led to a trend

towards the professionalization of different aspects of the foster care system. Increasingly, it is being argued that foster parents should be accepted as significant players on the treatment team (Kadushin, 1988; McFadden, 1985; McKenzie, 1993). It is recognized that foster parents, when given adequate training and support from the agencies, are in an excellent position to work directly with children to help alter difficult and problematic behaviours. In a similar vein, it is also recognized that foster parents are often ideally situated to work with natural parents in respect to child management skills (Kadushin & Martin, 1988; McFadden, 1985; Ministry of Community & Social Services, 1992; Palmer, cited in Jaffe & Wolfe, 1990; Steinhauer, 1991).

In a study undertaken by the Ontario Association of Children's Aid Societies (Darnell Consulting Inc., 1988), it was noted that over half the foster parents interviewed perceived themselves as professionals. The study also suggested that this group of foster parents was the most likely to identify a high degree of job satisfaction. At the same time, the study indicated that the current movement from a voluntary to professional model was being undertaken in a haphazard fashion, without the benefit of specific policy or planning.

While there has been a movement towards higher levels of care and professional accountability, there remains what McKenzie (1993) refers to as a curious contradiction in the foster care system. Coexisting with the trends towards professionalism is a tendency to devalue foster parents. This propensity reflects a continued adherence to a voluntary charitable model of foster care which is still used,

on occasion, as a means to rationalize the poor monetary compensation foster parents generally receive (Darnell Consulting Inc., 1988; Kadushin & Martin, 1988; McKenzie, 1993; Wolfe & Jaffe, 1909). Additionally, in a time of funding constraints, agencies are also often not able to provide the level of support and training that is needed to fulfil the demand for higher quality of care. As a consequence, "foster parents are expected to behave like professionals while they are being treated like undervalued volunteers" (McKenzie, 1993, p.4). Further complicating the move towards professionalism is the fact that some foster parents themselves may feel ambivalent about humanitarian vs. monetary motivation (Kadushin & Martin, 1988; Smith & Smith, 1991). This tendency to undervalue the foster mother's contribution can also be understood from a feminist perspective. While a summary of this analysis will be provided in somewhat greater detail in the final section of the literature review, it is important to recognize at this juncture, that the feminist perspective emphasizes the link between society's tendency to devalue mothering per se with a similar tendency to devalue foster mothering.

The increased professionalization has contributed to another difficulty in that the whole foster care system appears to be in a state of flux between a more traditional view of fostering, in which the foster parent is perceived solely as a substitute or surrogate parent, and the newer perception of the foster parent as professional. This state of flux has left many foster parents struggling with role ambiguity (Darnell Consulting Inc., 1988; Kadushin & Martin, 1988; McFadden, 1985; McKenzie, 1993; Steinhauer, 1991). More specifically, Kadushin and Martin

(1988) state that this ambiguous role includes caretaker, substitute parent, therapist, and a "potentially confusing set of obligations that may leave the (foster) parent frustrated and uncertain as to what is expected" (p.404).

Further complicating the foster parents' work is the recognition that the service relationship between the social worker and the foster parent is often highly ambivalent and characterized by mistrust (McKenzie, 1993; Steinhauer, 1991). Underpinning this mistrust is the foster parents' recognition that the agency constitutes a major authority in their lives. They may be financially dependent on the agency which has the authority to place and/or to remove the child from their home. In addition, there are few decisions which the foster parents can make about the child in their care without the approval of the agency worker (Kadushin & Martin, 1988; Steinhauer, 1991). Given this situation, Steinhauer (1991) suggests that the workers, who have the authority to make decisions about the child and the foster home, must take the lead in opening up two-way communication and in conflict resolution. He notes further, that when foster parents and workers fail to recognize and resolve their conflicts, decision making, the placement, and the child's overall well-being, are all potentially compromised.

It is recognized that the move towards professionalization of foster care must be matched with appropriate support, training, and financial compensation (Kadushin & Martin, 1988; McFadden, 1985; McKenzie, 1993; Steinhauer, 1991). A team approach to foster care practice is dependent on the effective development of the foster parents as a resource. It also requires the acceptance of the foster parent as a

viable team member (McFadden, 1985, 1989; Steinhauer, 1991). Steinhauer (1991) suggests that in order for foster parents to be perceived as valuable team members they must first be seen as the primary influence in the child's life. Accordingly, the worker's role then focuses on providing support to the foster family and strengthening their ability to understand the child. Implicit in this redefinition of function is the need for greater role clarity (Unrau, 1993).

Related to the move towards professionalization, and growing out of the special needs of children and youth, has been a thrust towards the development of specialist foster-family care (Hudson & Galaway, 1989; McKenzie, 1993). The early development of specialist foster family care in the United States and Canada, was initially instituted in the private sector (Hudson & Galaway, 1989). In more recent years, it has begun to emerge within the child welfare agencies. Treatment foster care is generally characterized by the following:

- Care is provided within a family setting in a home owned or provided by the foster family.
- Foster care providers are selected and trained to provide care to children and youth who have special needs resulting from emotional disturbance, developmental disabilities, behavioural difficulties, special medical needs, or special cultural needs.
- Foster care providers receive special support, consultation and supervision from human service professionals who carry a limited caseload.
- Foster care providers receive payment above and beyond basic maintenance rates for children.
- The program is administered either by agencies specializing in treatment foster care or by a specialized unit within a larger host agency (Galaway, 1990).

A recent consultation paper titled A Proposed Framework for Residential Family Resources (1992), developed by the Ministry of Community and Social Services, reflects the movement towards specialization of foster care in Ontario. The proposal recommended the development of "a flexible, responsive, and effective, generic family-based residential service system for children receiving out-of-home-care" (p. 1). Within the proposed model, foster parents were perceived as having the potential to provide a range of services along a needs-based developmental spectrum of service. Their expanded role entailed:

- Intensive family support (crisis) workers for families whose children are in imminent risk of placement;
- Parent therapists providing residential treatment for children and support for their families;
- Long-term parents for children who require long-term care;
- Independence trainers (after care support) for youth leaving home.

As well as identifying the expanded role foster parents could play in service to children and their families, the proposal also recognized that the various roles would require differing levels of support, training, and compensation.

In addition to the issues and trends which are currently impacting on the foster care system per se, it is also widely recognized that the actual placement of a child creates its own stresses and has major implications for all members of the foster family (Cohen & Westhues, 1989; Kadushin & Martin, 1988; McFadden, 1985; Steinhauer, 1991; Wilkes, 1979a; 1979b). Roles, relationships, and positions within the foster family system are realigned with the placement of each child. In addition, relationships with extended family and the community might also shift (Eastman, 1979; McFadden, 1985). It is recognized that these changes can be more or less

stressful depending on the family's capacity to be flexible and to perform two primary tasks. Cohen and Westhues (1989) state that the successful foster family must a) help the child to bond with the parent figures and siblings and to become integrated into the family, while simultaneously b) recognizing what the child brings into the family and how they might differ from the family. In respect to the second task, McFadden (1985) notes that each child differs in that she/he brings to placement a genetic, and psychological inheritance, socialization and life experience, which are unique, and often very different from the foster family. Recognition of how the child differs, and acceptance of that difference, is viewed as particularly significant to the child's overall adjustment in the new home, as well as to the eventual development of a solid sense of identity.

Fostering Sexually Abused Children & The Impact of Trends

One of the recognized specializations which has emerged in the foster care system in recent years has been in the area of child sexual abuse (McFadden, 1989). While it is generally accepted that the numbers of sexually abused children in foster care has increased over the years, it is also recognized that it is very difficult to obtain a viable statistical picture as to actual numbers. There are, for example, many cases where sexual abuse is either known or strongly suspected but legally unsubstantiated. These children are frequently admitted to care under legal provisions for reasons other than sexual abuse. There are also cases where a child is admitted for reasons other than sexual abuse who disclose abuse some time later. In both these

instances the victims could escape any statistical count of the number of sexually abused children in foster care. Having said this, however, estimates as to the number of sexually abused children in foster care range from approximately 23% up to as high as 86% (Badgley, 1984; Henry et al., 1991; Hunter, Coulter, Runyon, & Everson, 1990; Minshew & Hoopley, 1990).

While there is a dearth of specific literature which focuses on the sexually abused child in foster care, that which does exist emphasizes the unique contribution foster parents can make to the child's healing. In respect to this contribution, McFadden (1989) suggests that, regardless of the effectiveness of clinical intervention, the child has needs which only a positive family environment can provide. Through living with a foster family the sexually abused child has the opportunity to unlearn "the destructive messages of his/her earlier life and begin(s) to grasp how a healthier family can operate" (McFadden, 1989, p. 103). In a similar vein, Minshew and Hoopley (1990) note that a family constitutes the most therapeutic resource available to a sexually abused child. Within the context of a continuing relationship between parents and child, the young victim can learn that there are adults who can be trusted. This trusting relationship becomes the foundation of the child's eventual healing. While I highly value the contribution foster parents can make to the well-being of the sexually abused child, it should be noted that the above statements are made, using the traditional nuclear family as a frame of reference. As the discussion of the feminist perspective on child welfare will highlight, adherence to this model of the family has serious implications for the well-being of the foster

mother. Similarly, as has been stated, this study will indicate that the adherence to this model of the family also has serious implications for the well-being of sexually abused girls.

Regardless of how one defines the family, the positive therapeutic potential of the foster family not only presupposes that the foster family and child are well matched, but also the foster parents are well prepared and supported in their therapeutic role. Unfortunately, many of the current trends identified earlier, not only militate against successful matching, and hence the creation of a trusting relationship between the molested child and the substitute parents, but they also militate against the potential of foster parents becoming viable treatment team members. As has been noted, the increased admission of special needs children, combined with problems of retention, have resulted in the burn out of many of the foster parents best equipped to care for the more damaged children. As a consequence of the shrinking foster care pool, efforts to match the sexually abused child with the most appropriate home are often rendered inconsequential (Dawson, 1985; Kadushin & Martin, 1988; Steinhauer, 1991).

While there is a growing recognition that foster parents who care for sexually abused children require specialized training (Darnell Consulting Inc., 1988; Faller, 1988; Friedrich, 1990; Henry et al., 1991; McFadden, 1986; 1989; McFadden & Ryan, 1991; Minshew & Hooper, 1990; Rogers, 1990), many fostering agencies have not adequately addressed this need. In a survey of private foster care agencies, Henry et al. (1991) found that 58.33% of the foster parents involved in the study indicated

that they wanted to receive more services to help in their work with sexually abused children. More specifically, 41.66% indicated a need for more education in sexual abuse and prevention. Generally, limited resources, combined with an ambivalent stand vis à vis the professionalization of foster parents, continues to impact on the provision of training and the development of the foster couple as viable members of the therapeutic team (Henry et al., 1991; McFadden & Ryan, 1991).

It is important to acknowledge, however, that since 1985 many foster parents in Ontario have received training regarding child sexual abuse through the T.R.U.S.T. II program. The program, which entails a ten week (30 hour) course, is provided by the Institute for the Prevention of Child Abuse. The program, which broke new ground in being the first of its kind in Ontario, is viewed as being most useful in developing a beginning sensitization to the difficult issues of child sexual abuse. It is not, however, seen as being comprehensive enough to address the training needs that a specialization in fostering sexually abused children would demand. In addition, while available to all child welfare agencies in Ontario, not all foster parents have availed themselves of the opportunity to participate in the training. In addition, in some areas the need/demand for this training has outdistanced the Institute's capacity to provide it.

The call for specialized training in the area of child sexual abuse, in part, emerges from a recognition that the nature of the child's trauma and resultant effects are such that they can generate some unique stresses within the foster home. Aggressive, sexualized, and self-destructive behaviours, as well as the child's

potential to re-enact their abusive situation, have all been identified as particularly challenging for foster parents (Friedrich, 1990; Henry et al., 1991; McFadden, 1984; McFadden, 1986; McFadden, 1989; Steinhauer, 1991). In respect to the challenge of sexual behaviour, it is noteworthy that in Henry et al.'s (1991) survey only half the foster parents maintained that they would handle inappropriate sexual behaviour by discussing it with the child and by setting appropriate limits on the negative behaviour. As was indicated in the discussion of effects, this study also highlights the significant challenge presented by the child's potential sexual behaviour.

Another issue, which is impacting on the whole foster care system but which has particular significance for those fostering sexually abused children, is the question of abuse in foster homes. It is generally agreed that it is difficult to determine the precise frequency of abuse in foster homes. Different approaches to the definition of abuse and imprecise record-keeping contributes to the difficulty in ascertaining a sound picture of abuse in foster care (Dawson, 1985; McKenzie, 1993). In addition, statistics on incidents of sexual abuse per se tend to be subsumed in figures on the incidence of abuse and neglect.

Given these limitations, however, it is estimated that the frequency of confirmed abuse in foster family care constitutes about 1.0% of all reported child abuse (Daro & McCurdy, 1991). McFadden (1985) cites findings which indicate that between 2.0% to 2.7% of foster parents perpetrate abuse. In a similar vein, a recent statistical analysis of abuse incidents in the United States, conducted by the Child Welfare League of America, established that in 1991, foster parents were the

perpetrators of abuse .5% of the time, as compared with natural parents who were the offenders in 80% of the cases. In this instance, as with the earlier national statistics, sexual abuse was not separated out from physical abuse. In Ontario, Darnell Consulting Inc. (1988) found, in a sample of 147 foster homes, that there were 13 where allegations of abuse had been made. Five of these were substantiated and this represented 3.4% of the foster homes reviewed and an estimated 3.3% of the child population. In a study of foster child abuse in Ontario, covering a three-year period, (1979-1981), Dawson (1985) reported a 0.256% rate of verification. This rate represented the percentage of foster children in relation to the total foster child population.

In the same study, Dawson (1985) indicated that 42% (15) of the children were sexually victimized by their foster fathers. In a Colorado study of 500 allegations of abuse in out-of-home placements, which was conducted over a five-year period, it was found that abuse was confirmed in only 29% or 145 of the cases (Rosenthal, Motz, Edmonson and Grozi, 1991). At the Catholic Children's Aid Society of Metropolitan Toronto, in a four-year period (1984-1989), there were twelve sexual abuse investigations, conducted in a total fostering population of 320 homes. Of the twelve investigations five incidents of sexual abuse were validated (Elaine Leiba, Supervisor of Foster Care Development, Catholic Children's Aid Society of Metropolitan Toronto, personal conversation, March 21, 1994).

Inappropriate placements, failure to train foster parents, and failure to monitor and support the home have all been correlated with maltreatment within the foster

home (McFadden, 1984, McFadden, 1989; McFadden & Ryan, 1991). Several authors also associate stress with incidents of abuse in foster homes. For example, McFadden (1985) identified marital discord and an increasingly authoritative approach to discipline as associated with the abuse. Dawson (1985) similarly identified family discord and authoritative modes of discipline as frequently cited stress factors in his survey population. It is also noteworthy that the majority of children in the Dawson study were perceived as children with special needs. However, in only 2 instances were the children placed in specialized foster care, the majority (24) being placed in a regular foster home.

McKenzie (1993) notes that it is difficult to know how to interpret these findings. On one hand, the statistics could represent an over reporting because foster families are more likely to be scrutinized because of their relationship with the child welfare authorities. On the other hand, it has been argued that there could be a tendency to under-report incidences of abuse in foster family care, because it could damage the credibility of the whole child welfare system.

Another issue which relates to the question of abuse in foster homes, and which is of particular concern to those who care for sexually abused and abused children is the issue of "false" allegations of abuse (Canadian Foster Family Association, 1993; Carbino, 1991a; 1991b; Darnell Consulting Inc., 1988; Hicks & Nixon, 1991; McFadden & Ryan, 1991). Despite growing concern about this issue, statistics pertaining to the frequency of false allegations of abuse are virtually non-existent. Statistics on false allegations do not appear to be maintained on either a

local, provincial, state, or national level (S. Scarth, Director, Child Welfare League of America, Canadian Division, personal communication, January 24, 1994; A. Twaddle, Health and Welfare Canada, Personal communication, February 1, 1994). Literature pertaining to allegations of abuse, although limited, has predominantly focused on the dynamics which contribute to an allegation, and its actual impact and the ensuing investigation. The literature highlights the crisis nature of these experiences and makes specific recommendations about the investigative process (Carbino, 1991a; 1991b; Hicks & Nixon, 1991; McFadden & Ryan, 1991; Steinhauer, 1991). Steinhauer (1991) contends that even if false, the investigation, while necessary, can be traumatic for foster families, and may lead to damaging and unnecessary placement breakdowns, as well as the loss of some foster homes. Recognizing these impacts, the Canadian Foster Family Association (1993) created a series of guidelines which are available to agencies and foster parents for the development of clear policies and practices regarding the investigation of allegations in foster homes.

Feminist Thinking: An Emerging Perspective in Child Welfare

While not as yet highly visible, feminist thinking is very much an emerging perspective in child welfare (Callahan, 1993b). Much of the feminist analysis is rooted in a critique of the assumptions about motherhood and family, which underpin policy and practice in child welfare.

The myths of motherhood, which grew out of the Victorian era, were

perpetuated and legitimized by early writings in child developmental psychology (Chodorow & Contratto, 1989; Dally, 1982). In respect to this orientation, the work of Bowlby, who identified the early infant-mother relationship as critical to the child's overall development, is particularly noted. These forces spawned a belief in an all powerful mother who was simultaneously denigrated and idealized. Motherhood was blamed for the ills of the world on one hand, while being fantasized as perfect on the other. Chodorow and Contratto (1989) indicate that the idealization and blaming are two sides of the same powerful belief in all-perfect mother. As a consequence, mothers, and those who assume roles which are an extension of the biological mothers', become both idealized and trivialized. Essentially, the demystification of mothering revealed that, that which was revered was in reality demeaned (Meyers, 1985).

Related to the challenge to the myths of motherhood has also been a challenge to the "family ethic", which is deeply rooted in our culture, and is also reflected in current social welfare policies (Baines, Evans & Neysmith, 1991; Carter, 1991; Miller, 1991). The term "family ethic" or "familism", originally coined by Abramovitz (1988) refers to "the ideological norms that define womens' roles in the family and the work place and delegate women the principal responsibility for caring for family members" (Evans, 1991, p. 170). Miller (1991) refers to the family ethic as "an operationalization of adherence to patriarchy as the organizing principle of society's social structure" and notes that "the basic assumption of patriarchy is gender inequality", (p. 594) which accords women primary responsibility for caring. Thus

the caring role, which is devalued in our society, in part because of the myths of motherhood, is both dictated by and reinforces the gendered division of labour.

Ferguson (1983) has noted that public patriarchy has replaced the father-husband patriarchy of previous centuries and many feminist writers indicate that the child welfare system constitutes a significant part of this institutionalized patriarchy (Bella, 1993; Callahan, 1993a, 1993b; Carter, 1991; Costen, 1985; Miller, 1991). In reference to this realization, Costen (1985) argues that from its inception, "the child welfare system has traditionally accepted the consequences of the inordinately unequal power structure of a patriarchal culture" (p. 197). Recognizing this acceptance has led feminists, not only to challenge theories and practices that ignore gender and power, but also to ask how and why child care, which is predominantly woman's work, is devalued and underpaid in both the private and public domain (Baines, Evans, & Neysmith, 1991; 1992; Bella, 1991; Callahan, 1993b; Miller 1991). Further, recognizing that women are particularly predominant in the child welfare system, feminist analysis has focused on the situation of the client, the front-line worker, and the foster mother.

In respect to the client, various authors indicate that because the mother is assigned primary responsibility for the care and nurturing of children, she is not only more visible, but is more likely to be blamed and held culpable when problems arise (Carter, 1991; Costen, 1985; Krane, 1990; Swift, 1991; Waldby, Clancy, Emetchi, & Summerfield, 1989; Wattenberg, 1985). It has also been recognized that much of female poverty is a consequence of gendered caring and that there is a strong link

between female poverty and risk to children (Bella, 1993; Callahan, 1993b; Evans, 1991; Swift, 1991). It is Callahan's (1993b) view that much of current child welfare practice and policy tend, not only to ignore this link, but also to exacerbate it.

Bella (1993) points out that the assumptions about mothering and women's responsibility for the care of children is also reflected in the gendered structure of child welfare organizations. Men generally occupy administrative and management positions, while women continue to assume the majority of front-line positions. It is further noted that these front-line positions are both undervalued and underpaid (Baines, 1991; Callahan & Attridge, 1990; Callahan, 1993a; 1993b; Miller 1991). Also contributing to this discussion is work which has focused on the nature of women's caring (Baines, et al., 1991). It is indicated that the emotional work involved in caring, whether done in the home or the public sphere, remains either hidden or poorly defined (Baines, et al., 1991; Callahan, 1993a; Callahan & Attridge, 1990; Neysmith, 1991; Swift, 1991). Neysmith (1991) points out that when aspects of caring break into the public domain, as is the case with child welfare workers and foster parents, only the task component is seen. The emotional aspect of the caring work becomes subsumed into the task. By way of example, Callahan (1993a) indicates that, even though the feeling and caring involved in the child welfare worker's job can make the difference between success and failure, these aspects are not identified in case-weighting systems and are accordingly undervalued and discredited. It is also recognized, that regardless of who is doing the emotional caring, mother, worker, or foster mother, the caring work remains hidden unless it is

not done or not done sufficiently well, in which case the woman is found wanting.

As has been suggested, the foster mother's situation within the child welfare system and society as a whole has also been scrutinized through a feminist lens. Meyers (1985) states that the foster mother "represents a concatenation of women's issues" (p. 255). Smith (1991) notes that while foster mothers are idealized as good parents, especially when contrasted with the natural mother who is blamed for all her family's ills, the foster mother is also, paradoxically, poorly rewarded and emotionally unsupported. Furthermore, Smith (1991) notes that foster mothers represent an example of the exploitation and trivialization that women can experience when they take on roles which constitute an extension of that of the biological mother. In a similar vein, Meyers (1985) contends that the nature of this exploitation and trivialization is such that the foster mother could readily be viewed as a victim. Meyers argues further, that an analysis of the mothering and the foster care system from a feminist perspective allows for a reconceptualization of old categories, which frees the foster mother from being viewed simply as a substitute mother. She suggests, that once freed from this view, the foster mothers could then be treated as professionals and staff persons in their own right.

Meyers contends that redefining foster family care from a feminist perspective could have the effect of, not only transforming the foster care system, but also the whole child welfare structure. Baines (1991) notes, however, that it is imperative that a feminist ethos of professionalism be based on "an ideology that integrates an ethic of care and forms more equal partnership with the cared for" (p. 67). In a similar

vein, Smith (1991) calls for a reconceptualization of foster care based on a broader definition of social parenthood which views shared care as a necessary support service and not a stigmatized deterrent to bad parenting. She cites her own work with The Shared Care Program (of the Bernardo's Waverly Centre in New South Wales), which emphasizes the partnership between worker, foster parent, and natural mother, as an example of a beginning effort at just such a reconceptualization.

I have found the feminist analysis of child welfare and foster mothering particularly informative. This analysis connects child welfare with problems of power. In reference to fostering, the feminist perspective helps to explicate why, and how it is, that foster mothers are both disempowered and devalued within society and the child welfare organizations. This analysis roots the foster mother's situation in the ideology of familism and motherhood. In addition, the feminist criticism of the family ethic dovetail with mainstream child welfare literature, which is beginning to question the viability of continued adherence to the heterosexual nuclear family as the most appropriate model for foster care. It should also be noted that the feminist perspective informs this study. Like the material on childhood sexual trauma, the feminist analysis constitutes another lens through which I endeavour to understand and consider the implication of the research findings.

Chapter Summary

As was stated at the beginning of the chapter, caring for sexually abused children can be both complex and demanding. In order to understand the nature of this complex endeavour, it is important to comprehend what both the young victim

and the foster parents are bringing to their encounter.

To facilitate an understanding of the child, current research on the initial effects of child sexual abuse were reviewed. More specifically, the effects of fear, anxiety, depression, anger/hostility, and inappropriate sexual behaviour, have been highlighted. These particular effects were considered because they are most frequently identified in the clinical literature. Variability in the degree of trauma was also considered. To facilitate an understanding of why some children are more damaged than others, the research pertaining to the effect of various factors such as the use of force, duration of the abuse, the nature of the child-perpetrator relationship, the nature of sexual contact or activity, and the reaction of parents at the time of the disclosure, were also discussed. While providing a beginning insight into what the individual child victim may be bringing to the fostering situation, it was also pointed out that the research on initial effects and variability have a number of methodological and practical limitations.

In addition to discussing variability in the degree of trauma, models of sexual trauma were also presented. Posttraumatic stress disorder, Finkelhor and Browne's (1985) four traumagenic dynamics model, and Judith Herman's (1992) work were particularly highlighted. It was indicated that the material on the nature of trauma is most helpful when grappling with understanding the individual child's perspective on her abuse.

To also understand the context of fostering and the nature of the kinds of issues which confront foster parents, an overview of general trends and issues in

fostering were presented. To historically situate these issues and trends, a brief history of foster care in Ontario were also initially provided.

The general issues which were discussed included the increased admission of more difficult children, including the admission of sexually abused children, the underrepresentation of culturally and racially diverse homes, the continued propensity to recruit foster homes which best fit the heterosexual nuclear family model, and related to this, the tendency of agencies and society to minimize the role and influence of the foster father.

Problems in the recruitment and the retention of foster homes were also identified as significant trends. Because of these factors, it was recognized that agencies frequently encountered difficulties in matching the more difficult children entering care with the most appropriate foster family.

A trend toward the professionalization of fostering was highlighted. This trend has simultaneously been spurred by and led to the recognition that foster parents can function as viable members of the child's treatment team. Accordingly, this recognition demands appropriate support, training, and financial compensation. At the same time, the literature also indicates that while steps have been taken to recognize the more professional orientation, this recognition still coexists with a tendency to devalue the foster parents' contribution.

It would appear that adherence to the traditional family model, which is rooted in the history of fostering, is juxtaposed against the movement towards professionalism. The mainstream child welfare literature, but more particularly the

feminist analysis, suggest that adherence to such a model of "normal" family living contributes to the tendency to devalue the foster mother's contribution, and as such, also contributes to her lack of acceptance as a viable team member and professional. To help explicate this understanding, a review of the feminist perspective on child welfare generally, and fostering in particular, was also provided. The discussion of the feminist analysis concluded with a call for a reconceptualization of foster care which was based on a broader definition of social parenthood. It was also indicated that this definition emphasized the concept of partnership between biological parent, foster mother, and worker.

Prior to highlighting the feminist perspective, however, the implication of the various trends on the provision of care for sexually abused children was also presented. While limited, the mainstream literature on fostering sexually abused children highlights the positive, therapeutic contribution a foster family can potentially make to the traumatized child. Also, as indicated, this positive contribution presupposes the successful matching of child and family. Some of the general trends such as burn-out, and problems in retention and recruitment were identified as negatively impacting on the matching process.

The literature also identified two other issues which are of particular concern to foster parents who care for sexually abused children, specifically abuse in foster homes and the issue of false allegations of abuse. Despite the fact that both issues are of considerable concern, it was also acknowledged that it was most difficult to obtain a clear statistical picture on the frequency of either occurrence.

Chapter 3. Methodology.

The Research Question

I undertook this study to explore the implications of caring for sexually abused girls and the meaning of that experience from the perspective of foster parents. More specifically, the following four questions guided the initial enquiry: (a) What do foster parents perceive as the most significant issues in caring for sexually abused female children? (b) What do the foster parents perceive are the implications of these issues for the foster family? (c) How does the institutional/organizational context of fostering influence or impact on these issues? (d) What do foster parents perceive as significant factors, qualities, or characteristics required to meet the challenge of caring for sexually abused girls?

Working Definitions

Operational definitions of foster parent and sexually abused young females were made on the basis of their involvement with participating child welfare agencies. Accordingly, foster parents were defined as those foster parents who had undergone a homestudy, police check, etc., and had achieved official approval to function as foster parents, and to provide a "place of safety" for children by either the Metropolitan Children's Aid Society of Metropolitan Toronto or the Catholic Children's Aid Society of Metropolitan Toronto.

Sexually abused girls were defined as those children who, either upon

investigation by the aforementioned agencies, had been deemed "children in need of protection" because of sexual abuse, or deemed "children in need of protection" for other reasons, but where sexual abuse was also confirmed.

Qualitative Method

I chose to use a qualitative case study design to investigate the implications of caring for sexually abused children from the foster parents' perspective, because this methodology is particularly useful when one seeks to understand a "particular problem or unique situation in great depth" (Patton, 1990, p. 54). The qualitative research method also seeks to understand social phenomena from the unique perspective of the primary participants involved in the area under study. Given that the intention of the study was to gain an understanding specifically from the foster parents' point of view, and that I hoped to capture "a different sense of knowing" about the issues involved in caring for the sexually abused child, qualitative methodology seemed most appropriate (Dooley, 1984; Glaser & Strauss, 1967; Kirby & McKenna, 1989; Lincoln & Guba, 1985).

Additionally, in fields where there is limited research and knowledge, as is the case with the whole area of fostering sexually abused children, exploratory research, employing qualitative methods, provide an excellent beginning point (Patton, 1990). Qualitative methods are also seen as viable when the study wishes to understand some of the complexities of family life. Accordingly, Moon, Dillon, and Sprenkle (1990) recommend the use of qualitative methods in the study of family systems. They

maintain that like systems theory, the qualitative method helps to capture "social context, multiple perspectives, complexity, individual difference, circular causability, recursion, and holism" (Moon et al., 1990, p. 364).

Accessing The Participants

I used "purposive sampling" methods in the selection of foster parents who were to participate in the study because I wished to develop an understanding of the issues involved in caring for sexually abused children from those who were "information rich" (Lincoln & Guba, 1985; Patton, 1990). Accordingly, I sought participants who had had at least one year of experience in fostering within the specified agencies, and who were currently caring for a sexually abused child. More specifically, I arranged to connect with the foster homes sometime within a three month period after a known sexually abused child had been placed in the home. In his discussion of the ethnographic interview, Spradley (1979) notes that the most knowledgeable informant generally has a minimum of a year full-time involvement, as well as current involvement, in the cultural scene under study. Apart from these two criteria, which were established in order to guarantee the participants were grounded in the experience which constituted the focus of the study, diversity was achieved in respect to the total number of years couples had fostered, and in the actual number of sexually abused children they had fostered in the past. Some diversity was also achieved in respect to personal characteristics such as age, ethnicity, race, and the nature of other employment.

While sample size in purposive sampling is not generally designated beforehand but is determined by informational redundancy or theoretical saturation (Lincoln & Guba, 1985; Glaser & Strauss, 1967), I was requested by the participating agencies to designate the number of couples I would be asking to be involved in the study. I initially designated six couples but extended this number to seven. However, my involvement with one couple was terminated when the child was replaced prior to the third interview.

Given that I interviewed the research participants six to eight times over a period of seven months, generating forty-three interviews, averaging an hour to an hour and half in duration, I was in fact able to interview to the point of informational redundancy. Essentially, I opted for a smaller sample size but greater depth in the information I sought (Patton, 1990).

It should be noted that the sexually abused children who were placed in the homes were all female. This was not a predetermined criteria but reflects the fact that there are a greater number of sexually abused female children than male. While I did not recruit homes which only took female victims, once the pattern became apparent, I did consciously decide not to seek out a home with a male victim, because I believed involvement of young male victims could constitute another whole area of study. Retrospectively, I believe the inclusion of even one foster family who provided care for the male victim might have contributed a different or unique variation in respect to the issues that emerged, and accordingly, the non-inclusion of male victims constitutes a limitation to the study.

I recruited participants through two large child welfare agencies in Metropolitan Toronto with which I had a prior or current connection. While I obtained permission from the administrators of the two agencies to pursue the study, I actually negotiated access to possible participants through the managers and workers who had more direct contact with the foster parents. To familiarize these individuals with the nature of the study and my specific needs, I presented the proposal to the management and worker teams concerned in each agency. Two different systems were set up whereby I was to actually gain access to foster parents. In one agency I was to work through the team supervisors who were to function as a communication link between myself and the workers. In the other agency I was to work through placement workers who would alert me as to when a sexually abused child was placed in a home. Once I had established that a child had been placed by either of these means, I was to talk with the worker who would ask the foster parents if they were interested in participating. Both these systems proved to be unsatisfactory, in that several months passed in which I received no referrals. This situation occurred despite the fact that I made many of what I deemed as "nuisance" phone calls.

In the final analysis I used a form of the "snowball approach" (Patton, 1990) in which I contacted individuals I knew within each agency. These individuals helped me gain access to the workers, who in turn, were connected to foster homes where sexually abused children were being placed. To guarantee that potential participants did not feel any undo pressure to become involved in the study, workers made the initial request and I followed up once initial agreement was obtained.

The Research Participants

Prior to beginning this section, it should be noted that specific information, in respect to the participants' characteristics, are not provided for fear of breaching confidentiality. While all the foster couples who participated in the study were middle class, there was diversity in respect to ethnicity and race. All but two of the foster fathers worked outside the home and these two foster fathers were self-employed. As a consequence of the self-employment, there were periods when these foster fathers tended to be, either absent for extended lengths of time, or present during the day-time hours, when the other foster fathers were unlikely to be available. Only one foster mother had "other" employment in addition to her fostering.

With the exception of one couple who had fostered for an eight month period with a private organization and two months with the child welfare agency, all the foster parents had extended experience, having been involved in fostering from five to thirteen years. All the foster parents, with the exception of the couple with the shortest fostering history, had some prior experience with sexually abused children, either as foster parents or in a previous work experience. The placement of the "identified" child constituted the first sexually abused female child that the least experienced couple had fostered.

Both experienced and inexperienced foster couples were included for the purpose of contrasting experiences. I believed that the couple with a shorter history in fostering could facilitate the identification of differences in the work with sexually abused children, and that comparing and contrasting these differences would enhance

our understanding of the question under study. In actual fact, the experiences of the newer couple proved to be similar, although certainly not identical to the more seasoned participants.

All but one couple had natural children who still resided with them. The natural children ranged in age from six to nineteen years. In addition to the "identified" children who, in part constituted the initial focus of the study, the foster parents also cared for one to four other foster children. As previously indicated the "identified" sexually abused children were all female and they ranged in age from ten to fourteen years. With the exception of one child, these young victims had been placed anywhere from two weeks to three months prior to the commencement of the research. The child, who constituted the exception, had resided in her foster home for four years, but had disclosed sexual abuse just four months prior to the beginning of the study. Given that a disclosure of sexual abuse can constitute a crisis for all those involved, I speculated that this situation might not be too different from that of a new placement which had occurred as a result of a disclosure. In addition, it was believed that focusing on a child who had been in placement several years might also provide interesting variations on the data which emerged. In the final analysis, if this proved not to be true, this case might point to areas where future research was warranted.

It should also be noted that, although I requested the full involvement of the foster fathers in the research, the full participation only occurred in two instances. In one situation I was unable to involve the foster father at all. In another instance, the

foster father was involved in three of the seven interviews and two others made themselves available for one interview. My experience in this respect is not unlike other researchers who similarly had difficulty in accessing foster fathers (Cautley, 1980). Retrospectively, I recognized that the foster father's limited involvement in the research was also indicative of the foster father's limited involvement in fostering per se. This reality was reflected in the foster couple's shared perception that all aspects of fostering constituted the foster mother's responsibility.

With those foster fathers with whom I had limited or sporadic access, I used the opportunities to check their perspective on the issues and themes which had emerged in the discussion with the foster mothers. Although I was able to successfully ascertain their perspective on the most concerning issues, I found that the interviews per se had a qualitatively different "feel". While the interviews with the couples or individual foster mothers came to be characterized by trust, spontaneity, and warmth, these singular interviews felt stilted, and tended to elicit more superficial responses. Reflecting on these differences, I recognized that these interviews had a quality of "starting over". This experience reinforced the significance of having decided to conduct the study over time. Time facilitated the development of trust, and the passage of time, in turn, facilitated more in-depth sharing of issues, concerns, and feelings.

I believe it would have been preferable to have all the foster fathers participate fully and if I were to replicate this research I would renew my efforts to enhance this possibility. However, given the current definition of fostering, which still tends to

reinforce gender specific roles, this "wish" may not be realistic. In view of this trend in child welfare, accessing the foster fathers when I could and using those times to specifically check their perspective on the identified issues, in the final analysis, may have been the best compromise.

The Interview

Although I initially planned to conduct three interviews with approximately twelve couples and to utilize a question guide (Lincoln & Guba, 1985; Patton, 1990), I decided to engage a smaller number of participants and conduct approximately seven interviews over a six to eight-month period. As indicated, I opted for a smaller sample size and greater depth in the information which I sought. I also believed that the nature of some of the information which might emerge could be quite sensitive. In view of this sensitivity, I concluded that a more prolonged involvement with the foster parents would help to facilitate the development of confidence in me as a trustworthy individual, and that this increased confidence in my trustworthiness, in turn, would help facilitate the sharing of more sensitive information.

In addition to deciding to interview over a longer period of time, I also decided to use an unstructured interview format. Lincoln and Guba (1985) have noted that the unstructured interview is concerned with capturing the unique and wholly individual viewpoint, and emphasizes the participants' definition of the situation and what she/he considers relevant. More specifically, Kirby and McKenna (1989) indicate that intensive interviews seek to discover information about the

experiences of the participant "in the language and gesture of that person" (p. 68).

That experience, which captures the need and intent of the interviewee, then serves as a guide throughout the interview process.

Consistent with the emergent quality of qualitative research, the initial responses of the participants were expected to form the foundation of more structured and individualized enquiry (Patton, 1990). Because I planned to connect with the foster parents subsequent to the placement of a sexually abused girl, I felt that the questions would emerge from the immediate context, circumstances, and experiences of the foster parents in caring for that specific child. In addition to providing an initial focus, the evolving nature of issues which emerged during the child's placement provided concrete examples, which in turn provided opportunities for foster parents to reflect on the significance of the issues. These situations also triggered other examples which added depth to the data.

The data-gathering strategy was also intended to empower the participants by allowing them more active involvement in how the interviews evolved. The in-depth, open-ended interview permitted participants the opportunity to discuss their experiences of caring for sexually abused children, and to present information which they felt was most relevant in respect to the context of that experience.

The participant, researcher relationship. The qualitative nature of the research, the potentially sensitive nature of the area under study, and my own wish that the study constitute a positive, empowering process for the participants, required that I place emphasis on the importance of establishing a collegial, non-hierarchical

relationship (Kirby & McKenna, 1989; Oakley, 1981; Reinharz, 1983). Establishing such a relationship, in turn, required that I also place emphasis on building and maintaining trust. Lincoln & Guba (1985) describe the trust relationship as biographically specific, and as a developmental process. Accordingly, I recognized that I must not only take steps to develop trust, but also attend to its maintenance throughout the research process. I also resolved to maintain a stance of "balance and fairness" (Lincoln & Guba, 1985, p. 192) or "empathic neutrality" (Patton, 1990, p. 55).

Throughout the research, I engaged in what Rossiter (1988) refers to as the real work of interviewing - listening. Implicit in the concept of listening is an attending to, and grappling with truly understanding the participant's experience and perceptions. Underpinning this interviewing process was also a firmly held conviction in the importance of the foster parents' contribution to the development and the outcome of the research, and their contribution was reinforced throughout.

Dilemmas in the interview relationship: A source of learning. While I set out to establish a collegial, non-hierarchical relationship, and to maintain a position of "empathic neutrality", I also understood, on an intellectual level, that the research relationship would evolve, and in part, be defined by what the participants and myself brought to each encounter. Indeed, like Rossiter (1988), I found that each relationship evolved over time, sometimes assuming a different quality at different times throughout the research. With one foster mother, for example, the relationship went through a transformation in which I was referred to as an expert, helper,

colleague, and confidante, respectively. Similarly, one couple, at different times related to me as student or pupil, research expert, colleague, and confidante. The nature of the relationships was being defined by the needs or interests of the participants at a given point in time. These needs and/or interests, at times, would dovetail with my needs as a researcher, and at times they would not. What I eventually discovered was that the evolving and changing nature of our relationship required greater flexibility than I had originally anticipated.

What I had failed to recognize at the beginning, was that predefining the relationship as collegial and non-hierarchical would, at times, contradict the unique and evolving quality of each relationship. These contradictions proved to be a source of tension and conflict for me. Being related to as an expert and/or helper contradicted the non-hierarchical relationship I was endeavouring to establish. Similarly, I struggled with how to maintain a stance of empathic neutrality and at the same time respond as a helper and confidante. I wondered whether, indeed, I should respond. These dilemmas were not easily resolved.

Initially I endeavoured to maintain my goal of the non-hierarchical relationship and neutrality. Accordingly, when I was asked how I might handle a certain situation or my perspective on it, for example, what might be motivating a child's behaviour, I frequently responded by suggesting that the foster mother might want to ask her worker for input about the situation. Ironically, as the findings indicate, asking the worker was not a straightforward enterprise. The foster mother could not ask, and I came to realize my suggesting that she do so, far from empowering her, engendered

guilt.

Being asked questions which demanded that I assume a position vis à vis the participants, which contradicted my initial intent, also caused me to assume what I came to consider an exaggerated position of 'neutrality'. This exaggerated stance very much began to look like the objective, non-responsive researcher of a more positivistic orientation. I realized that I could not be neutral, I had feelings and experiences which resonated with the stories I was being told. My efforts to maintain a stance of neutrality also created a different kind of tension, in that it conflicted with my general value stance of wanting to be congruent and authentic in all my relationships, professional and personal. Essentially I felt dishonest. The following journal entry captured the essence of this conflict: "I really want permission to respond, and to be more spontaneous".

In part, some of this "permission" was arrived at serendipitously; I had the opportunity to study the work of various feminist researchers who emphasized the significance of intimacy in the research relationship (Kirby & McKenna, 1989; Klein, 1983; Oakley, 1988; Reinharz, 1983). While the establishment of intimacy did not become a specific goal in itself, reading about the possibility had the effect of freeing me up to respond more spontaneously and to "flow" with the evolving nature of the relationships. Intimacy, when it was established, thus was a consequence of the evolving nature of the research relationship and not the result of a "forced" predetermined criterion. I also discovered that more authentic responses on my part, somewhat paradoxically, helped to facilitate the development of the non-hierarchical

relationship to which I had originally aspired. What then evolved between myself and the participants was what Kirby and McKenna (1989) refer to as intersubjectivity, "an authentic dialogue between all participants in the research process, in which all are respected as equally knowing subjects" (p. 34).

Having said all the above, I believe it is important to acknowledge, that listening remained the primary tool, and that I rarely talked about myself or my own experiences. On those occasions that I did share my experience, it was for the purpose of clarifying or expanding my understanding of what the foster parent was endeavouring to share; I had perceptions which, when shared, helped the participants and myself flush out the phenomena under discussion.

Once I abandoned the superficially contrived efforts to remain neutral, listening became a multi-faceted experience - listening to the foster parents, and listening to my inner resources, intuition, feelings, and emotions. Thus, I endeavoured, during, after, and prior to each interview, to bring further enlightenment to the focus of our discussions. Listening and questioning became the steps in the dance of enquiry. Within the interview, I permitted myself to reflect outloud, to give voice to poorly formulated thought, to retract and rephrase, and to fully engage with the participants in understanding their issues and concerns. Having thus clarified their meaning, I would formulate the next question through which I attempted to delve deeper into the area which constituted the focus of our interest. I also frequently asked the foster parents for concrete examples of what they were trying to help me understand. These examples not only helped to clarify meaning,

but they also added richness and depth as the material would come alive. Through this form of shared dialogue, new ideas and areas of enquiry would also emerge.

The interview process. Interviews were essentially conducted according to the following schedule: The initial interview took place from two weeks to three months following the placement of a sexually abused child; the second, third, and fourth interviews were scheduled approximately every two weeks following the initial interview; the fifth, sixth, and seventh interviews took place at monthly intervals thereafter. All interviews were scheduled at times most convenient for the foster parents, and all the interviews took place within the foster homes.

It should be noted that while the above scheduling was generally adhered to, sickness and summer vacations occasionally disrupted the sequence. Although there was only one occasion where I felt the lapse in time interfered with a sense of continuity in terms of the flow of the interview, I believe it would have been preferable not to conduct the interviews over the summer months.

All interviews were audio-taped and subsequently transcribed. Codes were used for the purposes of identifying the participants, and only I had access to the key. Access to the transcripts was limited to myself, the transcriber, and my research advisor. Because the data were gathered from a small number of foster parents, I reported excerpts, either without identifiers, or where both foster mother and foster father were involved in the interview, the initials FM and FF were utilized to designate the speaker. Whenever the specific reference was made to individuals, initials, rather than names were used. These steps were all undertaken to guarantee

the participants' anonymity.

At the beginning of the initial interview, I reviewed the consent forms with the participants. I specifically highlighted the voluntary nature of their participation and provisions for confidentiality. All the participants signed the consent forms which highlighted the purpose of the study, the nature of their participation and contribution, the interview process, the nature and duration of contact, and the steps taken to maintain confidentiality and anonymity. (See Appendix A).

After straightforwardly reviewing the consent form, I described the purpose of the study, and shared a little of my own background and interest in the focus of the study. I emphasized the foster parents' contribution to the process and outcome, and in so doing, highlighted the point that I wished to learn from them, and to capture their experience of fostering sexually abused children.

To commence the initial interview and to begin to create a sense of comfort with the interview process, I asked four grand-tour questions (Spradley, 1979): How did you come to foster? How did you come to foster sexually abused children? Walk me through a day in your home. Tell me about the specific child. These questions helped in the establishment of a relaxed, free-flowing interviewing process, while simultaneously providing me with significant background information and a feel for each home.

The interviews unfolded and had an emergent quality whereby the foster parents would share what had transpired between interviews, providing concrete examples which we could mutually explore. With time, I was able to delve into their

reactions, thoughts, and feelings about occurrences. Between interviews I would listen to the tapes and review the transcripts. In this way, I was able to identify issues and/or questions which required further clarification. I began each interview with a brief summary of what we had covered at the previous interview, and by clarifying aspects of the content which had not been clear to me. This process sometimes led to further elaboration of the issues that foster parents considered significant. It also served to reinforce the fact I was listening to them, and thus valuing their input. In a similar vein, I ended each interview by summarizing what I had heard, giving the foster parents opportunity to clarify or elaborate on particular points. I also checked with them as to how they were experiencing the process, and asked if there were things I could do differently which might help them in sharing their perceptions. The participants generally concurred that they were quite comfortable with how the interviews were conducted. Occasionally a foster mother would raise a concern that I might not be obtaining the information I sought, and I used these opportunities to reinforce the importance of her perceptions and contribution.

Although all interviews were essentially unstructured, I chose to structure the final interview around two areas. I asked foster parents to answer the following question: If you were responsible for training and orientating new foster parents in respect to caring for sexually abused children, what do you think would be important to share with them? I asked this question as a form of triangulation (see Establishing the Trustworthiness of Data below). I believed their answers would reflect the issues

and concerns which had emerged throughout the study, and in fact this proved to be true.

Finally, I used the last interview to review with the foster parents the impact of the interview process and their participation in it. The foster parents indicated that the process had a number of positive benefits. For several foster parents, the process helped them to identify and articulate, more specifically, what they actually did in terms of caring for sexually abused children. This identification enhanced awareness and was, in turn, empowering, because they were able to really see and value their contribution to the child's well-being. For one foster mother, hearing that others struggled with similar dilemmas helped to create a sense of connectedness and reduced her sense of isolation. The majority of participants indicated that they felt valued, supported, and most significantly, heard. For examples of the respondents' comments see Appendix B.

Establishing The Trustworthiness of Data

Lincoln and Guba (1985) suggest that qualitative research be evaluated on the basis of trustworthiness and credibility, rather than on more traditional measures of reliability and validity. More specifically Lincoln and Guba (1985) contend that the trustworthiness of research findings can be judged on the basis of "credibility, transferability, dependability, and confirmability" (p. 300).

Credibility. Credibility refers to the extent to which the data are comprehensible to the participants. The credibility of this study was enhanced by prolonged engagement in the field (Lincoln & Guba, 1985, p.301). As indicated, in

addition to having extensive child welfare experience myself, the data collection took place over six to eight months and involved over forty-two hours of in-depth interviewing.

The credibility of the findings was also enhanced by utilising forms of triangulation. Triangulation refers to the verification of findings by using diverse methods of data gathering, and/or investigations, and/or theories, and/or sources (Lincoln & Guba, 1985). In this study I gathered data from diverse participants, and "no report was credited unless it could be verified by another person" (Lincoln & Guba, 1985, p.305). Patton (1990) maintains that triangulation can also entail comparing and cross-checking the consistency of information derived at different times, as well as by different methods. In respect to determining consistency of the information, I checked for the consistency of what the participants said about the same issue over time. As indicated, I also structured the final interviews and asked a specific question regarding the training and preparation of future foster parents as a means of triangulation.

The credibility of the findings is also supported by engaging in peer debriefing. Lincoln and Guba (1985) describe this as a process whereby the researcher exposes her/himself "to a disinterested peer in a manner paralleling an analytic session . . . for the purpose of exploring aspects of the enquiry that might otherwise remain only implicitly in the enquirer's mind" (p. 308). It provides an opportunity to explore meanings, interpretations, and tentative hypotheses. Throughout the data gathering and analysis, I discussed my thoughts, feelings, and

tentative ideas with three different peers, all of whom were knowledgeable "about the substantive area of inquiry and the methodological issues" (Lincoln & Guba, 1985, pp. 308-309).

Member check is another means of strengthening the credibility of the findings. The member check can be both formal and informal, and occurs continuously. Lincoln and Guba (1985) identify "the member check, whereby data, analytic categories, interpretations, and conclusions are tested with members . . . from whom data was originally collected" (p. 314). I employed the member check in several ways. In summarizing the interview at the end of each interview, I provided the participants with opportunities to validate and/or to elaborate on their perceptions and statements. From time to time I would share examples or statements made by one participant with others, and ask the foster parents for their thoughts and comments. This process often elicited somewhat similar examples. In a similar vein, I would periodically share my own "theories" and interpretations with the foster parents and ask for their feedback about this tentative analysis (Kirby & McKenna, 1989). A full draft of the findings was shared with two of the participating foster parents and with another foster mother, who, although not a full research participant, was identified as an "expert" in caring for sexually abused children.

Transferability. Transferability refers to the applicability of findings to other contexts; it ought not to be confused with the establishment of external validity or generalizability (Lincoln & Guba, 1985). Lincoln and Guba assert that the researcher cannot specify external validity, but can only provide the reader with "thick

description" which might enable him/her to make a decision about the transferability of the findings to other contexts.

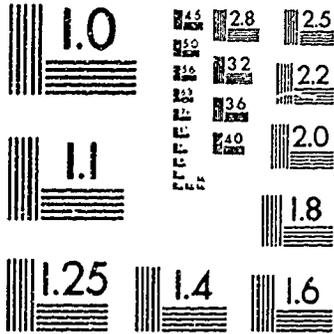
In this study I have hopefully facilitated transferability by providing just such a thick description in the findings. I have used a variety of direct quotations to highlight the various aspects of the participants' perceptions and experiences of caring for sexually abused children.

Dependability. Dependability refers to the stability of the phenomena under study, and to the reliability of the methodology used. Lincoln and Guba (1985) maintain that there can be no credibility without dependability and that "a demonstration of the former is sufficient to establish the latter" (p. 316). Given this statement, I believe the steps I have taken to establish the credibility of the study should be sufficient to also establish its dependability. However, Lincoln and Guba (1985) also suggest that the dependability of the study can be enhanced by undergoing an inquiry audit. Accordingly, the auditor is expected to examine the process of the inquiry and thus attest to its dependability. In a similar fashion, the auditor "examines the product - the data, findings, interpretations, and recommendations - and attests that [it] is supported by data" (Lincoln & Guba, 1985, p.318), is internally coherent, and therefore acceptable. To facilitate the inquiry audit one must provide an audit trail. Confirmability is also established by the provision of an audit trail. I will therefore describe the nature of the audit trail I have provided vis à vis this study in the following subsection.

Confirmability. Confirmability requires that the data on which the conclusions

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are based can be substantiated. The findings of this study are exemplified by the use of several direct quotations. All quotations were coded and can be traced back to the original transcript. In addition, I have retained the transcripts, coding cards, coding process book, and reflexive journal notes to provide an audit trail by which any finding can be readily confirmed.

Various authors also recommend the researcher maintain a reflexive journal (Kirby & McKenna, 1989; Lincoln & Guba, 1985; Patton, 1990). The maintenance of such a journal is also viewed as adding to the confirmability of the study (Lincoln & Guba, 1985). Following each interview, I would record my impressions of the interview (eg.) spontaneous insights, but also incidents where I felt my beliefs and values came into play, possible effects created by my presence during interviews; and my own thoughts, feelings, and internal processes that occurred in response to interview encounters and the content of the information received.

Data Analysis

I began the data analysis by initially placing all the interviews into sets which contained all the interviews with one participant or couple. Prior to reading an interview and listening to the tape, I would read through the journal notes which related to the specific interview. This process helped me to recapture the context of the interview in respect to what I was feeling and thinking at the time. I then began to work my way through the initial set of interviews, simultaneously listening to the tape and reading the transcript. As themes began to emerge from the data I developed a coding schema. I maintained a process book, wherein I placed codes and

categories as they evolved. (See Appendix C for initial categories.) On the left hand side of the note book I placed the code, location of the "example" in the transcript (for easy retrieval), and the example-quotation itself. By linking the categories and the quotations the presence of the participants was maintained throughout the data analysis. The left side of the note book was used to record my thoughts, questions, and speculations about emerging theoretical significance of specific data.

At the same time, as I placed the codes and categories in the process book, I also placed the code and examples with common properties on a file card, such that at the end I had all the examples which related to a specific theme or category in one place. I found this method particularly helpful when I began to speculate linkages, both within the individual transcripts, within sets, and across the sets of transcripts.

When I completed one interview I would re-read it and the process book to see if other ideas or categories would suggest themselves. I repeated this process with each interview within the six sets of interviews. Using a constant comparative method (Glaser & Strauss, 1967; Lincoln & Guba, 1985), I systematically compared data within interviews and across interviews within sets. Before moving on to the next set of interviews, I would review the process book to again determine if new or different categories were revealed. In addition to repeating these steps with each transcript and set, I also began comparing and contrasting data between sets. The process book proved most helpful with this step, as I could readily find previous examples and my speculations on the theoretical significance of earlier data. Thus, I was able to reflect on categories with common properties, different variations on

categories, develop new categories, and continue to establish beginning linkages, and eventually some ideas about overall patterns. Throughout, I moved back and forth between the data and evolving concepts.

Once I had completed analyzing all the data in this way, I again re-read all the interviews and the process books, reflecting throughout on emerging patterns. I began reducing categories by reviewing the file cards with similar themes, within and across sets. I reflected on further linkages and eliminated some of the categories. (See Appendix D for example of categories and beginning category linkages.) Based on these categories, I developed a tentative outline for the presentation of the analysis. Different connections would suggest themselves as I wrote and reflected on the data. Accordingly, I would then rework the initial outline, and in this way, more categories were eliminated, and an overall pattern emerged. Once I had reduced the categories, I would reread the file cards and extrapolate the most "telling" quotations and/or examples. I would then review the original transcript to guarantee that I had retained the "voice" of the participant, and had not inadvertently misunderstood the meaning or context of the statement.

Sharing The Findings

I will provide a summary of the findings, discussion, and recommendations to all research participants. I will be presenting the research at a meeting with each of the participating agencies, to which any interested party can attend. I will also provide each agency with a complete copy of the dissertation, so all who wish to

review it can do so. In addition, I hope to present the findings at the next Ontario Association of Children's Aid Societies annual conference. Again I will have summaries of the research available to anyone in attendance who wishes one.

Additionally, I will make available copies of the dissertation to anyone who wishes to review it.

Chapter 4. Findings.

Introduction

The findings of the study are divided into three sections. In the initial section, the issue of false allegations of sexual abuse is identified and highlighted as being of particular concern for the foster parents. The second section focuses on the treatment relationship between the foster mother and the sexually abused girl and the final section highlights the nature of the foster parent, agency relationship.

Findings related to false allegations indicate how foster parents learn about the issue and how their concern about it is subsequently reinforced. The findings also clearly indicate that the issue of false allegations has major implications with respect to the family's organization, especially around the care and treatment of the sexually abused foster daughter. Rules evolve which function to protect the foster father and other male members of the household from the possibility of a false allegation. The nature of the rules is such, that they create emotional and physical distances between the foster father and the young female victim. The rules which govern the foster father/foster daughter relationship also reinforce gender-specific role-assignment in respect to the care and treatment of the child. The findings demonstrate that parental roles are explicitly defined, such that the foster mother assumes major responsibility for care and treatment of the child. The foster father's involvement with the young female victim is limited to what he views as safe areas around which to relate. In addition, the data indicate that a foster mother has a major role in mediating the foster father, foster daughter relationship, such that she functions as foster father's protector.

What emerges as a consequence of the rules and rigid role assignment, is a picture of a traditional nuclear family arrangement, in which there is limited flexibility. The data also indicate that the adjustment that the foster family makes in respect to the issue of false allegation, and the nature of the family organization which it reinforces, becomes a patterned way of life. This accommodation has major implications for the quality of life for all family members. Finally, the findings suggest that fostering sexually abused girls has an isolated quality about it. Foster mothers particularly feel socially isolated and alone with the responsibility, and at times, the burden of caring for the children.

As was stated, the second section of the findings focuses on the treatment relationship between the foster mother and the sexually abused foster daughter. Despite the difficulties created by the concern for false allegations, foster mothers were able to identify and describe four therapeutic conditions which they believed positively affected their work with the children. These included: (1) role clarity, (b) structured time, (c) openness and comfort with sexual matters, and (d) openness about relationships. The important impact foster fathers can have in the child's healing is also noted.

In the final section, the nature of the foster parent, agency relationship is highlighted. Again foster parents describe feelings of isolation within the agency context. The findings specifically identify a number of factors and processes which contribute to this sense of isolation. These factors include: (a) perceptions regarding the worker's availability and helpfulness; (b) the number of workers involved in the

home; and perhaps most significantly, (c) a power imbalance between the foster parents and the worker/agency, which contributes to an atmosphere of mistrust and reluctance, on the part of foster parents, to share openly with the worker. This mistrust and reluctance serve to further reinforce the sense of isolation.

The data also highlight two important consequences of this organizational isolation. Foster parents not only feel alone in their work with the sexually abused child, but also in their efforts to figure out how to conduct themselves in respect to the issue of false allegations.

Throughout the findings the following key will apply.

FM - foster mother

FF - foster father

TS - the researcher

Single initials refer to specific individuals, children or workers.

Section I The Issue of Safety

One of the major issues which confront foster families who care for sexually abused girls relates to the protection of male members of the household from false allegations of sexual abuse. This issue was identified early in the study, and emerged episodically throughout. Although the concern for safety extended to all males in the household, the safety of foster fathers was of particular concern.

Naming the Issue of False Allegations of Sexual Abuse

The concern about false allegations about sexual abuse was captured in the following statements made by one foster father:

I'll tell you my main worries of fostering: sexual abuse, being accused of it. Sexual abuse is one of the things that frightens me the most. If it is her word against mine, how can I defend myself? It is always on my mind, and yet there is still no guarantee it won't happen.

It mostly affects the man of the house . . . what protection does the man have, at all against the word of the child. You see, I always feel, my gosh, I have no protection at all. For myself to have an investigation on me, to have the police sent to my house to investigate me. Devastating!

After sharing a story regarding a child's allegation in another foster home, a foster mother similarly identified her concern regarding the potential for false

allegations:

It should be a concern for every family taking in children. . . . From my point of view you have to be on your guard all the time . . . that is part of the reason why my husband plays such a low-key part in fostering.

Another foster mother, when discussing whether the foster father expressed affection with the girls in the home, suggested that the fear of false allegation prohibited such expression:

Oh no never. Well, I shouldn't say never, the girls will go and give him a kiss like on his birthday . . . but he never initiates this, especially with the teens. . . . Because of concerns of false allegations.

The same foster mother subsequently described false allegation in these words:

I have thought about it myself. It would be horrifying-but, like anything else, you would have to get through it. You have no choice.

As the statements indicate the concern about false allegations was shared by both foster fathers and foster mothers.

The exception. Only one foster father, while identifying a need for caution did not feel as strongly about the issue of false allegation. He stated:

I treat it [potential for false allegation] like I do everything else. . . so that I am not manoeuvred. . . you see, your guard is always up, you are always double-checking. I always go into a situation with my eyes open. [For example] if you are in a situation where someone has lived

in the house for only five or six days and you are recognizing, say, this person is being unusually friendly - in terms of trying to become a confidante, you have to be careful, not only in the sense of a potential allegation, but in the sense of like, we are a unit in terms of working together.

Protecting other males. As one foster mother indicated, the concern regarding false allegations or potential sexual impropriety also extended to male children within the home.

I was concerned for my son. Really concerned for him. I certainly would not want anything, any imposition to happen to him. . . . I told him that at anytime you are approached by any of the girls I want you to let me know. . . . I said it was a serious offence if you are accused of anything like this, so please let me know.

In a similar vein, another foster mother described her concern in respect to false allegation generally, and particularly, as it pertained to her son:

I think it is there definitely. . . . It was an anxiety of some concern that was there in the beginning in a large dose. The anxiety initially was, and you touched on it when you asked about my son's relationship with S. She was presented to me as a child who was dangerous to other children in the home, particularly my son. So you live with that threat and anxiety, initially, because no matter how few doubts you have about your own psychology or your spouse's psychology, you

can't know what your kids are going to get up to.

Concern about the potential for false allegations of sexual abuse also extended to males who visited the foster home, and in the following instance, to males in the community: Faced with the situation where a sexually abused preadolescent girl was to spend an overnight with a neighbourhood friend, the foster mother alerted the woman of the household to be on her guard:

I felt I had to mention it to the mother, just please not to leave them unsupervised, and, if you are going out make sure you take the boys with you or an adult should be in the home. . . . I could not allow them to go and not say anything, just in case something happened.

TS In sharing that information who were you protecting, do you know?

FM The males in the house, not that I'm not protecting the child. . . but there were also male children in her house. . . and that was what I was doing.

Another foster mother explained the need to alert her visiting brother of the potential danger:

The one thing we had to do is tell my brother to be careful, you know how he touches her. You sort of had to tell him that the girls were sexually abused so that he can be prepared.

Concern about public scrutiny. Part of the concern regarding false allegation of sexual abuse is a shared concern about public exposure, how the community and/or the agency might view the foster home or the situation under scrutiny.

Explaining why he did not enter the girls' bedroom, one foster father indicated that he remained aloof, because he worried that his actions may be misinterpreted. He wanted to avoid situations in which others would get "the wrong impression" and avoid becoming "subject to a lot of talk. . . ." This was necessary, he volunteered, "not only for my name, or the name of the family, but for the name of foster parents".

Another father also raised concern about possible misinterpretation by the community when he discussed why he will not hug a child when she requests one while in bed:

I think she is innocent when she asks, but then again she might (big sigh), you know, just talking about it might create the wrong impression. Say - daddy gave me a hug in bed, and it may get over-blown a bit, you know all of a sudden it was not a hug anymore.

Another foster mother described the foster parents' concern about the community's reaction in this analogy:

I tend to think of that kind of extreme where you are afraid to be in physical contact . . . in the same terms I've grown up with women, women older than myself, and you grew up with women who would never be alone with a man who was not legally sanctioned to have sexual relations with. . . .

[Directed to foster father]

Very often . . . the parent with the child who has a history [of sexual

abuse] is maybe not afraid of what they would do or what the child would do, but what the world will say.

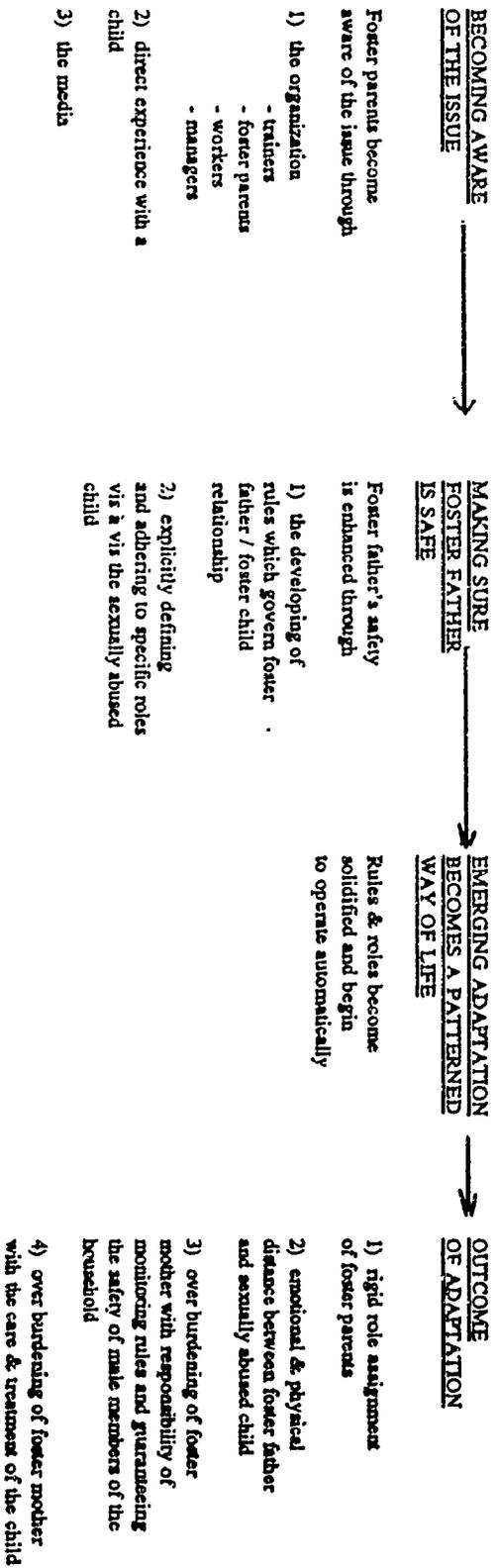
When explaining why her husband did not have a close relationship with the sexually abused girls in her home, another foster mother described her concern about the agency's scrutiny and possible misinterpretation:

I guess when I say the Agency, I mean the social worker. Because they are representatives, because they come into your home and we have always known that the social worker is always looking for something, that is their job. . . . Many times, [the worker] sort of study and see what kind of relationship everyone has. So when they see an attachment like that, they are naturally going to question it and try and see where this relationship is coming from. For example, if you have a very affectionate foster father and daughter the worker will naturally sit there and say "mmhmm - that is interesting let's find out some more." . . . That is an example, you know, and there have been allegations so that is something that you are going to stay away from.

Impact on the family. The findings suggest that foster families go through a process in order to accommodate to the fear about the potential for false allegation.

The process of accommodation of the foster family is schematically depicted in Figure I.

FIGURE 1 THE FOSTER FAMILIES' ACCOMMODATION
TO THE ISSUE OF FALSE ALLEGATIONS
OF SEXUAL ABUSE



Awareness of The Need For Caution

The process of adaptation begins with the foster parents becoming consciously aware of the potential threat of false allegations of sexual abuse. In their experience, this awareness derives from three different sources: from various representatives of the Children's Aid Societies, other foster parents, and/or from direct negative experiences with a child, and/or from the media.

The Children's Aid Organization as the source of awareness. One couple who had fostered for ten years had a real "eye opener" when they attended agency training:

You would hear from other foster parents, you would be in a meeting problem solving and hear from other foster parents things that they were dealing with. We went to Trust II . . . it made us think about a lot of things. . . . They [the trainers] told us to watch your back.

Another couple, relatively new to fostering, also learned about the need for caution from attending agency training. Commenting on the training, the foster father indicated:

. . . it has broadened my horizons on sexual abuse especially where girls are concerned. . . . It left me with the impression, where possible, [to] try not to find myself in situations whereby I could be open to be threatened. As far as the course, we had a case of an accusation like that and how would you handle it. . . . The mere fact that you know about this kind of stuff prepares you, shows that it could

possibly happen. . . . It could happen to you, it could happen to me.

Agency social workers also gave clear directions, indicating foster fathers needed to be cautious. In reference to a specific child placed in her home, one foster mother maintained:

Well, one thing the worker told me too, she said, make sure that foster father is not alone with the child at any time. That is the first thing she said.

Stories about the experiences of other foster parents strongly reinforced the need for caution. A foster mother told of her reaction to a story:

One of our finest families in this branch area who fostered children. They had to go through an investigation. One of the pre-teen girls was riding in a cab to an appointment and told the cab driver how her father had molested her. Well the cab driver told it to the police. It was her [natural] father. The foster father was arrested and charged. . . . And so that kind of misunderstanding can put you in a lot of threat.

In a similar vein, another foster mother explained:

. . . Also there was a story going around about a foster father falsely accused, and he had a heart attack . . . devastating.

The couple for whom the issue of false allegation did not appear to be as major a concern identified the management of their agency as the source of the message regarding caution:

I, for a number of years have been hearing about, you know, avoid

possible allegation. . . . Even from management there, [they] will sort of make it clear, like, don't be alone with the kids. . . . I look at that as a disclaimer on the part of the agency, because if anything were ever to happen they can always turn around and say to me, "look we told you never be alone with the kid" but the reality is you do end up alone. . . . The discomfort that I have has been created by "the management" saying be prepared for allegations.

Direct experience as the source of awareness. Foster parents, particularly foster fathers, also learned to be concerned about false allegations from direct negative experiences with children. One foster father explained:

Because I remember one case, the first case we had were two girls. The older girl came to me and said something about her homework and she wanted some help, right? She gets down here right beside me, then her little sister comes down the stairs, she was nine years old, she says "well, if you have something with dad, it's all right with me, I won't tell". . . and I thought "hold it". No, no you are very careful about that.

While it is not entirely clear in the above quotation that the child was suggesting something sexual, there was no question in the foster father's mind that that was her intention.

The same foster father described another situation:

These were aggressive children like the foster mother just mentioned.

She was aggressive and she would challenge you. . . . Any time you would discipline her "I'm going to get you into trouble and I know how." . . . so you know exactly what she was after.

Another foster father described how his awareness of the need to be cautious was enhanced in the following example:

We had sexually promiscuous kids . . . and that is how the first allegation, if there had been one, could have come about. The first kid we had [was] really built . . . came by the following summer and I was working on the house and she asked how everyone was, where Foster Mother was. Foster Mother was off at the cottage with all the kids . . . and she didn't come right out and say, let's hop into bed or anything, but she made it very clear that, if that's what I wanted, yeah, definitely it would have been there.

The media as sources of awareness. Stories in the media also reinforced the foster parents' concern about false allegations.

I read in the Star . . . I don't know who did the study . . . in separation cases over 40% of the children don't tell the truth when they say they have been sexually abused by their father. . . . I thought that was rather scary.

On another occasion the same foster father commented in reference to the issue of false allegation.

Normally I would not talk about it, worry about it that much. Only if I

hear something, read something, then it comes--oh, my God, look at this.

One foster couple described the impact of the media coverage of Mount Cashal on the need to be cautious.

FF That is more and more in the news now too; that bothers me, switch on the TV and sexual abuse--almost every night you hear something. Like this Mount Cashal. . . . You hear it, and you get reminded of it all the time. . . . You have to protect yourself.

Rules For The Protection of Foster Father

Once aware of the need to protect the foster father against the potential of a false allegation of sexual abuse, foster parents tended to institute series of rules which operated to provide foster father with a degree of felt safety. The majority of the rules specifically governed the relationship between the foster father and the sexually abused girl. Although household rules related to privacy seemed to exist prior to a conscious awareness of the concern regarding allegations of abuse, these household rules also helped to provide an element of protection, not only for foster father, but also for male children within the household.

Rule number one, "I will not be alone". The primary rule which operated to protect foster fathers is succinctly stated by one foster father who said:

We had this rule from day one: I will not be alone with a sexually abused child.

A corollary of this rule would suggest that there is safety in numbers:

The way to protect yourself is to always have somebody around. As long as there are two children in the house I am alright, I feel comfortable. . . . I feel safe.

A second foster mother explained:

There should never be a question of whether or not it happened because never at anytime is my husband alone with any of the girls, never.

The provision of car rides, an example of rule number one. Most foster fathers refused to drive a sexually abused child alone. The provision of drives demonstrated the primary rule "never be alone" and that there is "safety in numbers".

One foster mother explained how this works:

If like he is driving, as he says he takes both of them. Even if they are going just for one appointment both girls go.

Others explained the elaborate planning entailed in protecting foster father from being alone in the car with a sexually abused child. These parents planned their trips carefully in order to drop off the sexually abused child first, and when that was not possible, their plans included taking others, sometimes a son or daughter, along:

FM I mean you really have to plan when you go somewhere, when you have to take one to an appointment. You really have to plan and make sure that you take them all along, but that is not always possible.

FF I remember the night of the folk dancing you asked me to take S to her program and to drop F off at the mall first for her folk dancing . . . but

then we decided that a driver could come and pick S up and I would take the other two to the folk dancing.

FM [in order] not to be alone with S.

In response to a question about whether the foster father drives, a third foster mother explained how her son generally accompanies her husband:

I do the driving. . . . Like for example, once he had to take one of the girls to the hospital, it was an emergency. . . . If he has to take one of the girls, say when I can't do it . . . naturally he is not alone with them. He will have maybe my son there.

Only the foster father for whom the issue of false allegation did not seem to be as concerning would drive the children on his own. He contended:

The reality is you end up alone. What was I supposed to do today when I was dropping three kids off at different schools--was I supposed to go to a central point and say, all get out of the car at the same time? No, I drop off two and I drop off one . . . the reality will always be that these girls are going to be alone with men.

Rule number two, physical contact and affection, a ritualistic exchange. There were strict rules which governed the interaction between the sexually abused child and the foster father. Generally the child must approach the foster father to initiate any kind of connection, especially any form of physical contact and/or physical affection. When physical affection did occur, more often it happened as a form of ritualistic exchange, there was little spontaneity. In most instances when these ritualistic

exchanges did occur, there was generally someone else present creating "safety in numbers".

One foster mother described her husband's relationship with the girls in her home and the question of affection in these words:

He does not have a close relationship with any of them for that reason [fear of false allegation]. He does not have as close a relationship as I do. . . . It is very surface.

TS Would he ever hug them?

FM No. Never. It would never happen. Sometimes they will instigate a hug and usually that happens when they leave, when they are leaving for good.

Another foster mother described how an adolescent, who has returned to her home having previously lived with her for several years, had learned that she must approach her foster father:

More times than not, since that child has been back in this house she has gone right up to him and given him a hug and says, goodbye dad. You know, so it is like, okay you won't come to me, I will come to you.

And on another occasion:

On father's day M bought something for him. We were all standing in the kitchen and he said "Well, M, thank you" and he went over to her and gave her a kiss on the cheek . . . and she just glowed and the other

kids were all smiling. He had initiated. . . . But that is basically when it is, Christmas, Father's day, birthdays and a roomful of people.

Bedtime, an example of rule number two. The elements of child initiated ritualistic affection was also captured in bedtime routines. Foster fathers responded to ritual goodnights if the youngster initiated the contact in safe surroundings. A foster mother explained:

She comes and says goodnight to him. . . . Initially she was taught if there is only foster father to do bedtime, then you come to him in the livingroom, or in the workshop, wherever he is, and you say goodnight to him there, and he sends you to bed.

In response to a question about bedtime routines one foster father commented:

I don't usually get involved. I stay in my chair and they come and say goodnight. She comes, like usually at bedtime she comes and gives me a hug. I would sit here and she would stand here and she would say "goodnight daddy" and then I pat her on the back, and say have a good night's sleep . . . and that would be about it.

The same foster father vividly described his discomfort when he was left with the responsibility of bedtime routines.

So the other night again she asked me, "give me a hug", but she was already in bed and I said no, no it's too late now. . . . I do not want to be involved once they are in bed. I just say it's late, that's the easiest way out. . . . I don't really know how she feels when she says,

give me a hug in bed. . . . I know it is not right, I don't feel right about it. I think she shouldn't ask me in the first place. She can give me a hug when she is down here. . . . I don't know what she thinks.

Rule number three, "he really has nothing to do with that". There was an unspoken rule which dictated that foster fathers were not to be involved in any aspect of communication that related to the child's sexual abuse. Neither the foster father nor the child were to initiate discussion of the sexual abuse with each other, and should the girl attempt to do so, foster father generally responded in a superficial manner. Foster parents cited the child's discomfort as the reason for the foster father's uninvolved involvement.

One foster mother explained:

As far as father goes . . . he really has nothing to do with that part of it. He leaves all that up to me. He is told what has happened to the child . . . but as far as him, you know working with the child around it, he doesn't really discuss it. . . . He feels it might make them uncomfortable.

One foster father maintained that over the six years of fostering, not one of the girls ever initiated a discussion of their sexual abuse with him. He explained:

And I would never bring it up because I know how touchy a subject it is . . . first of all, a girl will not confide anything like that to me . . . I am close but not that close.

Another foster father explained that he never initiated a discussion of sexual

abuse but would respond if the child brought it up:

Not directly no, just indirectly, in general but nothing specific no. . .

We discussed it. It came up because they would bring it up, eh. Then we talked about it. . . . It was talked about . . . but usually there would be more people there, like the foster mother would be there . . . but I would not start the conversation . . . if they want to talk about it they will bring it up. If they don't bring it up, I don't touch it.

The same foster father was surprised when the a child shared a letter she had written to her mother regarding the abuse, and he only responded in a general way to the content:

Yes [I was surprised]. I thought she might keep it to herself maybe or maybe show it to foster mother. . . . I said it is a very nice letter, I am glad you wrote it, you know, that's about all I said. Like general stuff, just to make her feel better.

Rule number four, privacy, "foster father never goes into their bedroom".

Rules which relate to privacy generally applied to all members of the household.

Bedroom and bathroom doors must be shut if not locked; individuals must knock prior to entering someone else's bedroom, etc. However, in order for the foster father to feel safe, very specific rules applied in respect to his access to the girl's bedroom and her access to the foster parents' bedroom.

All of the foster fathers indicated that they never go into the bedroom. For example:

He never, never goes into their rooms for any reason. The only time he goes into their room is if there is nobody home during the day and he has to fix something. Otherwise, he won't step into their room. I live here, it is my house but I still don't walk upstairs [freely] in my own house, because I have two sexually abused girls. I tell you frankly if I have to go upstairs . . . I shout from downstairs to let them know I am on my way up . . . when they are in school I don't even go up as far as their room.

One foster father provided an example which demonstrated how the breach of the privacy rule can be compromising. In this example two rules are broken, he goes upstairs to the girls' area where he normally does not go and the adolescent neglects to have her door closed while she is changing:

I went on up the stairs to check the air conditioning in the front room. The girls are supposed to keep their door closed. She had no top on and she was facing the front window, so I saw her back, the shrill [sound], the shrill that came out [of her]. . . . I carry on, I go check the air conditioning-walking fast I go downstairs.

The privacy rule also applied to the foster parents' bedroom with one exception; children could enter that space if foster mother is present. In this example, the children implicitly understand the unspoken rule in this household:

In our bedroom? Usually when I am there but never when foster father is there. They come in in the morning if foster father is not home, but

never, never have [they] been in there when foster father is in there.

My son would, but no not the girls, although it hasn't been said, but it's like they know these things, the things you do and the things you don't.

Having explained that the children had their own bathroom and that he never entered it, the foster father in this example described his need for caution vis-à-vis the child's access to his bedroom. The foster mother subsequently identified when they were allowed in:

FF We have an ensuite . . . I can lock my bedroom if I want to dress, undress use the bathroom, take a shower . . . I am safe. That's another worry I have, if I am changing in my bedroom and the door isn't locked, a child could just walk in by accident. . . . These kids are fairly good, they have not come in unannounced.

FM So that is another rule we make. They are allowed to come in when I am there, just to get something. . . . If I am dusting or doing something there I let them look at my jewellery and stuff [but] not to make a habit of it.

Rules number four and number one and the protection of birth children. Rules which related to privacy also appeared to operate to protect birth children, especially male children, from potential sexual compromise. One foster mother explained how existing house rules regarding privacy made it easier to supervise the sexually abused girl in her home:

It is absolutely inviolate . . . it is a pattern set by the adults, [it] is carried out with the other children. You knock before you enter and if you don't, you know if you walk in you are in the wrong. . . . So these kinds of house rules were there before and they make it easier to accommodate what was a safe level of supervision for S into an already existing framework.

Another foster mother described the same kinds of rules and discussed how she explained the rules to her younger children:

My son has grown up in this environment and the rules have always been, even my little girls know the rules. We are not allowed in their rooms and they are not allowed in your rooms, period.

You have to sort of explain it at the child's level. They are older than you are, they need their privacy, and they have different interests, and so you have no reason to be in their room and they have no reason to be in your room.

Several foster mothers with children of their own felt that their children could not be left alone with a sexually abused child or adolescent. While rules regarding privacy did appear to help to maintain this distance, more often than not, it required the foster mother's constant supervision. The foster mother, who never left her children with the foster children "unsupervised", did allow one ex-resident to babysit for her, but the foster mother was anxious to point out that this exception was permissible because the young person was not sexually abused.

Another foster mother, similarly, explained the need for close supervision:

So there was quite a period of time where I felt compelled to do a lot of close supervision, for instance, when the kids were playing outdoors . . . [I] would be in such a frame of mind to be aware of conversational levels.

Rule number five, attire, "We don't like skimpy clothes". There were also rules which related to the appropriate attire, and these clearly functioned to protect the boys and men in the home. This rule is demonstrated in the following excerpts. In the first example, the foster mother intervened when girls arrived for breakfast in tee shirts she considered too short.

They came downstairs with these long tee shirts. Well they weren't so long, a little short and I said you have to wear shorts or a bathing suit underneath. . . . You are putting foster father and you are putting J (birth son) in a situation they don't need to be in.

A second foster mother expressed the rules regarding attire this way:

I told them that dressing appropriately in this house is really important . . . for the girls that means you don't walk around in just your underwear and bra, you dress properly. If you are going to have a shower and bath you take your robe with you and if you are getting changed you close your door.

Rule number six, relate around safe areas, "dad has everything to do with school". Despite the need for caution there appeared to be neutral areas around

which the foster father and the sexually abused child could relate safely. These entailed education, homework, recreation and games, and in some instances, curfews and house rules. One foster mother explained:

They know they can go to him and talk to him about everything and school. Dad has everything to do with school, they have to go through Dad with school. School and curfew, I mean we are both involved in it, but when it gets right down to it, that there is a special curfew . . . they have to go through Dad.

In response to a question about the nature of a private conversation that the abused teen might have with him, a foster father described a somewhat similar situation:

Only around school stuff or the kind of conversation is "so and so did such and such" those kinds of conversation, but generally there are no [private conversations]. My counsel is not sought that much.

Another foster father defined his involvement in terms of recreation and as the fixer of things:

I am involved. . . . Everything helps you know, sometimes I go buy a pair of skates . . . fix a bike. Sometimes somebody comes to me and says, it doesn't work, you know.

A foster mother described her husband's involvement with the sexually abused child in a similar fashion:

The time she spends with him is basically two categories. The one is

recreation, you go on an outing, go in the boat, go . . . go swimming, go to play some kind of game . . . indoor games. Foster father is very much a game person. . . . The other category is education. He is the person if you need to know how to fix something or if you need the tools or equipment, the material to make something, you go ask foster father. Or if something is broken. She can ask foster father to play any sort of game or to help her with playing any sort of game. These are structures that are safe. They have the rules inherent, you know.

In a somewhat different scenario the same foster mother described how the sexually abused child began to establish physical contact with the foster father through a game:

FF always plays toes with my foster son-tickling the toes, feeling the toes, massaging the feet; he is on a regular program of therapeutically recommended foot massage. S now has begun to extend her toes without making eye contact so they are available should any fun happen with the toes. . . . this kind of little thing will happen where she is saying, it is okay and I would like this, and we know how to keep it within the rules together.

I looked at it very carefully, carefully as I could through S's eyes as, you know, that she was ready then, she was prepared for having physical contact and she wanted that, and she knew how to get it appropriately within the family context.

Foster Mother's Role in Mediating the Rules.

Foster mother frequently intervened directly to guarantee foster father's comfort and safety. She had a particular role to play in making sure the rules that governed the interaction between the foster father and the sexually abused girl operated. Her intervention was demonstrated in the discussion of rule number five regarding appropriate attire. The foster mothers in several of the examples intervene directly with the teenagers who were in breach of the rule:

I said you have to wear shorts or a bathing suit. You are putting foster father . . . in a situation. K came out of the shower in a towel . . . [I told her]. It isn't fair to dad.

Foster mothers also had a major role in guaranteeing that rule number one "I will never be alone with a sexually abused child" operated successfully. If foster father was not to be alone with a sexually abused child then someone else must be present, and more often than not this responsibility fell to the foster mother:

I would not leave him totally alone for maybe more than to go out in the backyard. I have seen me running out the door and not realizing it, oh yes, the teenagers are gone. And I am ready to run out to do something and foster father is sitting there, and I will look at the one that is left in the house and say, "why don't you come with me", and I am really in a hurry and would rather not, but it has to be done. . . .

You have to learn how to do that.

Another foster mother expressed the same idea this way:

Well, most of the time when I go somewhere the kids come with me, whether they like it or not. I mean it is a lot more complicated for me. Lots of times I could just do what I have to do a lot quicker if I was by myself.

The complexity of arrangements described above was demonstrated in the following example:

FF Like a few times the last couple of weeks, like foster mother was going somewhere and I was going to be stuck with one kid, and I said no way.

FM We had to rearrange it.

FF What happened? You cancelled something? No, you took them all.

FM I took them all. . . . I had a doctor's appointment at six o'clock. I was going to take the two girls with me and foster father would have been stuck with one. But M didn't have brownies until 6:30. I had to be at the doctor's at 6:00. So there was a matter of half an hour. So I ended up going late to the doctor and taking M early. . . . There was already one Brownie leader there, so I asked if I could leave her, it was just six o'clock then . . . so it worked out this time.

The following example demonstrates the foster father's discomfort at potentially being alone with a sexually abused child and the need for the foster mother's presence:

FF She [the sexually abused child] follows me around lately. . . . She

comes, like if I am sitting here, and for no reason she comes and sits or stands there, and watches me. . . . Sometimes I ask her "what is it?" and she says "nothing" and she stands there and watches me for minutes and minutes and minutes. Like the other day. I felt like going away, because she came, she lies down there, doesn't do a thing, lies down on the couch. I was reading my newspaper, there was no TV on . . . and I found her staring at me. Foster mother knew about it and she was in the kitchen and she came out and kind of gave her a hint-- what are you doing here?

FM I automatically come in here and I sit with them-even if I don't have the time, but I want to make him feel comfortable. I don't have to say anything to him, you know he sort of knows.

Another foster mother explained measures she took to guarantee the foster father's safety when she could not be present herself. In the first example, the foster mother asked other adolescents to remain in the home to guarantee that the foster father was not alone with one child. In the second example, she asked her daughter to remain at home:

Foster father is not left alone with one in the house and that's the way it is. . . . If you have a teenager going out the door and you say, "could you hold back for half an hour until I get back?" I hate that you know. And there has never been any questions asked why? but I am sure they know why. That has never been stated. . . . It is just the

way it is.

And

I went to Ottawa last weekend and before I made up my mind what day I was going and when I could go, I had to make sure my youngest daughter was going to be here, because my eldest works late and so it was "would you hang around this weekend?" . . . and you know, she knows why, that's the way it has to be.

It would appear from the above example birth children are also involved in protecting foster father.

Foster Parents' Explicit Roles & The Issue of Safety

As part of the adaptation to the concern about false allegations the foster parents' roles vis à vis the care of the sexually abused girl become quite explicitly defined and rigidly adhered to. The foster mothers assume primary responsibility for the care of the child generally, and specifically, in respect to the area of the child's sexual abuse. By contrast, foster fathers appear to have a supportive role which relates to maintaining the home and surrounding environment. While they are perceived as a major source of support by the foster mothers, foster fathers appear to have little to do with the girl's direct care, with the exception of those areas described under rule number six.

Adherence to these roles provided additional protection to the foster father from the potential of false allegation of sexual abuse. The roles also served to further

the distance between the abused child and the foster father.

Foster parents' different roles. The difference in the foster parents' responsibilities are highlighted in the following:

. . . he does participate, but mostly his participation involves spending a lot of time with our children . . . The children are involved in sports activities, he is in charge of that part. . . . There is shopping to be done two or three times a week and he participates in that. . . . That is the way it is joint. I make the decisions around what happens with the girls in the home--that is my decision. He is a real support. He does the physical work . . . I delegate a lot of responsibilities to him, the same as everyone else.

The foster father subsequently confirmed his role within the household:

I'm just a backup, a support. [I get information] on a need to know basis basically; this is her work. She takes her route and I take my own. I know that things have to be done, water the garden, look after the pool, shovel the snow, cut the grass, that is my part of the work . . . that is what I got to do, take out the garbage . . . nothing out of the ordinary.

Having identified that her husband had nothing to do with any aspect of therapy or talking about sexual abuse, another foster mother described their division of labour and working relationship in terms similar to the first example:

Foster father really has nothing to do with that part of it. He leaves all

that up to me. . . . Years ago he used to be on three shifts, so I would handle everything. Then he went on straight days because with the teens coming in, it was beginning to become a lot. So he went on straight days so he could help me . . . he decided to take over the cooking and that is fine with me. . . . So we back each other up. We support each other.

The following discussion of a foster couple also highlighted the dominant role the foster mother assumes in fostering, and the backup role foster father assumes:

FM This is my full time job . . . foster father is self-employed so he is very flexible. There are years when he is very, very busy and there are years it is slack . . . he is either here a lot or he is not here that much. Foster father can be here but it is "where is foster mother, I have got to ask her something", so I guess it is probably that the girls feel more comfortable asking me.

FF If I am asked something that is sort of out of the general realm of already established routine or procedure in terms of the kids saying I want to do such and such . . . I'm more inclined to step back and say something like, did foster mother say that was okay? . . . so foster mother and I will sort of discuss certain house policy . . . she is usually the one to be there to generally administrate it. So I am more inclined to sort of fall in line and ask if things have been cleared with her.

Foster mother is responsible for care that relates to sexual abuse. Implicit in assuming primary responsibility for fostering and daily routines, is the understanding that the foster mother will especially handle all routines which could be potentially compromising for the foster father. For example, the foster mother assumed all responsibility for bedtime, bathing, and dressing routines. The foster mother also indirectly protected the foster father from compromise by dealing with all aspects of care which related to the child's sexual abuse. The nature of possible tasks and activities which relate to this are summarized on Table I.

TABLE I

SUMMARY OF THE FOSTER MOTHERS'
ACTIVITIES OR TASKS WHICH RELATE
TO THE SEXUALLY ABUSED CHILD OR ADOLESCENT

- Drive the child to all appointments related to the child's abuse.
Help prepare the child for treatment and support her in the process.
Attend group or individual treatment sessions with the child.
Support child through criminal/child welfare court.
Explain the nature and meaning of court processes.
Help the child with fears, phobic behaviour and anger.
Help the child with guilt and feelings of responsibility.
Provide child with specific opportunities to talk about abuse.
Deal with disclosures and feelings and behaviour related to it.
Prepare child for investigation.
Deal with all professionals related to court, treatment, and investigations.
Teach child appropriate boundaries re: talking about the abuse.
Teach child appropriate boundaries regarding physical contact with other children and adults.
Provide age appropriate sex education.
Deal with self destructive and suicidal behaviour.
Deal with professionals regarding suicidal episodes.
Deal with potential and real promiscuous/provocative behaviour in the community.
Provide the majority of physical comforts and support.
Provide opportunities to enhance positive self esteem.
Advocate for the child to meet special needs within the system.
Work with natural parents.
Help child with conflicted feelings about natural parents.
Provide foster father with information re: the child's situation and abuse.
Help the child deal with feelings regarding the communities response to her abuse.

- Driving was the only task generally shared by the foster father provided someone else accompanied him.

Foster father who breaks the rules - an exception. It should be noted that one foster father stood out as an exception vis à vis his relationship with the sexually abused girls in his home. While he acknowledged the need for caution, and that there were rules in place to "protect" him from compromise, he was far more involved in direct contact and communication with the adolescent girls in his home.

Both the foster mother and the foster father acknowledged that his increased involvement, during the time of the study, constituted an exception to their normal way of working. The increased participation was attributed to his availability and a need created by a series of crises within the foster home.

The nature of the kinds of activities in which he participated are summarized in Table II.

TABLE II
ACTIVITIES OF FOSTER FATHER
WHO IS THE EXCEPTION

Talks with child about her running.
 Transports child to hospital following suicide attempt.
 Talks with child re: suicide attempt.
 Talks with child re: her abuse.
 Reaches out to child for further discussion and to reassure her of acceptance.
 Drives children alone.
 Pursues child who takes off.
 Expresses and accepts affection of abused children.
 Goes upstairs to girls' area.
 Takes the lead in house meeting.
 Negotiates plans and expectations during crisis.
 Child approaches foster father to discuss pressing charges when molested by boyfriend.
 Teaches appropriate boundaries regarding affection to physical adolescents.
 Deals with aggressive and threatening teens.
 Talks with police re: child's shoplifting.
 Talks with child re: her shoplifting.
 Talks with worker re: child's runs.
 Deals with child erratic behaviour.
 Follows child on a run.
 Deals with different aspects of care re: child's rape.

Beliefs which mediate the degree of anxiety "she is not the type". Foster parents have a number of beliefs which seem to mediate the degree of anxiety they experience in respect to false allegations. These beliefs also appear to mediate the foster father's need to be cautious in the presence of the sexually abused child.

For some foster parents beliefs about information regarding the children, and/or selective awareness of information, appear to provide an element of protection and serve to reduce anxiety about false allegation. For example, one foster father perceived the child in his home as less threatening because of his judgement or perceptions regarding the degree of the trauma the child had experienced:

FF Well, you see, I had a little different concept of sexual abuse . . . there seems to be sexual abuse and sexual abuse. . . . I believe that sexual abuse by a father or an adult, I think it is more traumatic with adults . . . it is not as traumatic with a boy of the same age or a little older than the girl. . . . [I would be] a lot more cautious, a lot more cautious [if the child had undergone abuse involving somebody older]. Not that I am not cautious, but I think I would also have a greater amount of, I would really be dotting my i's and crossing my t's . . . I still don't drop my guard, I still don't drop my guard . . . but if I figured it was a more serious one . . . I would be keeping a certain distance from her. . . .

The same foster father, who perceived the child as less threatening because of his judgement regarding degrees of abuse, also "forgot" information, which according

to his criterion, would have made her more threatening. The foster father had been told that the foster child had been sexually abused by both her grandfather and stepfather. However, when this came up in a discussion with the foster mother, he denied knowing it.

In another situation, a foster father seemed to ignore or discount professional opinion that a child had been sexually abused. He maintained a hope that the abuse had not taken place. This permitted him to be physically responsive to the child when she sought out hugs. Her subsequent disclosure brought about a change in his need to be guarded, particularly in respect to the child's demand for affection:

They come to me especially the little one, she has apparently not been abused. I hope she hasn't been. She comes and hugs me about twenty times an evening.

However, at the time when the child disclosed both foster parents acknowledged a prior knowledge of the abuse:

FF We more or less expected something like that.

FM It was always assumed that it happened to her too. We always thought all along that something had happened to her. The worker said that her mother . . . was quite sure something had happened to her.

Confronted with the child's direct disclosure, the foster father assumed a position of caution.

My first reaction was, oh boy, I will be sure I am not alone with her.
For another couple, two beliefs served to protect them and reduce their sense

of anxiety. Firstly they maintained a belief that who they were as a couple would prevent their adolescent abuse victims from making accusations.

FF I guess it has just been that . . . they just knew by my behaviour that it [an allegation] would not stick.

FM . . . And I think it is the way parents are together. I think that has a lot to do with it, because the kids know I trust foster father implicitly.

Secondly, the foster mother, in particular, maintained a belief that their reputation with the agency would protect them from the negative impact of a false allegation.

FM . . . Sure it might happen one day . . . but because of the fact that we have been fostering for thirteen years, and that we have been doing it for such a long time. It would not be something that would worry me . . . because of the length of time and it has never happened. . . . I feel that because we have such a good track record that the agency is going to stand back and say, I think we really need to check this out . . . so I really feel that. I mean maybe it is sort of crazy way to feel, but I really feel that your track record speaks for you too. And I am glad I feel that way because then it makes me more comfortable and more at ease

For several foster parents a belief in their knowledge of the child appeared to mitigate a heightened anxiety regarding a false allegation. This sense of "knowing", which in some instances seemed almost intuitive, however, was frequently qualified.

One foster couple described the sense of knowing in these words:

FF When you know a child better then you are more comfortable too, then you know a child would not say that unless it was true.

FM You are a bit more cautious when sexually abused children come into your home but I guess you feel more comfortable as the days go by and you get to know the children.

When speaking of a specific sexually abused child, the foster father maintained a belief that the child was not the type to make a false accusation.

I don't think that she is the type to make up stories. From what I can tell she is not the type to fantasize.

However, he later qualified this statement when comparing this sexually abused child with another non-abused child in his home. Part of the knowing or knowledge which seemed to help this foster father relax, related to whether abuse had occurred in the first place. If he believed it had not taken place, then he could relate to the child more freely. If sexual abuse was part of the child's history, then she was always potentially a threat. An awareness of sexual abuse took priority over any other sense of knowing. The foster father explained:

Like F [the non-abused child] would always come and sit here with her homework or at the table. I never had to worry about F. I don't think she is the type. . . . Yet with S [if] she should sit down here I would find a way to ease off, you know . . . because I know she has been abused and I look at her differently.

In the above example the non-sexually-abused child, while perceived as generally threatening and capable of doing anything, was still not perceived as being capable of making a false sexual allegation. If sexual abuse had been part of her history, then that capability would increase significantly in the foster father's perspective. Foster father described this in these words:

I know I get F really upset sometimes because she is the type that gets so mad she would do anything, but I know she wouldn't go out and say my daddy abused me. . . . I know in my heart she would not go out and say my daddy abused me.

And another occasion he stated:

Like with F, [if she] was sexually abused I think she would handle it differently . . . [she] would make use of that information . . . if she was mad at you, to get back at you.

The knowledge of sexual abuse in a child's history taking priority over any other sense of knowing was also born out when another child in the home, who was originally not "known" as the type, disclosed sexual abuse, and subsequently became perceived as being a potential threat. On one occasion the foster father stated:

I thought, well, maybe she is okay, but then she is not if she has had the experience.

In somewhat similar words, another foster father expressed a belief that the sexually abused children in his home would not make a false accusation. But, this too was qualified by both foster parents, who maintained there was always safety in

numbers which would operate to provide protection:

FF . . . These two don't strike me as the type that would come up with that kind of accusation. There are others out there who you could probably look at and figure I am not going to take a chance.

FM Yeah, but I think two of them is a little bit different. . . .

FF This is it. Because there are three, more than just me and foster mother.

FM Yeah, it's not like your word against mine, it is two people. . . . There are two people, maybe if there was just one child, I don't know how we would handle that.

FF I always take two.

For others, the sense of knowing is not totally intuitive but is based on knowing a girl over time and having knowledge of their background. It is interesting to note that in both these examples the foster mothers qualify their sense of knowing with words of caution.

Having previously established that the one girl in the following example had lived with her for many years, the foster mother described how she would feel alright about leaving K alone with the foster father but not a newer child:

TS You will ask kids to stay home until you come back, so there will be more than one child in the home?

FM Well, this is it, yeah. Now depending on the child . . . I mean K would be fine here with foster father. We have no--I mean that would

never be a thought [concern about allegations]. But like J, because she is new. She has taken quite a liking to foster father. I mean she will sit in the living room and walk by him and pat him on the leg. So we just wouldn't leave her. I know she is quite taken with him and that is good, but still, on the other hand, we have to be careful.

A second foster mother expressed her sense of knowing a child over time in these words, but again ends with a note of caution:

If you know them really well, it's different . . . the longer you have had them. There are some girls I wouldn't even think along those lines . . . but those would be the girls I have had a couple of years. . . . Fear diminishes but the actual factors don't . . . it is still better to be safe anyways.

Like the father cited earlier, for this foster mother knowing about sexual abuse per se increased risk and militated against any reduction of anxiety, any other sense of knowing the child might render. She adds this qualification in a discussion about "knowing" which flows out of a discussion of rules:

TS . . . foster father is not alone with the kids and if he is driving he usually takes someone with him.

FM Unless you know them.

TS And this is a knowing from living with them--a kind of intuitive thing--that is the sense I have.

FM And also their background, their personal background. That has a lot

to do with it.

TS What in their background would make a difference, do you know?

FM Well, first of all, if they haven't been sexually abused . . . or if they are not street kids.

The Accommodation, A Patterned "Way of Life"

Eventually the rigid role assignment and the operation of the rules, both of which function to enhance the foster fathers' sense of safety, become automatic. The family system becomes patterned around this issue. Caution on the part of foster father, vigilance on the part of foster mother, and distance between the foster father and the foster daughter become 'a way of life'. The essence of this is captured in the following statements made by one foster mother:

. . . I locked the door though, because she would just walk in anyway.

That is a habit you know, you don't even think about it, you just do it.

And in respect to maintaining privacy she said:

. . . that all comes with experience automatically. Actually we did it from day one.

After describing a scenario where the foster mother felt she had to intervene when a child followed the foster father to the basement, the same foster mother made this comment:

I sound like I am noseiy and interfering but it is just the normal thing for us to do . . . I am protecting him and he protects me.

Another foster mother expressed the habitual nature of caution this way:

I do not leave the home unless there are several kids around . . . but we have done that for years.

And as another foster mother expresses it:

It's a way of life, that you become accustomed to you do automatically and you take time to acquire it. For me it is almost instinct. . . . It was very much a part of me, something I did right from day one.

To summarize, foster parents go through a process of accommodation vis à vis the fears of false allegations. Rules evolve and distinct roles are assumed which serve to govern the nature of the interaction between the foster father and the sexually abused female child. Essentially, the structure of the foster family system functions to create both physical and emotional distance between the foster father and the girl, thereby enhancing the foster father's sense of safety within the family. The findings also indicate that the foster mother has a major role in mediating the rules and in protecting foster father. The foster parents also seem to evolve a set of beliefs which help them cope with the anxiety about false allegations, and also, in some instances, help to enhance foster father's sense of security.

The process of adaptation appears to begin when foster parents become conscious of the need for caution. Subsequently, through discussion, rules evolve and roles vis à vis the care of the child become more explicitly and rigidly defined. Over time, the adaptation, which is characterized by caution on the part of foster father and a sense of vigilance on the part of the foster mother, becomes a "patterned way of

life".

Consequences of the Anxiety Regarding False Allegation and the Resultant Family

Adaptation

The foster parents identified several consequences which result with respect to the families' adaptation to the concern about false allegations. The consequences included:

- (a) Foster mothers experience the responsibility for both the care of the sexually abused child and the responsibility for mediating the foster father, foster child relationship, as demanding and exhausting;
- (b) The need for caution was seen as limiting the potential of the foster father being a positive role model for the sexually abused girl;
- (c) The need for caution was perceived as limiting the capacity to create a sense of inclusion for the child in the family.
- (d) The need for caution was perceived as having an impact on the overall quality of family life for the foster parents.

Foster mother's feelings regarding the responsibility and the need for vigilance and caution. Foster mothers particularly felt the burden of fostering. They especially found the need for constant vigilance burdensome, whether the need for vigilance related to protecting foster father or monitoring the interaction of children within the home. The foster mother's feelings sometimes contrasted markedly with foster fathers, who either did not share the same awareness regarding the need for vigilance,

especially as it related to the supervision of children, or who just did not find the need for caution taxing.

One foster mother expressed the need for caution this way:

You have to have ears everywhere and eyes. . . . It is a lot of effort, it takes a lot of effort and energy. . . . It takes a lot out of you.

This contrasted with her husband who commented on living in a home where rules and caution must be maintained.

[It's] Fine . . . I have no problems.

After describing her need to supervise her children very closely, another foster mother confirmed the need for vigilance and described how it felt, especially during the first year of the sexually abused child's placement.

Vigilance, yes . . . very fatiguing . . . the first year was death. You just died the first year. You really had no free time, no time [when] you weren't on alert . . . it really was stressful, tiring, hard work.

Her own sense of vigilance in respect to supervising the children was contrasted by her description of her husband's awareness for the need.

Well, he is quite willing and agreeable, [to check on the children] but he has to be reminded, he won't twig to it instantly . . . he does not see that there was two feet that went that way and two feet had not come back.

Another foster mother described what it is like dealing with a number of sexually abused adolescents:

At other times it becomes demanding, it is usually because two or three of the girls are at the same stage in their life at the same time . . . and they feed off each other too. If they know that one of the other girls is upset about something then it seems to get them down . . . and they have to talk to me . . . it is basically never calm, there is always something going on.

The same foster mother talked about the stress and responsibility in these words:

Well, I don't think you can get away from it [stress]. You know. I don't think any foster mother should be superwoman . . . but I do believe that the majority of whatever is going on is put on the foster mother. For one thing she is dealing with everything on a daily basis and he may be at work.

Another foster father summed up the felt difference in responsibility and burden in these words.

I will admit that she does most of the work and she gets most of the abuse.

Limitation to foster father as a positive role model. One foster mother, acknowledging the need for the foster father to maintain his distance from the sexually abused girls in the home, identified how this distance detracts from the foster father being a positive role model.

But he has to keep his distance . . . it is a shame because a lot of these

girls really need to see men in a different way than they are used to, especially the abused girls, and you know he would make a good role model that way. But, on the other hand, they see it anyway. They may not have that closeness with him but they see the way he is with our children, . . . very nurturing with the children, very nurturing.

Like the foster mother above, two other foster mothers also acknowledged the distance between foster father and the foster child, and expressed a genuine sadness about the necessity of it.

FM I discussed with you before, foster father is not left with anyone in the house. . . . And that's just sad.

TS Everyone loses out?

FM Well that's it.

And in respect to a specific child the foster mother maintained:

When you think about it, it is too bad especially with K, because if she had had that through her life [a close male fatherly relationship], because her dad was very close to her. He died very young. You know that is kind of sad.

In discussing her husband's relationship with the sexually abused girl in her home, a third foster mother commented that it is sad that the child must find indirect ways to get physically close, and responded to my question about the sadness in the following way:

I guess I feel that [sadness] first off for foster father . . . he is one of a

great many of his generation that is really more handicapped by the contrast from whence he came, from whence we hope. . . . It is hard for men to find the zones where they can be strong and nurturing and physically warm. There is so much they can be accused of. A man is certainly much more likely to be accused of a child's sexual abuse than a woman.

Limitations on the inclusion of the sexually abused child in the family.

Despite the strongly shared perception that they were providing the sexually abused child with normal family living (see Appendix E), several foster parents recognized that providing this inclusion was not without its difficulties and limitations.

Although occasionally making statements which reflected her belief that she was providing normal family living for the sexually abused adolescents in her home, one foster mother also contended that the girls could not be a part of the family and that the creation of the ideal family environment was impossible.

On one occasion she maintained:

. . . the philosophy of the agency, is like these are your family members, and that is unrealistic as far as I am concerned.

And on another:

The girls are not part of our family . . . intimate family.

The foster mother summed up the dilemmas of creating the ideal family and identified the complexity of problems confronting the foster children as the reason this was impossible:

You want to have the ideal family, but it is unrealistic because you have all these problems to contend with, and a normal ideal family does not have these problems. . . . Whether it be sexually abused, physically abused, you don't have these various sets of problems in a normal family. . . . It is not the ideal family.

Another foster mother, similarly, expressed her concern that the complex problems of the adolescents in her home inhibit the potential of creating normal family living.

Because now, like everybody needs something--so and so needs a CTYS worker, so and so needs counselling, and so and so needs this. . . . So by the time you pay all this out [it] is an abnormal family situation.

A foster father, who maintained the belief that he was providing the sexually abused child in his home with a sense of family belonging, also commented on how difficult it was for a sexually abused child to fit into a family:

There has got to be a lot more awareness . . . a lot more care taken. These children are not, have not had a normal experience . . . and to bring them . . . into a normal family is going to take time. I mean . . . you cannot go out into the prairies . . . and catch a horse and put a saddle and ride it, so to speak, I mean, you know, or bring a wolf into your home . . . It is the same sort of thing, you have to watch it, you have to be careful.

Other foster parents identified limitations which impacted specifically on the child's sense of inclusion and the overall quality of family life. In both instances the need for caution, and the rules which evolved from this need, were linked to disruption in family living. One foster mother expressed the limitations to the child's belonging in this way:

You want to treat them like your own children, I guess, but you have to have limits. Treat the children normal, as normal as possible and don't let them know you feel uncomfortable with them. . . .

In a similar vein, a foster father stated:

I am grinning because they are not true children, they are foster children, and in view of their circumstances, you have to be a little more cautious and . . . have rules.

Limitations on the quality of family life. A couple highlighted the impact of "caution" on their sense of family life in these words:

See, this is difficult [maintaining caution] in a family situation. It wouldn't be like in an institution where there are two or three people all the time. . . . But in a family setting it is different. Foster mother cannot watch all the time . . . I know it is a bad situation the way it is.

On another occasion they stated:

FM . . . You are more cautious of how you handle discussions with them.

FF You still try to keep it family oriented. You don't make it look professional or what ever it is. . . . but in front of the kids you want

to act like a normal family.

And on a third occasion the foster father summed up his feelings in these words:

You cannot really have completely normal relationships. Yeah, they say to you "a normal family life", but you really can't because you have no coverage. Like, what good is my word if she says something happened. They always say, look after yourself, you know. But it is not that easy . . . you cannot separate yourself all the time. . . . I can't cover one hundred percent.

Another foster mother confirmed the anxiety created by the need for caution and succinctly identifies the impact on family life:

TS This fear or anxiety . . . creates a dynamic in different families.

FM It does, yeah, because people can't be themselves and that's sad you know. Because I can remember when it wasn't like that, but we were just starting out . . . and things have changed so drastically.

Personal Isolation - "There are times when you really feel alone". There is a quality of isolation which surrounds the foster families who care for sexually abused girls. The foster parents in the study identified a sense of personal isolation. Friends, and sometimes family members, were viewed as being unable to relate to their way of life, and as a consequence, could be of limited support to them. The one exception to this situation was a foster mother who had a close personal relationship with another foster mother with whom she could readily share all aspects of her life

and work.

One foster mother who made the following journal entry, subsequent to responding to her foster child's disclosure of sexual abuse, captures the sense of being alone:

At this point I wrote down how I was feeling: It feels like being on active duty in the Iraqi desert--in the enemy's territory not wanting to be there, having to watch out for hidden mines that can explode in your face, yet knowing you are there to do a job, a job you are committed to do. I wish that it had never become necessary to be here on the front lines in the first place. But it is. And whether back there in innocence they support you, or whether they don't, you go on to do the best of your abilities.

Fostergparents felt friends, and in some instances, family members did not understand their chosen work and lifestyle. Consequently, foster parents did not feel free to share their thoughts and feelings with them. One foster couple explained:

FM Sometimes I want to talk about these things with other people, with friends and that [but] you cannot talk about these things . . . there are certain things you can share and you do not want to share because they do not understand.

FF . . . there are not many people you can talk to.

FM No matter how close they are, even with family you can't.

And on another occasion they explain:

FM There are certain things I can talk to my friends about too, mostly I feel they don't understand. . . .

FF They always say, they would tell me "with my Tommy I did that" and I feel like saying "look this is not your Tommy we are dealing with".

FM [Friends] think we should be handling things differently. She has been with you long enough, why do you have problems . . . you must be doing something wrong.

The foster mother feels an implicit criticism in the friends' comments.

Another foster mother, who described her husband as her major support, highlighted her isolation from another foster mother in her neighbourhood, and more significantly from her extended family, whom she said knew "nothing" about her life, nor how she lives.

The above was contrasted by the following foster mother, who had a close relationship with another foster mother. She highlighted the uniqueness of their relationship and talked about her inability to share with others:

I have a friend who is in fostering . . . we rely on each other, we are really lucky that we have that kind of relationship and we rely on each other. . . . I'll call for her and scream and she'll do the same thing. Because you need that outlet with someone who knows what it is about. You cannot do the same thing to another friend because they think that you are [a] "crazy lady, why are you doing this?!" . . . So she understands, I can tell her anything, where I can only tell a little bit to

somebody else. . . . So I am really lucky that way.

Isolation can also take place within the family. A third foster mother, who was quite distressed by her foster daughter's disclosure of sexual abuse, described her daughter's incredulous reaction to her upset:

One thing that really shines in my recollection around this is my oldest daughter who is turning twenty-one, who when I was upset about this, especially upset. . . . She was totally astounded that I was upset. She said, you know all this, you have taken courses in this . . . why? . . . and you know, I couldn't immediately answer the question but her assumption was, like, taking a lot of courses and knowing all about it is not the same thing.

The same foster mother described a friend's lack of understanding regarding the effects of sexual abuse trauma and what the foster mother needs to contend with.

Two weeks ago S had a real blowout and I was talking to my friend who I had known for eleven years and who has known S since she came. She [the friend] was asking a number of interesting questions, "well, what really seemed to be troubling her?" . . . when it came down to her crying and carrying on what she [the child] started to express was what the perpetrator had done to her. And [my friend] said, why would that come up after all this time, and I said, it will always come up when the child is upset . . . that is all I could answer to this person. . . . I think that the work itself is isolated. It is

isolating in itself because of the nature of it. It is like my friend of eleven years not wanting to recognize that this issue goes on every day. . . . She would like to think when [you] find the right doctor, the right therapist and clear the problem and it is finished, it is just a matter of being smart enough, that's all. But it is not a matter of being smart enough, it is also a matter of being enduring.

Section II Issues Related to the Treatment Relationship and Therapeutic Conditions

Despite the stress and difficulties created for the foster family by the issue of false allegations of sexual abuse, and despite the burden of responsibility and isolation experienced by the foster mothers, the foster mothers shared many positive examples of their therapeutic work with the children. In the context of these examples, the foster mothers identified four conditions which they believed facilitated their work with the sexually abused children in their care. Specifically these conditions entailed: (a) having an understanding of their therapeutic role vis à vis the child and how that role differed from and augmented the role of other helping professionals; (b) providing regularly structured opportunities for the foster mother and child to relate in a one to one context; (c) being comfortable and open to discuss sexual matters; and, (d) being comfortable and open to discuss the nature of family relationships.

The following section highlights these four conditions, utilizing positive examples, and in a few instances, negative examples for the purpose of contrast.

The Foster Mother's Therapeutic Role with the Child and vis à vis the Professional

Many of the foster mothers recognized their important role as a positive adjunct to professional therapy in the sexually abused child's overall healing. One foster mother described her role in the child's treatment in these words:

It is very tricky, in one sense you have to take a position of power to make or break things for the child. It will be their psychological task to put together in some fashion in their life. But for the moment, for the time being, you are the surrogate ego for this person.

She elaborated further:

I feel very strongly that my function, my role . . . is to mediate between various interpretations of reality. I think that is more or less an everyday occurrence where S interprets the world in a paranoid kind of way . . . I will have to mediate between what it is that she is feeling anxious around, and that there is something real to feel anxious around.

Another foster mother described her role vis à vis more professional counsellors in these words:

I think I am a safety net for them. Basically anything they discuss with me is extra, it is like extra therapy, extra unprofessional therapy . . . see, I am more of a sidekick. They can share what they want with me . . . I am sort of a support . . . and, if they have a session with a therapist and they come back and they are upset, they have got me who knows what is going on and can sort of understand what they have

gone through.

In addition, several foster mothers saw themselves as important links with 'professional' treatment:

My job is different than the worker's job and the psychiatrist's job. . .

She has got to start with someone, and that someone is me [to] build up to trust. Once that trust is there then we can explore other avenues.

The foster mother, who made this statement, provided an example where she introduced the idea of therapy to a youngster while discussing the child's angry, reactive behaviour. In the next example it is also evident that preparing the child for therapy entails a process:

Also convincing a kid they need therapy is very important . . . so you have to slowly convince the kid . . . you have to explain what therapy is . . . I just went through that with one girl . . . this girl and I have been having long talks and always in the back of my mind I know she needs therapy and she is resistant to it. So I have been sort of talking to her about her problems and how she feels. There was an episode when she had some inappropriate anger and I sat her down and said, "Look this is not right. Your anger is not being dealt with properly, do you see it?" She said, "yes, I do". I said "This is why you need therapy . . . you can't live like this". And she said she realized it, . . . what is therapy? "This is what it is all about S". "Well, why can't you do it?" I said "because I am not trained. You need someone who

is going to help you properly. . . . I am your foster mother and that is what I do." So she agreed to go to therapy but it took about a month to convince her and that was a pretty short time.

The foster mother went on to comment:

This kid is not going to be ready for therapy if there isn't something in place to get her ready for that therapy.

Only one foster mother seemed confused about her role vis à vis the professional. On one occasion she suggested that, because the child was receiving counselling, she might not also have a need to talk about her abuse within the foster home:

Especially since they are getting treatment for it, right? So it is not really necessary . . . to bring it up.

The Importance of Structured Time "It is our practice to make talking time"

The importance of the foster mother's role in the child's treatment was also expressed in the recognition of the need to create opportunities for the child to talk privately. In some instances, routines were established which legitimized "talking time". One foster mother explained:

When something has happened--if she had trouble behaviourally, it is our practice to make talking time, twenty minutes, maybe half an hour sometimes before she has to be in bed.

And specifically in respect to the child's disclosure of sexual abuse:

. . . How this disclosure came about was when I went to talk with her at bedtime . . . I knew that I needed to leave some time to do this.

On another occasion, she explained that she has a set routine of spending time alone with all her children:

. . . We have a policy of dates, we have dates as a regular thing-like I have a date with each of my children in rotation. . . . One to one kind of thing and it is not set up for serious appointments, it is set up for entertainment, but you can make a date, make a special time if you need something else. So that general atmosphere of--that there will be time when you have to deal with something. . . . You [have to] have that repertoire built up at least of communicating with the child and listening to the child, in the way that it doesn't all sound like foreign language.

Another foster mother explained her pattern of connecting with the adolescents in her home:

What we do sometimes, when I need to catch up on things . . . everyone has been doing their stuff, what I do is I set an hour, maybe an hour and a half . . . and I see them one at a time and we have our talk and our catch up. . . . I see each one individually. . . . It is always in the back of my mind, oh I have to talk to her about this, and I have to talk with her about that, and we do we catch up and get on track, whether it be about a worker, about school, about an incident,

about something they want to discuss with me and I have said we will do this later. If not every week, every two weeks we are doing this and in between [if] there is one who may need me for something right away and we have to set a time for this--maybe I do just an hour with just one. . . . And sometimes on a daily basis, well, it is constant, it is a constant thing.

A third foster mother explained her routine when she shared how a new child in her home "learned" how to get time alone with her.

FM Well, what most of the girls do, and she has learned from the other girls . . . they just come up to me and say "mom can I talk to you" and that usually means later and it means in your bedroom. And I usually say okay, give me a half an hour or give me a minute, I'm free now, or whatever-and that's where we talk, in their bedroom.

The example of car rides. The importance of having private time with the child was also reinforced in how the children used car rides with their foster parents. One foster mother, who did not have a routine of quiet time with the child, found on the occasion that she drove the child to a treatment group, that the child used the time alone to share aspects of her abuse. Several other foster mothers, similarly, found that the children tended to share more spontaneously when alone during rides. In respect to the car, one foster mother said:

It is private, it is just us, there is no one else there and I think maybe this is the reason they want to tell me when there is no-one else there.

Openness and Comfort Regarding Sexual Matters

One of the important considerations which appeared to impact on the "therapeutic" value of talking time was the foster parents' relative comfort and openness in discussing sexual matters. An environment of openness, and one foster mother's comfort with sexuality, allowed her foster child to ask questions and to learn about and take pleasure in her growing body.

. . . she went to bed and said "you know all those hairs you have near your vagina?" and I said "yeah" and she said "what are they called?" and I said "pubic hair" and she said "I have nine of them now!" . . . I encouraged her to be first of all comfortable with herself.

On another occasion the foster mother responded to the following question:

Last night we were just getting ready for dinner . . . and it was a busy active time and S pipes up "what is a dildo?" And nobody else stopped in their tracks--I did. But she was asking me . . . so I sort of gulped and I said well a dildo is something made to look like a penis and I said it can be made out of a number of kinds of things . . . and then she says something to her brother "there, that's what I thought it was".

The foster mother's comfort with sexual material also permitted her to respond positively to the child's sexually provocative behaviour, and gave her an opportunity to teach the child more appropriate alternatives:

FM There were two behaviours that significantly were displayed initially.

One was tongue kissing. She wouldn't just kiss you, she would put her

tongue in your mouth.

TS So when you talked to S about it what would you say to her. . . .

FM I was slow, it was gradual . . . initially "I would like you to kiss me on the face, not on the mouth" and then she would ask why. And then it would be "because that kind of kiss is something that is sexual, that you want to do when you are ready to have sex" . . . "it is just not appropriate here".

She later explained:

. . . with overt physical behaviours I had to, and did, get down to the nitty gritty of what was appropriate, why, and what to do instead of . . . how you express affection physically.

Finally, and not insignificantly, an environment of openness facilitated the child's disclosure wherein she asked the following questions:

She said what kind of problem does S [the abuser] have . . . and I said well, it is really a problem with his sexual behaviour and then the next question revealed what she was going for. "Can girls have that kind of problem?" "When does your body get ready for sex?" "How old is that?" "Where did J's [her brother's] testicles go when he had his operation?" "Do people go crazy for sex like cats do? . . ." This was obviously very tense for her . . . because it was like she felt threatened by the craziness of it all and that the craziness would get hold of her somehow.

The above example contrasted significantly with the foster couple for whom sexual matters were difficult to talk about. This discomfort is reflected in the foster mother's response to a child's disclosure. Upon hearing of the child's disclosure, the foster mother asked the child a series of questions and immediately focused on her concern for boundaries: (see Appendix F)

[I was] a little shocked you know. . . . I sort of questioned her afterwards . . . did she really say something. I said, you know, what did you actually say? I wanted to see whether she would say the same thing that F [another child] had told me. I told [her] you do not have to tell, nobody has to know, you do not have to tell anybody . . . because they will make fun of you. You can talk with your teacher . . . to me or daddy.

The foster mother's discomfort with sexual matters made her reluctant to deal with the child's sexualized behaviour directly, as demonstrated in the following example:

FM You know someone else is concerned [with the child's inappropriate affection] another foster mother's son . . . he was over here once at a birthday party and M was all over him, the poor guy is only nineteen. And then his mother called him away and she said, try and get away from her. And he said, I really want to, but I don't know how to do it. . . . She could see that he was feeling uncomfortable . . .

TS Did you say anything to M?

FF No we didn't say anything to M.

Because the couple are unable to address the issue of sex with the child they are left with questions about the child's knowledge and with no way to find out what they need to know:

FM You wonder how much she does know, you know.

FF . . . you joke around or whatever and the little kids you figure they don't catch on . . . but with S you think differently, because she has been sexually abused as well, she may think differently . . . she would maybe interpret something sexually that some other kid would just let go by.

As a consequence of not knowing:

FF It makes you cautious with whatever you say or how you say it.

FM You don't like bringing up the subject [of sex].

FF Not even the subject, but jokes . . . how would she take that now, you know. . . .

Well, I don't want to ask her [the child], well, do you think sexually about this or how do you think about that.

Openness and Comfort About Family Relationships, "She [my foster daughter] asks how I feel about him"

In addition to establishing a degree of openness and comfort with the discussion of sexual matters, there is an identified need to be open to the child's

scrutiny of, and questions about family relationships. Within the foster family, the foster daughter has the opportunity to learn about warm, nurturing, and non-exploitive relationships. One foster mother explained her foster child's inquisitive nature when it came to understanding how a family works:

She has a great desire to claim family wherever she can get it. . . . So S's task or interest, or focus on claiming relatives [is] figuring out what family is and what family means and what you do, therefore, what claims it has on you. As I say she is terribly fascinated with [it all].

As a consequence of this need to figure out family relationships, it is important to be open to questions:

She asks me about my relationship with foster father. She asks me how I feel about him.

The importance of being open to questions about relationships was also highlighted in the following excerpt provided by another foster mother. One youngster who had been molested by her step-father and who had frequently been confronted by her jealous mother, wondered if the foster father was having an affair with a family friend. In this situation, she learned about the importance of trust and that male/female relationships do not have to be sexual in nature:

She said "foster mother, is foster father having an affair with J", and I just cracked up and said "well, I don't know, she is coming to visit why don't we ask her when she comes." [The child] was mortified that I was going to say something, [but] I think it is really important that we

should understand why [foster father can have a relationship with a female friend] . . . basically what ended up happening with that was that I was trying to show her that men and women can be friends, it does not necessarily have to be sexual, and if you have enough trust in your partner . . . it will make the relationship stronger . . . and this was something they were noticing

The importance of positive father figures. By observing and questioning, abused children can learn about the nature of relationships with non-abusive males. The physically and sexually abused foster child in the following example questioned the nature of the husband and wife relationship in the foster home, and contrasted it with her own experience.

FM I knew that she had this thing about men, she doesn't trust them. She is quite verbal about that. . . . You know she likes foster father [but] she can't believe that a man can be like that. She thinks it is almost a put-on. It is very hard for her to believe "If you ever said that to my dad he would just--if you told my dad what to do he would just die--he would kill you, you know". . . . [And] I say, "you know obviously what your dad [the offender] was doing is not normal." That was the exception. . . . That was the way she was seeing it, that things are quite different here than they were at home.

The importance of being exposed to, and being able to scrutinize a positive male-female relationship, was also highlighted in the following excerpt where an ex-

foster child returns to the home and expresses her feelings about foster father in the presence of the other sexually abused children in the home. The foster father, in this example, was the individual who constituted the exception vis à vis his more involved role with the abused children. The foster father explained:

FF It was L that broke me up completely. She put it in these words, [that] all her life she, starting with her father [she] had been abused and the importance of her being able to have someone she could trust that wasn't going to abuse the relationship. . . .

FM She still did not quite realize until this last year when she had gone through the trauma and everything . . . she had not realized how much foster father as a father figure had meant to her. . . . She said that basically he was probably the only father she ever knew and him being the way he was, and understanding what had happened with her dad and everything, she could now probably start putting together and having quite a "normal relationship with men".

FM . . . Then they all basically mentioned they had not had good relationships with men, . . . and even though it was too soon to tell, you know for them, they could see what L meant and they were hoping that they could build that and maybe become stronger . . . and get the benefit out of it.

The importance of having the opportunity to have exposure to a positive, non-exploitive male model is also highlighted in respect to the story of L, another sexually

abused child placed in the home described above. The adolescent's behaviour vis à vis the foster father has shifted over the months of her placement. Initially, she was reactive to physical contact with anyone, she would even react angrily to the potential of physical contact. She progressed to the point where she could freely approach the foster father for hugs, and the foster mother indicates that the more open relationship with the foster father appeared to facilitate the child being open to investigate other relationships.

She has been with us almost a year now and it has taken her . . . she has even now, can I have a hug, can I have a hug, you know, foster father and all that. . . . Well it was yesterday out of the blue, she was starting to ask foster father how she could find her father. . . . How all of a sudden when she feels a bit more comfortable with foster father--"well I have one too, I would like to know what he is like".

Section III Issues Regarding Organizational Isolation

Factors and Processes Which Contribute to Foster Parents' Isolation Within the Agency Context

In addition to personal isolation, foster parents experienced a sense of isolation within the Child Welfare organizations of which they were a part. Several factors and dynamics contributed to the creation of this sense of organizational isolation. Figure 2, found on page 159, demonstrates the interaction of these factors and dynamics.

Isolation and worker availability.

Workers were viewed as being limited in their capacity to provide support and concrete assistance, primarily because of their heavy caseloads which rendered them unavailable, and limited in their knowledge of the specific child, and in their knowledge of needed resources.

These elements are captured in following statements:

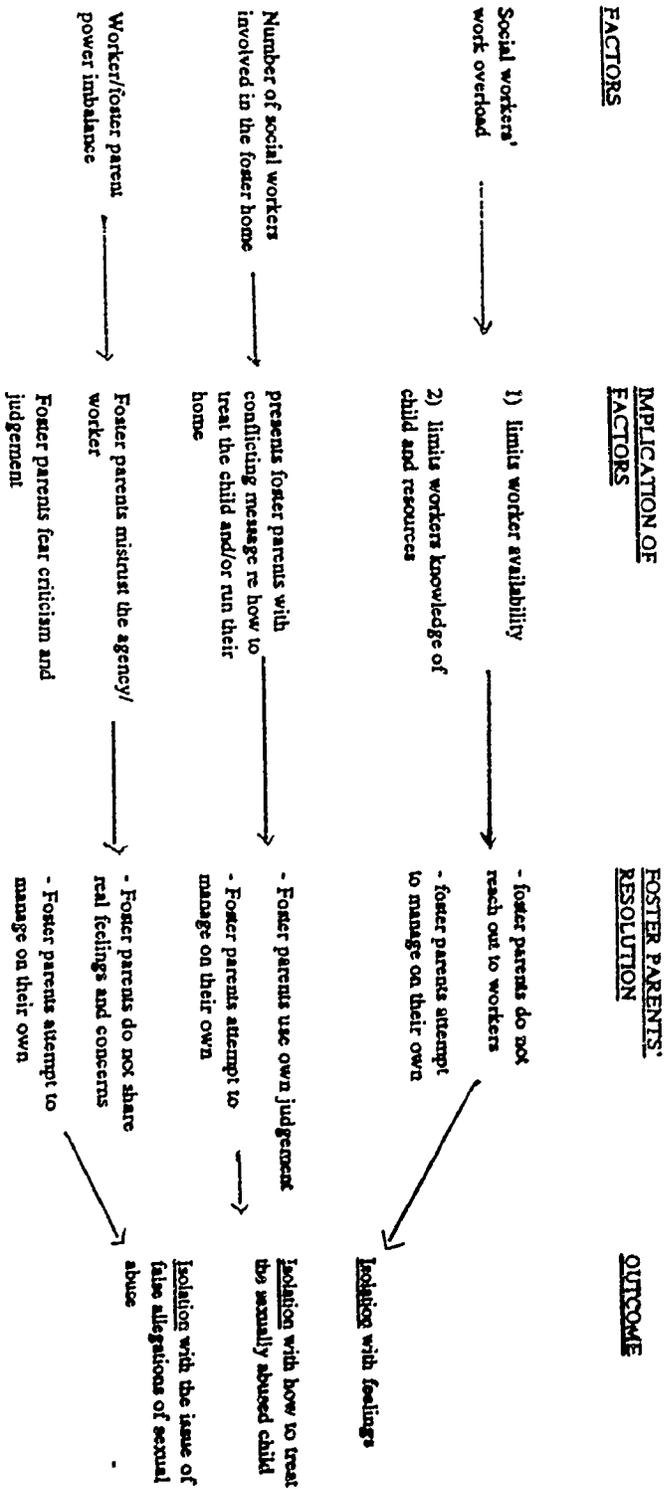
You ask one [about resources] and they don't know and you ask another and they don't know. So you end up doing the best you can.

"Do the best you can" we hear that a lot . . . I can't blame the workers entirely because they have got a lot to do.

The worker, if she would be available just like that, maybe I would ask her first but . . . they are always so busy to. . . . I mean, if I would ask her she would probably say, I am available at any time, but it doesn't work out that way. . . . I hate to bother the worker for just one little question.

I have a great deal of empathy with the workers--you know I wouldn't want their job for the world . . . not because I found the job so unappealing in itself, it's the kind of work that I evaluated that I was [not] good at and that is keeping a distance, and not knowing anything really and doing all the paperwork on situations that you really don't

FIGURE II FACTORS AND PROCESSES CONTRIBUTING TO FOSTER PARENTS' ISOLATION WITHIN THE ORGANIZATIONS



know anything about; because that is where it ends up. When you get a caseload as heavy as I have been aware of them having, there is no way that they know these children.

The exception. While foster parents periodically identified workers with whom they had positive working relationships, one arrangement/worker particularly stood out and provided a significant contrast in respect to being perceived as available and responsive to the foster parents with whom she worked. The worker had been assigned to function strictly as a support to several of the foster homes in which I was conducting the research. She had been assigned to this role about the time I commenced the study. As stated, the foster parents' comments about her contrast significantly with the previous comments in respect to worker availability.

One foster parent stated:

My resource worker who is just for me can help me in dealing with the whole situation in the house which is really good and will put forth my problem[s] . . . it is a great arrangement because this is a woman of experience. She is a little bit, like mature in the sense she is not just fresh out of school. . . . It was really, really strange, but I had no problem from the very first time we met, we related to each other.

And in reference to a specific issue she explained:

So she [the worker] set up a meeting and backed me up all the way. She came up to me and said "well, basically, what I realize is that there are a lot of employees at the agency that don't realize exactly how

much stress, how much work that the foster parents do because they don't live with the kid" . . . so she is understanding actually of how we are feeling, which is really, really unusual for a worker to understand that fully what it is like . . . that is my person to call.

Another foster mother, who was initially dubious about the creation of the Resource worker role, over time, also came to view her in a very positive light.

She initially stated:

I know A, from what I know of A she would do her best, because she is that kind of person . . . but if we had gotten someone else we might not be in that position, so it just depends on the people anyway, so I don't think you are any better off this way.

Approximately two months later, the foster mother described the worker as one of her primary supports:

I have my own supports . . . my husband, my resource worker A. She is fantastic.

And another month and a half later she stated:

A is doing a wonderful job, except I think that she is going to be overwhelmed, and I don't know how long she can continue doing what she is doing. . . . She is really good and she is very supportive and she is dead-on. She is wonderful . . . and she has been a great help to me, and I know she has been a great help to a lot of other homes. . . . She will support you when she should, but she is not going to support

you if you are wrong.

Isolation and multiple workers. The need to rely upon one's own judgement and the foster parents' sense of isolation are exacerbated in situations where they feel accountable to multiple professionals who give them different opinions and instructions. One foster mother expressed the dilemma this way:

I think that it is voiced over and over again by foster parents . . . you are given all the responsibility--we have to try and do the fixing job, yet it is hard to be the integral when you are answering to other bosses.

She provided the following example:

I have a close continuing communication with . . . a foster mother . . . and she has a foster child who is a few years younger than my son and has similar problems with school. . . The agency worker tells her one thing, well, you should take this approach, and the teacher of the child says we should do another thing, and the principal says another. She is regularly in the situation where she has got five perspectives, her own, the child's and three other authorities.

Another foster mother also described the difficulties of having multiple workers to whom she must be accountable vis à vis the care of the child:

But around workers, the amount of workers, that is overwhelming, I mean I find it overwhelming. If they are new workers you are almost training new workers. . . . You feel like you are taking on another role again and you don't want another role, you just want help.

She went on to describe how she must accommodate to the numbers and rely on her own judgement.

When you are dealing with such a variety of opinions, you still have to formulate your own ideas and own opinions and sort of run that way, you can't rely on someone else's ideas of how things should be . . . if I listened to everyone in the agency, all the different opinions, I wouldn't have been able to run my home as long as I have . . . You are always getting mixed messages from the agency. You have to take everything with a grain of salt.

Isolation and the foster parents reluctance to share. Some foster parents appeared reluctant to approach workers when faced with a crisis, and/or to share feelings or concerns which could indicate some vulnerability or inability to manage. Underpinning the foster parents' reluctance to share was a mistrust of the agency, a view that they would be judged and found wanting or treated arbitrarily.

As evidence of this reluctance to share, one foster mother described how she conveyed a crisis situation to the one worker whom she had consistently identified as a significant support. Her genuine feelings of distress were never shared.

The only person I have mentioned it to is A, in the sense of it is a volatile situation, you know, in a very broad and general sense, that is how I mentioned it . . . we were handling it and trying to keep it under wraps as much as possible until--like some of the stress was alleviated.

When I asked the couple who they shared their feelings with, the foster father

commented somewhat "tongue in cheek" about my presence:

We have a therapist who comes by every two weeks for about an hour and she is working on her doctorate at Wilfrid Laurier . . . That sort of venting.

A second foster mother, also faced with a crisis, initially cited worker unavailability as the reason why she never shared her concerns with the worker. Eventually she acknowledged a reluctance to bother the supervisor, who would have been available throughout the crisis. It was apparent that one of the consequences of not reaching out for help was that the foster mother was left feeling quite self-critical. At a later point the foster mother explained why she did not call the supervisor:

Well, basically we had no one but M [the supervisor] at that point . . . basically we had no worker. And if I had to call M for anything--I didn't like to do that because I knew she had to be swamped.

In the above situation the foster mother was very distressed with the adolescent's escalating out of control behaviour. Her greatest concern was that the child would accuse the foster father of sexual abuse. While she shared this with me, she flatly denied ever sharing it with any worker, even as a point of fact.

Another foster couple expressed a reluctance to reach out to the worker, even to get their questions answered. Not only did they feel the worker was unavailable and/or too busy, but they also maintained a belief that the worker expected them to know the answers. This idea is captured in the following:

If you ask the worker, I think the worker will think I should know this

. . . like when you do a job, I mean after a while you are expected to know these things. You don't want to go and ask. . . . Well, we try to help each other too, I mean--sometimes some things just stay unanswered.

Because this foster mother does not reach out for help, she, like other foster mothers, became quite self critical:

That's how I feel sometimes too, [like I am doing something wrong] when I have to call the worker. Like today--I had not talked to her about F for months and all of a sudden today I am calling, I need help. I think she must think, what's wrong, all of a sudden. . . . I try to look for a reason you know where can the fault be . . . I may have been waiting for help too long, you know, handle things yourself, you can manage, and then maybe it's a waste of time, maybe you should have done something.

Many of the foster mothers also indicated an expectation that they should somehow manage on their own. Three different foster mothers stated:

We were handling it and trying to keep it under wraps

We tried to handle it, she was too much

You know, you handle things yourself, you can manage.

Isolation, reluctance, and mistrust. The elements of reluctance and mistrust were captured in the following questions asked by one foster mother. She wondered whether it was alright to have different concerns than the worker, where she could

express these concerns, and ultimately, whether it was safe to even do so.

An individual worker will say, this bothers me [the worker]. And you [the foster mother] may be listening to this and say, well, I am hearing you but it is something else that is really bothering me. And where do I [the foster mother] acknowledge that; is it safe to say-"maybe I am worried about something else?", you know. And is it okay to be worried about something else that you [the worker] are not worried about?

One foster mother confirmed the impression of being judged, and highlighted the impact of this on the worker/foster parent relationship:

Your enthusiasm might be judged as an inability to manage, some of the foster mothers feel intimidated by their worker and, of course, if you are, it is going to make working with that person very difficult and almost afraid to ask questions. . . . I think they sort of judge you.

Another foster mother identified a need to be above reproach:

You almost feel that you have to be a saint in this business. You are above reproach, you cannot have a spot or a wrong reaction or a wrong word. You get that kind of feeling.

The element of being judged and found wanting was also captured in the following story provided by one foster mother about a friend who fosters:

. . . this is what my girlfriend said--now she doesn't have anyone, a foster child right now--and the worker, they had an assessment and they

felt she asked too many questions that she wasn't secure enough, something along that line. Like, you didn't foster the way we want you to foster and there are a lot of decisions that you have to make on your own and she was constantly calling. This is a very bright girl and she wanted things done.

Two foster mothers expressed their frustration with being second guessed. Underlying the process of second guessing was a judgement that they did not deal with a situation correctly:

I hate to the ultimate end when they say to the foster parent, "Well why didn't you inform us of that sooner?", "Why didn't you do this?"

"Why didn't you do that?"

I think that one of the most frustrating experiences is to be told after the fact "Oh why didn't you do that?" and "Why didn't you do the other thing?", "You could have called so and so".

The foster parents' reluctance to reach out and share their concerns went beyond a fear of criticism and being judged negatively. The foster parents recognized that workers must make judgements, especially about standards of care. They were also cognizant of the fact that workers had the power to place or not place children in their homes. These realities appeared to enhance the foster parents' reluctance to share genuine concerns. One foster mother explained:

It is important that the person you are working with most closely you have a rapport with, so you can get out all the [frustrations] and feel it

is not going to be used against you at some point . . . I think that is what a lot of foster parents have felt . . . maybe not even directly, but just, "well this person . . . can't handle a situation, you can't trust her for this" . . . This may not be the case but this is a fear that is there. [Workers] are in a situation where they have to report what goes on-- that is their job. And unless you have . . . a "therapeutic relationship" with the worker where you are getting therapy for what you are doing, I don't see a way around it [a way foster parents will share freely and get the needed support].

Another foster mother, more specifically, commented on the foster parents' reluctance to ask questions and share vulnerability in this way:

It is really difficult because the worker can certainly determine if you will continue to foster or not and she could really change things there. If the foster worker sees you as incompetent or overly cautious, she can determine if you are going to foster or not . . . You might be put on the back burner, I think people are afraid [of] that. . . . They would like to continue to [foster], so I guess they are just cautious [with what they share].

Complicating this concern about being judged and found wanting, appears to be a shifting standard against which foster parents are being measured. One foster mother identified the changing standard in these words:

I feel a lot of people are feeling insecure about their positions as foster

parents . . . a lot of things are happening in the agency and they don't know where they are going as foster parents. And I think that fear makes you not want to trust.

Fostering is starting to be viewed in a different light . . . they want to make it a professional job as much as they can. I think maybe the transition for some of those people who have been doing it for ten and fifteen years, it might be a bit overwhelming.

And she comments further about one of the unknowns in the transition.

What are your [the agency] standards, what do you perceive them to be? . . . Where are you going with this unknown part of it? The unknown puts pressure on foster parents as well.

Outcomes of Isolation

Alone with the "how" of helping the child. One of the significant impacts of the isolation that foster parents experience within the organization, is that they are very much alone with "how" to best help the sexually abused child. This sense of isolation, in sorting out the "how", was reflected in the following statements:

You are really out here on your own struggling with these issues. You are faced with coping with all of this, with very little training, very little formal training and you think you are doing the right thing . . . And there [is] an aspect, that you have to use your own perceptions, your own judgement and sort things out as you are going . . .

I think the message is that you can do what is needed, we can fix them. . . . It is a pretty fuzzy message because "how?". . . there is a feeling that you have to figure out for yourself how to conduct yourself in relation to the child and how to help the child. Sometimes you're right up against, in opposition to, say the viewpoint of a teacher or school official or something like this, where that particular authority in the child's life is saying one thing and you are saying another.

The new foster parent thinks the worker has all the answers, all the training and the expertise and in a way they should. They should know there is a problem and how to sort it out. For some reason that does not happen and the foster parent is sort of left with their mouth open, not knowing what to do next.

In the view of one foster mother, much of the "how" is left to chance:

I think there is that expectation . . . I think that there is a certain amount of training that is put in place, but I think the agency depends on how the family will respond [to a disclosure] and, in fact, if the family will respond at all There is an expectation that the family will handle it and, if, in fact they have difficulty handling it, that they will, for the most part, seek out and find their own resources to do so. I think there is a general feeling that the agency is not available for a

lot of that kind of help. . . . But I think the assumption that somebody can take that on. . . . A lot is left to chance, a lot is left to luck.

Near the end of the interviewing process the same foster mother commented:

It is sort of a perfect "model" . . . you know it would follow from what I am saying that whatever counselling the child is receiving, that caregiver needs to receive as much and that is lacking, that is definitely lacking in our system. We say . . . anybody can walk into the situation cold and without any kind of continuing back up [and] deal with it. . . . The miracle is that people do find amazing resources within themselves, but I think the risk is that they break down and being aware that, this is a risk . . . we are asking a lot.

The sense of isolation in working out the "how" was also demonstrated over the months of my involvement with the foster parents. There were examples of questions being left unanswered, important information not being communicated, some workers failing to follow through on promised action. For example, a foster mother, faced with the dilemma of what to say to another child in the home who had learned of the sexually abused child's disclosure, asked during the initial interview:

How much should F be told? It is almost impossible to reach the worker! Who do you ask? . . . I can't ask friends they don't understand why we even foster. I could ask other foster parents but they don't know about sexual abuse.

The foster mother, however, did ask the worker who indicated that she would

talk with the child in question. During the eight months of my involvement this intervention never took place, and the foster mother was left wondering how to address the situation.

On another occasion, the same foster mother, who was faced with her first disclosure, was told not to address the abuse with the child for fear of impeding the investigation. The police investigation was delayed and eventually never took place. During my involvement with the foster couple, no one gave advice to the foster mother regarding how to talk with the child about her disclosure, beyond the initial directive not to press the child. No one addressed the disclosure with the child directly. When the police declined to investigate, the matter was dropped.

In reference to the situation the foster mother stated:

I would really like to know what I am to do or not to do you know. I mean, I want to do the right thing and at the moment [of the disclosure] you don't want to leave it there . . . but B [the worker] said don't force her, don't ask her . . . just don't bring up in front of her. I guess she wants the police to come first. I have not talked with her since.

Another foster mother, who dealt with a child's disclosure in a highly sensitive and skilled fashion, was told the child could not contact members of a previous foster home while the investigation ensued. The foster mother sought and received advice about how to address this need to have no contact with the child. The investigation appeared to take a period of seven months. However, the foster mother was never

ultimately informed when the investigation was completed and when the child could contact the previous foster parents. In the meantime, the foster mother was left with a questioning child.

The foster mother discussed this issue and her need to pursue it:

TS Do you know what has gotten in the way of tying that piece up, like in respect to S being able to contact them again?

FM I can't be sure . . . I would have to hear from the person whose responsibility it is to conclude the investigation. Now, I don't know when, at what point you conclude that you have done the work, [the investigation] . . . I don't know but clearly this would be something for me to, I think, [to] speak for S on her behalf . . . I mean you can't sort of leave it. . . . It has been "opened", it has to come to the end of that opening as far as what the agency is doing or not doing.

Alone with the issue of false allegations. In addition to feeling alone with "how" to care for the sexually abused child, foster parents feel particularly alone with their concern regarding the potential of false allegations of sexual abuse. In one foster father's experience, the topic is not open for discussion. In his efforts to address the issue, he encountered simplistic answers and/or avoidance. He stated:

It is not being addressed anymore, I don't know if it can be or it can't be. . . . At least [if it were discussed] you would know that you could get some help, you know, somebody would try to be on your side, to understand your point of view. . . . I brought it up at a meeting once

or twice, already, like you don't get a real answer, well usually 'kids don't lie' that is the answer you get . . . I would like to have it raised.

It should be raised [so] someone should know how we feel as men.

On another occasion, he described the nature of his discussion with workers in these words:

In general, I have talked to them [workers] about it, usually in general, how do I protect myself, more or less that question . . . I think I have found that the subject is more or less avoided. . . . Whenever you raise something like that the discussion is usually very short . . . It is like, well, either 'kids don't lie' or 'well, don't worry too much about it' or 'it is something that is natural'. No, really, I have never had a real discussion with anybody long enough to get into details.

Near the end of our time together, the foster father concluded that workers do not have an answer:

If I tell the worker she would change the subject. She does not want to hear it. . . . No, I noticed from most social workers, like most workers we had, they kind of skip that thing, you know, they never get into discussion. I know I mention it and right away they will go on to something else. . . . maybe they don't have an answer, that's all.

Consistent with this foster father's experience of not receiving any concrete assistance with the issue, two foster couples, who attended sexual abuse training, could not recall receiving any specific direction around how the foster father might

safely relate to the sexually abused child. The issue of the potential false allegations was raised, but directions around how to deal with it were generally contained in statements like "protect yourself" and "watch your back". One foster mother responded to a question about how the trainers responded when participants presented stories pertaining to false allegation:

They didn't, they mainly listened. I mean there wasn't too much said.

Another foster father identified a possible conflict of interest which he felt prevented workers from responding to his need to discuss the issue of false allegations:

There is not really much opportunity to talk about this. I mean they have come to see the kids mainly. I get the feeling like they are concerned about the kids. They are #1 [and] this is understandable . . . And, well, [this is] my problem, more or less, [and], well, you are old enough to handle it . . . that is the feeling I get.

In the excerpt above, the foster father maintained that the workers' concern for the children somehow precluded them from addressing his issue of false allegations.

Every time the issue was raised in our interviews, this sentiment was reiterated:

Well, she is here to protect the child.

Well, CAS is to protect the child, that is her major concern.

For them it is probably not a big issue [false allegations], for them the main concern is the child.

Another foster mother confirmed that foster parents are particularly alone,

when actually faced with an allegation of sexual abuse, and highlighted the conflict between the child's need and the foster parents', at the time of the investigation.

Well I think the facts of the matter are, you know, when a foster family takes a child who has a history or has a disclosure around sexual abuse in their life, and there is an actual situation in the fostering home where there is some suspicion because of the way the child is acting or behaving or speaking, that the foster family is abusive. The agency steps out, they will not protect the foster family at all. And that is fair, I mean it is fair, but it leaves you in a double bind. You have been given total responsibility but when the chips are down none of the support. . . . I am sorry they are not there for you . . . okay, we understand the agency can't protect us. It would be wrong, a conflict of interest [with the need to protect the child] but we have to have some protection.

In the previous quotation, this foster mother identified the dilemma which complicates the individual worker's or the agency's capacity to support foster parents who are faced with an allegation.

To summarize, the following factors enhance the foster parents' sense of isolation within the child welfare organization: Firstly, workers were viewed as being limited in the degree they could be of actual concrete help to the foster parents in their work with sexually abused children. This limitation was attributed to the workers' unavailability and their limited understanding of specific children, and to

their limited knowledge of resources. These factors were, in turn, attributed to the social workers' heavy responsibilities and caseload. Awareness of these issues fed into a hesitancy, on the part of foster parents, to either "bother" the worker, or to seek out their input.

A second factor which appeared to negatively impact on how helpful workers could be to the foster parents, was the actual number of workers who were involved in the foster home. Faced with multiple workers, sometimes giving differing opinions, foster parents felt that they had to essentially rely on their own judgement, and work out how to best deal with the issues which confronted them.

A third factor which negatively impacted on what workers could positively contribute to the foster parents in respect to their concerns, was a power imbalance that existed between the agency worker and the foster parent. An unequal power relationship contributed to feelings of mistrust of the agency on the part of foster parents, and to a fear that they would be criticized, judged, and essentially dealt with in an arbitrary fashion. As a result of these feelings, foster parents demonstrated a reluctance to share their real concerns and issues with the workers and the agency, again leaving them alone with their struggles (see figure 2).

Because of the factors and dynamics which contributed to their sense of isolation, foster parents identified that they were particularly alone with "how" to best help the sexually abused child and how to conduct themselves vis à vis the issue of false allegations.

Chapter 5. Discussion.

Introduction

In this discussion, I will situate and describe how this research adds to the knowledge for practice, with respect to the issue of false allegations of sexual abuse in foster homes. Drawing on the findings, as well as our current understanding of the nature of sexual abuse trauma, I will argue that the traditional family model, which is reinforced by the informal discourse about the nature of the child and her behaviour, not only functions to mitigate the therapeutic potential of the foster home, but also has the potential to exacerbate the child's sexual trauma. I will further propose that the solution to these dilemmas may lie in changing the role of the foster father, such that he becomes a more equal partner with the foster mother, in the care and treatment of the young female victim. Such a shift must also be accompanied by a change in the informal discourse regarding the girl's sexual behaviour.

In another section of the discussion, I will consider the issue of the foster mother's isolation and devalued position within the child welfare agencies. Here I suggest that the picture of the foster mother's situation is consistent with the picture currently presented in child welfare literature. I concur with those who call for a major shift in the power imbalance between worker and foster mother, but also argue from a feminist perspective, that such a change will only be realized if we challenge the assumptions of motherhood and the family, which tend to perpetuate the power imbalance. In respect to this change, I add my voice to others who argue that the solution to the foster mother's isolation and disempowerment lies, in part, in a

degendered approach to caring.

Just as the therapeutic potential of the foster home is greatly enhanced by a shared orientation to parenting, so the potential to enhance the well-being of the foster mother is also positively influenced by such an orientation. I conclude this section by suggesting that, in challenging the assumptions about family which underpin much of child welfare work, and by adopting a degendered orientation to caring as a foundation of such work, we open the door for quite creative child welfare practice.

Before making specific recommendations which focus on shifting the role of the foster father and enhancing the therapeutic potential of the foster home, I will identify a significant dilemma which must be recognized before one can really consider making any significant changes in the foster father's role. Essentially, I will suggest that there is a conflict of need between the foster father, the foster child, and the foster mother. The foster father's need to be free from the threat of sexual abuse allegations is pitted against the treatment needs of the child, and the need of the foster mother to be relieved from some of her responsibilities.

In the final section, I will make specific recommendations, which will help to not only shift the foster father's role, but will also prepare him to better relate to the sexually abused female child. I also suggest that foster fathers cannot be expected to engage in such a major role-transition without significant support from the child welfare agencies. I have indicated that, in part, this shift can be supported through the provision of comprehensive training in the area of sexuality. In the context of this training, the agencies can focus on the meaning and intent of the child's sexualized

behaviour, and in so doing, begin to influence the dialogue about it.

I also argue that a different perspective on, and organizational response to, an actual allegation might also reduce the degree of threat experienced by foster fathers. I indicate that the foster parents and agencies need to dialogue and develop a shared definition of what constitutes a false allegation. This shared definition, in turn, needs to incorporate an understanding of the meaning of the child's behaviour which motivates the allegation. Additionally, I agree with Carbino (1991a) who has argued that allegations need to be accepted as a given, that the investigation needs to focus on supportive services not only to the child but also to the foster parents. With these emphases, the whole investigative process may be simultaneously "normalized" and "humanized", thus hopefully reducing the threatening nature of an allegation. Before turning to recommendations which focus on empowering the foster mother, I conclude the discussion of the foster father's new role by suggesting, that in actually equipping him to be more actively involved with the sexually abused female victim, we may paradoxically reduce the degree of risk in respect to allegations.

The last portion of the discussion will focus on recommendations which hopefully will serve to empower the foster mother such that she becomes a "real" equal partner on the therapeutic team. It is my contention that in so doing, we will do much to reduce the sense of isolation which she so keenly experiences.

It should be noted that, throughout the initial discussion which pertains to the therapeutic potential of the foster home, I will be adopting and emphasizing a child centred perspective. As has been stated, this perspective emphasizes the fact that the

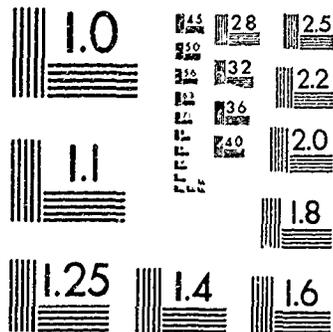
child's needs are paramount and should constitute the focus of all treatment and/or case management decisions. Furthermore, should there be a conflict of interest or need, the best interest of the child takes precedence. A child-centered approach to child sexual abuse rests on three assumptions: 1) The primary focus of service should be the victim, even though considerable attention may be paid to the offender [and other family members]. 2) Any type of sexual contact between minors and adults is considered to be morally wrong and damaging to the child. 3) The adult offender is totally responsible for any abuse which occurs (Bagley, 1984, p. 620).

In addition, I will also be writing from a feminist perspective of fostering. It should be noted that I do not see a child-centered orientation and a feminist orientation as being mutually exclusive. To the degree that we enhance the well-being of the foster mother, so we also enhance the well-being of the sexually abused child. For the purposes of the discussion, the feminist perspective emphasizes the power imbalance between the sexes that is perpetuated by a patriarchal social system. The conflation that sex is power constitutes a cornerstone of patriarchy, and not only refers to the man's right to sexual access to women and children, but also to his right to construct and define the meaning of ensuing relationships and social reality (Barry, 1984; Harding, 1980). From a feminist perspective, the empowerment of women, and for that matter the healing of the sexually abused child, entails a reconceptualization of the power imbalance in the socio-political arena (Driver & Dreisen, 1989, Herman, 1981).

Prior to commencing the discussion, I believe it is also important to remind

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the reader that the findings cannot be generalized in the same way as the findings in quantitative research. When implementing this study, no effort was made to meet the criteria by which one normally judges external validity. The purpose of this study, like all qualitative research, differs from quantitative studies in that the goal of the former is "to expand and generalize theories . . . and not to enumerate frequencies" (Lincoln, 1984, p.21). Because the purpose differs, the study is not judged on the basis of generalizability, but on the basis of transferability. As has been indicated, transferability refers to the applicability of the findings to other settings (Lincoln & Guba, 1985). Ultimately, the reader must determine how similar the participants and their experiences are to those settings with which the reader is familiar. "Thick description" is provided to help the reader in making the judgement as to the study's applicability.

In this study, I have hopefully facilitated transferability by providing a general description of the participants, and by providing a number of direct quotations in the findings. To the degree that these quotations give "voice" to the foster parents and capture their perceptions and experiences, and to the degree that these quotations reflect similar experiences of foster parents with which the reader is familiar, then the findings are transferable.

It is also important to note, that a certain portion of the subsequent discussion contains recommendations for future practice and policy. I make these suggestions somewhat tentatively, recognizing that certain aspects of the study will warrant further investigation and validation before many of the recommendations can be implemented.

However, given my personal desire that this study contribute something concrete to child welfare, foster parents, and the children, I would have felt remiss had I not made some recommendations.

I also recognize that if these suggestions are to be useful to the reader, s/he must first judge the findings as applicable to his/her setting. I offer these ideas then, in the hope that the reader will "recognize" what has been written, and also in the hope that the recommendations will be of some help as the reader endeavours to create more caring environments for both the children and the foster parents.

The Issue of False Allegations of Sexual Abuse

While foster parents in recent years have identified concerns in respect to sexual abuse allegations, the literature on the issue is quite limited (Canadian Foster Family Association, 1993; Darnell Consultings Inc., 1988; McFadden & Ryan, 1991). The literature has predominantly focused on the dynamics which contribute to an allegation, the actual impact of an allegation, and/or the impact of the ensuing investigation. In respect to the latter, the literature highlights the crisis nature of these two occurrences and recommends the "humanization of the investigative process" (Carbino, 1991a; 1991b; Hicks & Nixon, 1991; McFadden & Ryan, 1991).

The statistical picture as it pertains to false allegations of sexual abuse is even more limited. Statistics on either allegations of sexual abuse in foster homes, and/or the frequency of false allegations, do not appear to be maintained on either a local, provincial, state, or national level (S. Scarth, Child Welfare League of America

[Canadian division], personal conversation of Jan. 24, 1994; M. Carkins, Ontario Association of Children's Aid Societies, personal conversation, Feb. 1, 1994; A. Twaddle, Health and Welfare Canada, personal conversation, Feb. 1, 1994).

National statistics on sexual abuse incidents per se tend to be subsumed in statistics on abuse and neglect. MacKenzie (1993) has noted that because of different approaches to the definition of abuse and imprecise record-keeping, the actual frequency of abuse incidents in foster homes is difficult to establish.

This study adds to the very limited understanding we have regarding the issue of false allegations of sexual abuse in foster homes, by highlighting the impact the threat of such an allegation can have on the foster parents and the sexually abused child. Relationships within the foster family are defined around the issue of allegations and are partially constructed as a consequence of a potential happening. The foster parents and the foster child are locked into positions which reinforce a traditional nuclear family system in which there is little opportunity to shift or move. The foster father, who is physically and emotionally distanced from the foster daughter, functions from a defensive position which is characterized by caution. The foster mother, who has almost exclusive responsibility for the care and treatment of the child and for monitoring the relationship between the sexually abused child and all male members of the household, must, in a similar vein, maintain a position of vigilance. In addition, there is an informal discourse regarding the nature of the child's behaviour, which reinforces the perception that she is a threat, that also serves to reinforce and enhance gender specific role assignment vis à vis the child's care.

Implications for the Well-Being of The Sexually Abused Child

The Nature of The Informal Discourse

The nature of the informal discourse, which is perpetuated by society, the agencies, and the foster parents themselves, states that the foster father needs protection from the sexually abused girl who constitutes a significant danger, not only to the foster father, but also to the well-being of the entire foster family. Because of the fear regarding her potential to make a false allegation and because of the dialogue which identifies the child's behaviour as a danger, the child becomes defined as untrustworthy and a threat. In addition, the nature of discussion is such that it redefines the child's sexual behaviour. Consequently, her behaviour is perceived as dangerous and potentially seductive, rather than being seen as an effect of the child's sexual victimization. Furthermore, the informal discourse which portrays the young female victim as sexually dangerous, also states that men require protection from the very 'powerful' child.

It is my contention that this informal discourse, and the traditional family structure which is reinforced by it, enhance an environment of mistrust, and significantly militates against the healing of the sexually abused child by inhibiting the therapeutic potential of the foster family. The discourse may also inadvertently contribute to the child's continued stigmatization, and in some instances, has the potential to contribute to the child's revictimization. The structure and dialogue is such, that they also limit the possibility of the foster parents functioning as positive role models.

Perpetuation of Child's Trauma

Drawing on Finkelhor and Browne's (1985) traumagenic model and our understanding of the significant role foster parents can play in the healing of the child's trauma, I wish to demonstrate how this discourse and adaptation limit the therapeutic potential of the foster family, and increase the potential for further traumatic stigmatization.

While recognizing that not all children are traumatized in similar ways or to the same degree, Finkelhor and Browne (1985) propose that the experience of sexual abuse can be understood and analyzed in respect to four trauma-causing factors or four traumagenic dynamics. These include 1) betrayal, 2) powerlessness, 3) sexualization, and 4) stigmatization. The authors further maintain that the convergence of these phenomena in one set of circumstances makes the experience of child sexual abuse somewhat unique. Essentially, when elements of these four traumagenic components are present, the child's cognitive and emotional orientation to the world can become greatly altered, distorting "the child's self concept, world view, and affective capacities" (Finkelhor and Browne, 1985, p. 53).

Betrayal. Betrayal is the dynamic through which the child learns that a person close to him or her, and on whom the child is dependent, has caused them harm. Trust and vulnerability are manipulated, such that a child may have great difficulty developing trusting relationships with careproviders. This distrust may result in the child's isolation or in an impaired ability to judge the trustworthiness of others (Finkelhor and Browne, 1985; Russell, 1986). Russell (1986) has pointed out that

this impaired capacity to judge the trustworthiness of others may enhance the victims' vulnerability to revictimization. Finkelhor and Browne (1985) also indicate that the degree of betrayal will be enhanced for children who are blamed for the abuse or not believed at the time of disclosure, as could be the case for many children who enter the care of child welfare authorities.

Placement of a child in a foster family can afford the child the opportunity to gradually establish positive trusting relationships with caring adults (Bagley & King, 1990; Faller, 1988; McFadden, 1989). These relationships constitute the cornerstone of the child's treatment within the foster family. McFadden (1989) indicates that the foster family can provide an arena where sexually abused children can overcome developmental deficits, learn new and healthier ways of relating within a family, and where different aspects of the child's fears and trauma can be addressed.

The findings of this research, which focuses on the four therapeutic conditions, indicate that children not only need exposure to a variety of family relationships, but they also need and benefit from "time" taken to build trusting relationships. The trust, so established, helps to mitigate any sense of betrayal the child might experience.

The nature of the foster family's structure and adaptation highlighted in the findings of this research would suggest, however, that the feasibility of the foster parents forming trusting relationships with the sexually abused child may be greatly impeded. While there is clearly some potential for the child and foster mother to establish a sense of trust, the nature of the foster father and child relationship, which

is characterized by emotional and physical distance, would suggest that the potential of them having a trusting relationship is almost impossible. In addition, the discourse which defines the sexually abused child as untrustworthy in itself, militates against the possibility of establishing positive, trusting relationships with either parent.

Powerlessness. The traumagenic component of powerlessness or disempowerment refers to the process "in which the child's will, desires and sense of efficacy are continually contravened". "This disempowerment occurs when the child's territory and body space are repeatedly invaded against the child's will" (Finkelhor & Browne, 1985, p. 532). Fear, anxiety, and depression are associated with the sense of powerlessness. Another major effect is an impaired sense of efficacy and a tendency for the child to perceive herself as a victim (Finkelhor & Browne; Russell, 1986).

Again, the foster family has the potential to address the issue of powerlessness by providing concrete opportunities for the child to exercise positive influence and control in her life, thus enhancing her sense of self-efficacy. The foster parents can also be instrumental in ameliorating the child's perception of being a victim by providing different, and more positive, self-affirming messages, which can contribute to a more positive self-definition.

I contend, however, that the nature of the accommodation families make in fostering sexually abused children is such, that it has the potential to increase the girl's sense of powerlessness, rather than ameliorate it. In this family structure, young victims are held at a distance for reasons which are unknown to them. With

the foster father, in particular, the children are powerless to affect the nature of their relationship and/or to positively influence the perception that they are a threat, thus enhancing a sense of powerlessness. The informal discourse, which defines the girl as a danger, holds her theoretically responsible for an event which has not occurred, and which may have little to do with her actual behaviour.

Not only does this dialogue and resultant foster family structure contribute to a sense of powerlessness, it also has the potential to reinforce a distorted sense of power which the child may have learned as a consequence of her earlier abusive situation. In the context of a sexually abusive situation, a child may receive the subtle message that she has a strange power that can make adults lose control (McFadden, 1989). In a similar vein, the discourse is such, that children 'learn' that they have the power to threaten the well-being of the entire foster family and the foster father in particular.

Traumatic sexualization. Finkelhor and Browne (1985) describe traumatic sexualization as "a process in which a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion" (p.531). Two of the many consequences of sexual trauma are a preoccupation with sex and a confusion between sex and love/affection. Children can learn "to use sexual behaviour as a strategy of manipulating others to satisfy a variety of developmentally appropriate needs" (Finkelhor & Browne, 1985, p. 531). This effect has particular implications for this study and will be addressed in greater detail in a subsequent section.

Foster parents have the potential to positively impact on some of the effects of traumatic sexualization by teaching children that they can get their needs for affection met appropriately, without having to engage in sexual activity, by teaching the child new values and attitude, by teaching the child appropriate boundaries vis à vis sexual contact, and by providing age appropriate sex education (Menshew & Hooper, 1990). The therapeutic component of openness and comfort with sexual matters identified in the findings also highlights the important contribution foster parents can make in addressing the child's traumatic sexualization.

The findings of this study clearly indicate that in many instances the child is being related to by the foster parents primarily on the basis of her sexual behaviour. The girl is defined as sexually dangerous regardless of the nature of her actual behaviour or a more precise understanding of the nature of her trauma. Because the child's behaviour is defined as potentially sexual, and therefore dangerous, it makes it almost impossible to deal with. It must be avoided, especially by the foster father, for whom it constitutes the greatest threat, but to whom it is most likely to be directed. As a consequence, opportunities to resocialize the child in respect to appropriate affection, appropriate sexual experimentation, and personal boundaries are limited.

Traumatic stigmatization. Traumatic stigmatization refers to the "negative connotation--eg., badness, shame and guilt--that are communicated to the child and that then become incorporated into the child's self-image" (Finkelhor & Brown, 1985, p. 532). The sense of blame and shame can come directly from the perpetrator or

from attitudes of others as, for example, at the time of disclosure. Messages which convey a sense that they are 'spoiled' or 'damaged goods' reinforce a sense of guilt, and felt difference, all of which contribute to lower self-esteem. As a consequence of this sense of stigma, sexually abused children often feel isolated and alone.

Foster parents can contribute a great deal to ameliorating the child's sense of stigma and the resultant poor self-esteem. By consistently communicating different messages about responsibility and blame for the sexual abuse, foster parents can help to minimize the damage created by holding the child responsible for her own abuse. By providing children with 'growth enhancing' experiences, foster parents can impact positively on the child's self-image. And by providing the girl with a warm, accepting environment, the foster parents can make a significant contribution to the child's sense of worth and general sense of well-being.

Unfortunately, the nature of the informal discourse which defines the foster father as needing protection and the foster daughter as a danger, has the potential to enhance her stigmatization. It inadvertently creates a form of what Conte (1982) refers to as systems' abuse. Briefly stated system-induced trauma can result from the insensitive handling of the victim by individuals who lack an understanding of the dynamics of abuse or the requisite skills to deal sensitively with the children (Conte, 1982).

The discourse, which defines the girl's sexual behaviour as dangerous, if not the child as a seductress, is sadly reminiscent of victim-blaming found in mythology and early psychiatric writings on incest (Bagley & King, 1990; Finkelhor, 1984;

Herman, 1981; Russell, 1986). While the foster parents involved in the study did not directly blame the foster children for their behaviour, the propensity to perceive it and to define it as dangerous and threatening comes uncomfortably close. To paraphrase Diane Russell (1986), identifying a seductive attitude on the part of the daughter may not mean that the incestuous relationship is her fault. But given the long and relentless history of blaming allegedly seductive daughters for their father's incestuous abuse, it is difficult to contemplate this discourse without hearing victim-blaming.

In addition, any sense of isolation that the victim might already experience is also potentially enhanced by the distance between the girl and male family members. Furthermore, the findings suggest that because the sexually abused child is perceived as a threat, there are limits to the degree she can be incorporated into the foster family. Being theoretically defined as a danger limits the degree of belonging, and not only potentially contributes to a felt sense of difference, but also to her stigmatization and trauma.

The Traditional Family Structure and The Perpetuation of Abuse

In addition to limiting the therapeutic capability of the foster home and potentially contributing to the child's continued traumatization, I also contend that the foster family's traditional structure might also inadvertently, contribute to the child's sexual revictimization. In those few cases where it is the foster father's intent, the rules and roles, which create physical and emotional distance between the child and the foster father, might actually serve to set up the child for re-abuse. In respect to

this, Finkelhor (1984) has noted that when fathers have particularly conservative values and they give little physical affection, the daughter might be at risk of abuse.

Furthermore, it is noted that step-fathers are more likely to abuse their daughters than natural fathers. (Finkelhor, 1984; Gordon, 1989; Parker & Parker, 1986; Phelan, 1986; Russell, 1984b). This propensity is attributed to several factors. It is theorized that there is likely to be a weaker emotional bond between the step-father and daughter, because the step-father in all probability was not involved in the child's early care. Because of this lack of involvement in the child's care and nurturing, it is speculated that step-fathers may have greater difficulty in empathizing with or understanding the child's point of view (Bagley & King, 1990; Finkelhor, 1984; Finkelhor, 1987; Herman, 1981; Russell, 1986). While we cannot generalize the step-father's situation to that of the foster father, it is possible that the emotional distance which exists between the foster father and foster daughter might similarly inhibit his capacity to empathize and understand the child's perspective. To the degree that foster fathers are unable to empathize, it might also contribute to the child's revictimization. It would be both unfair and unwise, however, to conclude definitively that the traditional family structure, and the emotional distance between the foster daughter and foster father, are direct causative factors in her revictimization. It does, however, constitute an area of continued study.

Social isolation has also been identified as contributing to sexual abuse of children (Faller, 1988; Russell, 1984a). More specifically, Faller (1988) has indicated that social isolation may have a causal role, be an effect of sexual abuse,

and may contribute to it being prolonged. She further maintains that social isolation may be imposed by the perpetrator, imposed by the family itself, or may be an environmental factor.

While the foster families in this study were not totally socially isolated, they did suffer from a sense of isolation in respect to how to best care for the sexually abused child, and how to conduct themselves vis à vis the issue of potential allegations. This isolation was experienced socially and within the child welfare systems for whom they fostered. While far more open to public scrutiny than the average family because of their fostering status (Kadushin & Martin, 1988; McFadden 1985; Steinhauer, 1991; Wilkes, 1979), the foster parents in this study still felt a significant degree of agency isolation. MacFarlane (1982, cited in Russell, 1984a) believes that isolation or the "lack of community prevents people from knowing where to turn when problems emerge" (p. 266). The findings of this study clearly indicate that the foster parents were reluctant to share their genuine concerns with agency representatives. In this sense, communication was far from open. Yet open communication amongst the various individuals involved in the sexually abused child's treatment and care, is seen as being essential, not only to maximize the potential for the child's healing, but also for the prevention of ongoing abuse (McFadden, 1989; Sgroi, 1985; Siskind, 1986).

Limitations As Positive Role Models

The therapeutic potential of the foster home is also limited to the degree that foster parents are unable to function as positive role models. It is generally accepted

that children require positive role models with whom they can identify throughout the various stages of their growth and development (Rutter, 1972 & 1975; Steinhauer, 1991). Rutter (1975) maintains that children tend to copy other's behaviour and are most likely to "model themselves on those individuals with whom they have the closest relationships" (p. 140). The process of modelling involves both a conscious attempt to mirror other people's behaviours, and an unconscious imitation, which is a feature of the process of identification.

Initially, the child identifies primarily with his/her family, incorporating the family's attitudes, values, and characteristics (Steinhauer, 1991). Once in school, the children begin to identify with peers and other significant adults in their life. While it was once believed that children were capable of only one primary attachment (Bowlby, 1971), both practice and empirical studies indicate that the child is capable of multiple attachments (Rutter, 1975; Steinhauer, 1991). It is now believed that children who enter foster care are capable of bonding with foster parents, while simultaneously maintaining a bond with their natural parents; hence the recent emphasis on child welfare practice of involving both sets of parents in the child's life (Smith, 1990; Steinhauer, 1991).

In situations where the child has had particularly negative experiences with their parents, foster families can provide the child with alternative role models vis à vis behaviour, attitudes, and values. Rutter (1975) notes that children do not always follow the models presented by their parents. "Whether they do or not depends on models with which they are presented (by friends, teachers, neighbours, and other

relatives) and the quality of their relationship with their parents" (p. 142). To the degree that foster parents can provide positive models, they can help to ameliorate the impact of the children's earlier experience with negative parent figures.

Children, who enter foster care because of sexual exploitation, understandably need positive role models of both genders. Given that the relationship between the young victim and the non-offending mother is often quite negative (Faller, 1988; Sgroi, 1985), it is recognized that the young female victim often needs exposure to strong, self-directed, confident, caring females. Foster mothers who embody these qualities obviously have the opportunity to provide such positive models.

Additionally, the foster mother is ideally situated to provide the young sexual abuse victim with a maternal "transference" object which can facilitate the working through of feelings of maternal rejection and abandonment related to the traumatic component of betrayal. In the situation where the sexually abused child is taken into care, it is often because the natural mother, who is caught in a conflict of loyalties, is reluctant to believe the abuse occurred. As a consequence of this reluctance, the mother is perceived by child welfare authorities as being incapable of protecting the young victim from further abuse. The child understandably experiences the mother's ambivalence as rejection and abandonment. By transferring her resultant feelings of hurt and anger associated with the rejection onto the foster mother, opportunities are created whereby these feelings can be worked through.

In a similar vein, sexually abused children also require positive male models. Because of the nature of the relationship which often exists between the male

perpetrator and the young victim, it is imperative that young female victims have exposure to warm, nurturing, non-exploitive men. Given such models, the child can slowly begin to trust and understand that not all men abuse or manipulate for their sexual gratification. As was the case with the foster mother, foster fathers could also provide the female victim with just such a positive model. Within the context of a gradually developing trust relationship, the child would then be afforded opportunities to learn, for example, the difference between sex and affection, and how to relate to men in non-sexual manners. In addition, the foster father could also function as a "transference object", whereby the sexually abused child can work through feelings about the perpetrator. Again, the child's feelings of anger and hurt, which relate to the betrayal and manipulation characteristic of the abusive relationship, can be worked out in the context of the relationship of foster daughter and foster father. By way of example, the foster father who was noted as the exception in the findings, represents a positive example of a caring, non-exploitive man. Because of the relationship he developed with one foster daughter, she was able to move on and begin to investigate relationships with other boys and men in her life.

I would suggest, however, that the traditional structure of the foster family, which in part is an accommodation to their fear of a false allegation of sexual abuse, impedes the foster parents' capacity to provide positive gender specific models. It essentially reinforces a gender-based division of labour vis à vis the care of the child. Like all foster mothers who assume primary responsibility for the care and treatment of the children in their care, to the almost total exclusion of their partners, the foster

mothers involved in this study projected an image of 'supermom' (Smith, 1991; Smith & Smith, 1990). In so doing, they provide the victim with a role model which is almost totally defined by a capacity to care, a capacity which many feminists note is devalued in our society (Chodorow, 1978; Chodorow & Contratto, 1989; Dally, 1982; Miller, 1991).

To the degree that the foster mother's quality of 'caring' is not balanced with other characteristics, and to the degree it is not balanced with an image of a caring nurturing male, the young female victim is provided with a somewhat negative role model. The above, however, should not be construed as suggesting that the women involved in the study were one-dimensional, but should be understood as meaning that the family structure and gender-specific role assignment place such great emphasis on the foster mother's caring, that they have the potential to overshadow other characteristics and qualities.

Because caring is so gender-specific, and because the informal discourse which defines the child as dangerous distances the foster father from the child, the foster father's capacity to function as a positive role model is also greatly hampered. Rules which govern the relationship and interaction between them enhance emotional and physical distance and tend to reinforce the image of men as cold and removed; the very opposite role model which is needed. As has been indicated, the dialogue which portrays the young female victim as sexually dangerous, also states that men need protection from the child. This dialogue creates an uncomplimentary image of men which minimally depicts them as weak and ineffectual, and which, in the extreme,

depicts them as sexually impulsive and potentially incapable of self-control. In either instance, this image is a long way from that of a warm, nurturing, non-exploitive man so badly needed by the young female victim.

A Possible Solution

In the previous section I have endeavoured to demonstrate the negative implications of the informal discourse and the subsequent family adaptation, in respect to the limitations it places on the therapeutic potential of the foster family. I have also argued that these elements have the potential to contribute to the child's continued traumatization, as well as a potential for her revictimization.

At this time, I want to suggest that part of the resolution to some of these implications lies in modifying the role of the foster father and developing a shared parenting model. By reducing the physical and emotional distance between the foster father and the sexually abused child, we enhance the potential for them to develop a warm trusting relationship. In so doing, we expand the child's potential to develop trusting relationships, modify her negative image of men, provide opportunities to potentially work through conflicted feelings about the perpetrator, and reduce the child's sense of stigmatization and felt-difference within the family. Before expanding on this idea and providing some specific recommendations which would support this change, I would like to consider the current situation of the foster mother.

Implications for The Well-Being of The Foster Mother

In this section, I would like to shift the focus somewhat from the perspective of the child and look at the findings which pertain to the foster mother's position within the organization.

As has been stated, the foster family's accommodation to the threat of a false allegation of sexual abuse is such, that it reinforces a traditional family structure, wherein the foster mother has almost total responsibility for the care and treatment of the young female victim. In addition, the findings indicate that the foster mother has a major role to play in protecting the foster father and other males within the household from allegations of abuse. In respect to this responsibility, the foster mother must vigilantly mediate the relationship between the foster child and the foster father.

The foster mothers indicate that they find the need for such vigilance, as well as the actual job of providing the primary care and treatment for the child, as both demanding and exhausting. The demanding nature of their work is exacerbated by a sense of isolation, which is experienced socially and within the context of the child welfare organizations. In respect to social isolation, friends, neighbours, and in some instances other family members, simply do not understand their chosen life style, or the kinds of problems with which they must contend. As a consequence of the isolation, foster mothers often feel alone with their questions as to how to best care for the sexually abused child. Both foster parents also feel alone with the issue of allegations. They particularly identify the concern that when actually faced with an

allegation/investigation, they are virtually on their own.

The findings indicate that there are several organizational factors which tend to reinforce the foster parents' sense of isolation. These include: worker availability and helpfulness; the number of workers involved in the home; and perhaps most significant a power imbalance between the worker/agency and the foster mother.

The findings suggest, further, that because of these factors the relationship between workers and foster parents is characterized by ambivalence and mistrust. While some foster mothers expressed respect for their workers and acknowledged their heavy workload, they also expressed concern about the worker's authority in their lives. Accordingly, they felt vulnerable, and this sense of vulnerability had the effect of inhibiting open communication with the agency, which in turn, served to increase the sense of isolation.

Understanding the Power Imbalance: A Child Welfare and Feminist Perspective

The mistrust and power imbalance, which underpin and deepen the foster mother's sense of isolation, can be understood from both a child welfare and feminist perspective. The mistrust, which exists in the worker/foster mother relationship, and the power imbalance which underpins it, is clearly identified in child welfare literature (Fish, 1984; Kadushin & Martin, 1988; McFadden, 1985; Meyers, 1985; Smith & Smith, 1990; Steinhauer, 1991). These elements are recognized as being imbedded in the hierarchical arrangement of the child welfare organization, as well as in the legally mandated authority of the workers. In respect to this authority, it is

understood that, not only do the agencies have the authority to remove a child or close the home, but also that workers, as agency representatives, can make both decisions and demands which can have major repercussions for the foster family. Yet, as Steinhauer (1991) notes, "in many agencies foster parents are rarely or minimally considered let alone consulted around decisions which involve them as much as they do the child" (p. 191).

As further evidence of the foster mother's disempowerment various authors note, that despite the importance of accepting and perceiving her as an equal partner on the therapeutic team, such equality and recognition are far from widespread (McFadden, 1989; McFadden & Ryan, 1991; Meyers, 1985, Steinhauer, 1991). Additionally, the devalued position is reflected in the poor monetary compensation foster mothers receive for their hard work (Callahan, 1993b; Darnell Consulting Inc., 1988; Kadushin & Martin, 1988; Meyers, 1991; Neysmith, 1991; Smith, 1991). Meyers (1985) suggests that any one of these factors, combined with the nature of the actual job the foster mother is expected to perform, would be sufficient to qualify her for victim status.

Various feminist writers indicate that we can neither understand the nature of the foster mother's disempowerment, nor remedy it, without initially understanding how her situation mirrors that of women generally in our patriarchal society. Foster mothers have been identified as an example of the exploitation that women can experience when they assume roles which conform to the dominant definition of women as sole nurturers and caretakers (Meyers, 1985; Miller, 1991; Smith, 1991;

Smith & Smith, 1990). Consequently, much of the foster mother's real contribution to the well-being of the child, like that of other caring professionals, remains hidden and undervalued (Baines, Evans, & Neysmith, 1992; Bella, 1993; Callahan, 1990; Callahan, 1993b). In order for the hidden work to be truly valued, it must be seen. In order for it to become visible, we must challenge the myths of motherhood and the family ethic, which both contribute to gendered assignment of caring, the devalued position of the foster mother, and the perpetuation of a traditional nuclear family model as the norm (Miller, 1991; Neysmith, 1991; Smith, 1991). All of the above would suggest that, in addition to making a number of organizational changes which could facilitate the empowerment of the foster mother, real change in her situation will only come with a redefinition of the gender-based caretaking arrangement. Thus, we return to the idea of shifting the position of the foster father and making him a more equal partner in the care and treatment of the sexually abused foster daughter. Such a modification in the foster father's role would have significant implications for the foster mother's sense of burden and responsibility. With shared parenting, the foster mother would no longer be required to carry total responsibility for the child's care and treatment. Nor would the foster mother be placed in a situation where she must function as protector of her spouse. With a shared parenting model, foster father could also assume some responsibility for monitoring the activity of all the children in the home, and thus alleviate some responsibility currently carried by the foster mother.

Dilemmas and Contradiction: Identifying The Conflict of Need

In the previous sections I have argued that the traditional structure of the foster family and the dialogue which surrounds the sexually abused child's behaviour have many negative implications in respect to the well-being of the young victim. I have also suggested that the foster mother's devalued position within the child welfare organization can be partly understood as evolving from gender-based definition of caring. I have suggested that shifting the role of the foster father, making him a more equal partner in the foster daughter's care and treatment, would do much to enhance the well-being of the child and the foster mother. Before elaborating on this idea, and before making some recommendations in respect to enhancing the position of the foster mother within the organization, I believe it is important to recognize and identify a variety of contradictions which may make this solution unpalatable for some.

Firstly, we cannot assume that all allegations of abuse are necessarily false. The statistical picture, albeit very limited, suggests that a small percentage of foster fathers may molest their foster daughters. Despite this number, however, the agencies and foster families must function on the basis of trust. The agency which employs the foster couple must believe that sexual abuse will not, in the majority of instances, occur. If this were not so, then the agencies could not, in good conscience, place any child in a foster home. At the same time, it must be recognized that risk of the child's revictimization cannot be totally eliminated. The solution to this dilemma, however, does not lie in burdening the foster mother with total responsibility. Nor

does it lie in creating emotional distance between the child and the foster father. Paradoxically, in creating such distance, we could be enhancing, rather than diminishing, the potential for the child's revictimization. The question of such risk needs to be addressed at the point of recruitment, at which time all the issues which surround caring for a sexually abused child need to be discussed in depth.

Secondly, just as it would be wrong to assume that a good number of foster fathers will abuse children, we cannot also assume that all female victims will make false allegations. To do so has major implications for the well-being of the child. But again, this is a situation where risk cannot be totally eliminated. In sorting out what is in the best interest of the child, we cannot forget the implications of such an allegation for the foster father. What we are left with is a conflict of need whereby the foster father's well-being is pitted against the treatment needs of the child. In a similar vein, the foster father's need to be "allegation-free" is juxtaposed against the foster mother's need to be alleviated from some of the burden and responsibility of caring and treatment. In all instances, the needs of the individuals are both real and legitimate. Clearly, however, there is no simple solution to these dilemmas.

Recommendations

Changing the Role of the Foster Father

Despite the above identified dilemmas, I believe that it is imperative that we begin to redefine the foster father's role in respect to the child. We must move away from the more traditional family structure and a gender-based definition of caring.

To do so would not only greatly enhance the therapeutic potential of the foster home, and do much to reduce the foster mother's sense of burden, but it would also create a potential for very creative child welfare practice. Freed from viewing the traditional family as the norm for fostering, agencies would be able to develop practice which might better meet the needs of the sexually abused child.

Having said this, I recognize that shifting the role of the foster father cannot be undertaken in an unthinking or cavalier fashion. To do so could enhance the risk to both the child and himself. I believe, however, there are steps which can be taken, which would not only strengthen the foster father's role, and enhance the therapeutic potential of the foster home, but also might serve to diminish potential risk.

Understanding the child's sexual behaviour: Changing the informal discourse:

Both foster parents need to establish comfort in dealing with the child's sexualized behaviour. In order to establish this comfort, they must begin to understand the behaviour from the child's perspective. In addition, all those concerned with the child must begin to change the dialogue which currently defines the child's sexualized behaviour as a threat, and the child as dangerous.

While there is a dearth of material on child sexual development, it is generally agreed that children of all ages and stages have sexual feelings and interests (Friedrich, 1990; Sgroi, Bunk & Wabrek, 1988; Waterman, 1986). Consequently all children need to acquire a healthy sexual awareness (Bagley & King, 1990). Unfortunately, when a child is sexually abused they may be traumatized sexually.

Children who have been sexually traumatized often exhibit a preoccupation

with sex and engage in such behaviours as excessive masturbation, indiscriminant affection with adults, promiscuity, age-inappropriate sex play with other children, and in some instances, sexual aggression (Finkelhor & Browne, 1985; Friedrich, 1990; Sgroi et al., 1988). These behaviours have been linked with the child's potential revictimization, because they can be viewed as seductive, and interpreted as an invitation by others to act sexually towards the child (McFadden & Ryan, 1991; Russell, 1986). Viewing such behaviour as seductive, however, is patently wrong. Sgroi et al. (1988) note that a child will often behave in a manner which does not clearly indicate the true intent or purpose of her behaviour, but which is definitely intended to meet her needs. The sexually abused child often confuses affection/attention and sex. In addition, she has been conditioned to behave sexually as means of pleasing adults (Bagley & King, 1990; McFadden & Ryan, 1991). To interpret such behaviour as seductive constitutes a misunderstanding of the child's objective and intent. To perceive the child's sexual behaviour as an invitation for sexual contact, and to blame the child for it, constitutes a form of stigmatization and revictimization.

Given the negative implications of the current informal discourse, which depicts the girl as dangerous and a sexual threat to the foster father, and given the above, it is imperative that we begin to change the nature of the exchange about the child's sexual behaviour and recognize it for what it is. If the informal discourse does not change, then the young female victim's sexual behaviour will continue to be perceived as something to be avoided. Accordingly, the capability to treat the child's

dysfunctional sexual behaviour within the foster home will be almost impossible.

The child welfare organizations must initiate steps which will begin to change the dialogue about the nature of the victim's sexualized behaviour. Just as the agencies have been instrumental in reinforcing the discourse which has portrayed the child as a danger to the foster father, so the organizations can use the same means to change it. Through training, which focuses on the child's perspective and the meaning and intent of the child's behaviour, and in worker/foster parent discussion, as it relates to specific children and specific problematic behaviour, the agencies can begin a process whereby they can help foster parents to reframe the nature of the child's sexual behaviour.

Sexually abused children need to have their needs for affection met; they need to test out their beliefs about the nature of adult/child relationships, and they need to do both these things within a safe environment. In addition, the victimized child needs to learn safer and more appropriate ways of getting her needs met (Bagley & King, 1990; McFadden & Ryan, 1991). An accepting foster home is ideally situated to meet these needs. In addition, "children have a need and a correlative right to have their questions about sex answered with warmth, respect, and intelligence" (Bagley & King, 1990, p. 214). The sexually abused child, within a foster home, needs to learn about appropriate boundaries, appropriate affection, and age appropriate sexual expression, from both foster parents, the foster father as well as the foster mother. As was suggested earlier, foster fathers can play a significant role in setting boundaries around sexually appropriate behaviour and in helping the child

discern the difference between sex and affection. This learning cannot be accomplished by avoidance, but by dealing with the behaviour directly, and by discussing it with the child. Again, helping the young victim in this way, not only requires sensitivity, but also an understanding of the child's perspective and the intent of the behaviour.

Sexual abuse training. I recognize that in asking foster parents to deal directly with the child's sexual behaviour, I may be asking them to do something which most people are ill prepared to do. Sexuality is an emotionally charged, highly sensitive area which most people have difficulty discussing freely. Communicating comfortably with a child about sexuality may be even more difficult (Gillman & Whitlock, 1989; Sgroi et al., 1988). Communicating with a child, whom one perceives as a sexual threat, is that much more difficult. Yet, as the findings which looked at therapeutic conditions indicate, openness and comfort with sexuality are important prerequisites in treating the sexually abused girl within the foster home.

I believe the agencies need to play a major role, not only in changing the informal discourse about the nature of the child's sexual behaviour, but also in helping foster parents to deal more comfortably with the whole area of the child's sexuality and behaviour. In their discussion of the need for sex education for child welfare workers, Gillman and Whitlock (1989) suggest that the workers require a safe arena in which they can frankly and freely discuss their own values, concerns, questions, and doubts; as well as gain new knowledge and practice skills. The need

for such a safe context seems to apply equally to foster parents who are given so much responsibility for the care and treatment of the young sexual abuse victim. In addition to providing a safe environment for open discussion, training for foster parents should also address child sexual development; the relationship between sexual abuse and sexual development; nature of sexual behaviour which could be a consequence of sexual trauma; strategies regarding how to deal with the behaviours; and, how to sensitively communicate with the child about all aspects of their sexuality, including their dysfunctional sexual behaviours (Bagley & King, 1990; Friedrich, 1990; Henry, Cossett, Auletta, & Egan, 1991; McFadden, 1986).

Additionally, foster parents, and perhaps foster fathers in particular, need to recognize and accept that they could find the sexually abused child's behaviour sexually arousing. In order not to feel alone with these feelings, they need to be able to acknowledge them honestly and to be able to speak openly about how the children affect them (Friedrich, 1990; Gil & Johnson, 1993).

By facilitating such opportunities, by providing such training, and by beginning to change the informal discourse about the child's sexual behaviour, the agencies can help to enhance the foster parents', and more especially the foster fathers', comfort and skill in dealing with the child's sexual behaviour. With such comfort the avenues for the establishment of a positive, nurturing, warm relationship between the foster father and the child are opened up and the feasibility of their becoming a more equal partner in the child's treatment is enhanced.

Relating to the sexually abused child: Different words of caution. Having thus argued for the foster father's involvement in the care and treatment of the sexually abused child, I believe several factors should guide this involvement. Most significantly, the child's perspective should be the principle guiding factor in all interaction.

Generally, it is recognized that many sexually abused children may find the idea of forming a relationship with an adult male quite threatening. Given this possibility it must be accepted that forming such a relationship will take time and patience. Gabor (1988) has suggested a good beginning point for men in establishing a relationship is to find some common neutral ground for relating with the child. He also suggests that the issue of trust be gradually introduced before a more personal discussion of their relationship. Implicit in this suggestion is the idea of moving at the child's pace.

In respect to foster father's providing appropriate physical affection, the child's sense of comfort and timing should determine when it occurs. Henry et al (1991) suggest that unless a child specifically requests not to be touched, that foster parents should not withdraw physically from the children. While taking direction from the child in such circumstances is imperative, not all young victims will be able to verbally communicate their wish to the more "powerful" new adults in their lives. Foster parents generally, but the foster father in particular, must endeavour to establish the child's comfort level and let her set the pace. If sensitively handled, asking the child directly to let "you know if she ever needs a hug" may be the best approach.

McFadden (1989) also contends that foster parents should be equipped with the knowledge of what was involved in the child's sexual abuse and seduction, so as to avoid replicating any of the offender's behaviour, when the adults relate to the child. Neither the foster mothers nor the foster fathers should ever force the child to discuss any aspect of her sexual abuse before she is ready. While the findings suggest that creating opportunities for such discussion is an important therapeutic component, when and what the child chooses to share sits entirely with her.

Finally, given the potential that the child could feel quite threatened by the idea of forming a relationship with the foster father, the foster mother may need to be present to help act as a buffer and to help create a sense of safety for the child, especially in the early days of the child's placement. Eventually, it would be hoped that the child would learn from direct experience and observation that the foster father is not only trustworthy but a warm, caring individual.

Some final thoughts on the child's sexual behaviour: An apparent paradox. It is my contention that, in equipping the foster father with an understanding and knowledge of the child's sexual behaviour, and in changing the nature of the dialogue about that behaviour, we may concurrently reduce the felt-sense of threat experienced by the foster father. With changes in perception, it may be possible for foster fathers to function from a more secure position vis à vis the sexually abused girl. In addition, in dealing with the child's sexualized behaviour directly, rather than judiciously avoiding it, foster fathers might actually be reducing the potential for

allegations. Recognizing the need which underlies the child's sexual behaviour, and sensitively addressing the need; helping the child find alternative ways of getting her needs met within the context of a family, all may help to reduce the frequency of misunderstanding and misinterpretation which can be behind an actual allegation of sexual abuse.

Understanding the nature of allegations. Just as it is important for foster parents to understand the nature and intent of the child's sexualized behaviour, it is also important that foster parents understand what underlies an allegation of abuse.

It is a given that a child's past experience of sexual abuse affects her perception and experience of family life. The intimacy and touching which may constitute a normal part of the foster family's relationships may be confusing, if not threatening, to the child whose only physical nurturing has entailed sexual contact. The child may simply be unable to differentiate normal physical touch from behaviour which was part of her seduction (McFadden, 1989). In these instances, when a child is making an accusation of abuse, it is not based on a lie, but rather on a misinterpretation of behaviour, wherein the child may be fearful that sexual abuse will be repeated (Carbino, 1991b; McFadden & Ryan, 1991; Steinhauer, 1991).

Additionally, children, lacking a sense of how to accomplish their goals within a large bureaucratic system, may see an allegation as a way of getting back home or changing foster homes (Carbino, 1991b; McFadden & Ryan, 1991). Having learned that manipulation is the only way to get their needs met, the child makes an allegation. In these instances the child's behaviour is not evil, but it is a learned

behaviour the objective of which is to meet a specific legitimate need.

Given the above, it is important to differentiate those circumstances in which a young victim may be manipulating from those in which there has been a misunderstanding. Only when these distinctions are made will it be possible to help the child learn the difference between seduction and positive affection, or how to be heard and how to more positively get their needs met within the system.

Understanding these distinctions is not only important in determining the best intervention for the child, but it is also important if we are to change the nature of discourse about the threatening behaviour. Again, through training and the discussion of specific cases the agency/worker can play a significant role in facilitating the foster parent's understanding of the child's behaviour. So equipped, the foster parents may be in a better position to address the child's confusion and/or needs and thus potentially avoid an allegation in the first place.

Rethinking the investigation. In addition, the agency could also do a number of other things which might help to reduce the felt sense of threat which foster parents experience. Carbino (1991a; 1991b) suggests that both foster parents and the agency could benefit by functioning from the assumption that the nature of fostering abused children is such that allegations of some kind are almost inevitable. If accepted as a given, then steps can be taken to humanize the investigative process. She further suggests that a true/false dichotomy is neither helpful nor appropriate when making service decisions in child protection. The complicated nature of family life and sexual

abuse does not readily lend itself to an either/or determination.

In Carbino's (1991a; 1991b) view, the emphasis should be on what service is needed, firstly to protect the child, and secondly to support the foster family, recognizing that these two elements are not necessarily mutually exclusive. Carbino's (1991a; 1991b) emphasis on supportive services evolves from the realization that the investigation per se can constitute a major crisis for the foster parents. Indeed, the findings of this study suggest that foster parents feel very much alone when faced with an allegation. Their fear about the investigation per se may be felt as strongly as the concerns about the child's sexualized behaviour. In that sense, it may contribute to the perpetuation of the negative discussion about the child's sexualized behaviour and the traditional family model. This possibility notwithstanding, the foster parents' fears about the investigation speak strongly to their need for support during the investigation. It is also suggested that agencies may want to review with their foster parents how the investigation is experienced, and what needs to be put in place to humanize the process. Reviewing the whole process of the investigation, and coming up with shared understanding of the various issues which are involved in an allegation of sexual abuse, firstly demands more open and frank discussion of the issue. The findings suggest, that currently, such discussions are limited, if non-existent.

Secondly, I would recommend that the agencies take the initiative in providing forums where they can receive feedback from foster parents regarding their feelings and perceptions on the investigation process. In addition, I would recommend the formation of a joint committee composed of foster parents, workers, and managers,

which will have the responsibility for a) reviewing the investigative process, b) developing shared definitions of pertinent issues, and c) making concrete recommendations for support that recognizes the unique position that foster parents are in vis à vis the potential of being accused (Canadian Foster Parents Association, 1993; Nunno & Motz, 1993).

Empowering The Foster Mother

Becoming an equal partner. It is my contention that several steps can be taken which would help to empower the foster mother, while simultaneously reducing her sense of isolation. Making the foster mother an equal partner on the treatment team is imperative if we hope to reduce the isolation, and concurrently increase her sense of job satisfaction (Darnell Consulting Inc., 1988; Steinhauer, 1991). In this sense, the partnership between the foster mother and the agency is not dissimilar to the equality which is needed between the foster father and the foster mother. Creating egalitarian team work, which is characterized by open and honest two-way communication, also ultimately serves to benefit the child, by enhancing the therapeutic capability of the foster home.

Steinhauer (1991) has suggested that in order for foster parents to be seen as team members, they must first be accepted (and I would add valued) as a primary influence in the child's life. In order for acceptance to occur, the foster mother's skill and contribution to the well-being of the child must be genuinely recognized. In order for this recognition to occur, the work must first be seen. This step, in turn,

demands an articulation of the "hidden" work involved in fostering children generally and, in respect to this study, it involves the identification and articulation of the "hidden work" involved in treating the sexually abused girl. The current study could be viewed as a beginning step towards further research in this area.

Being accepted and valued as a primary influence in the child's life, suggests a shift in the worker/foster parent relationship. Essentially, the worker's role in the foster home "becomes one of supporting, supervising and strengthening the foster family's ability to understand and help the child" (Steinhauer, 1991, p. 189). Implicit in this function, is a recognition and understanding that there is much to support and strengthen.

In addition, it is my view, and the findings validate this perception, that the foster mothers' sense of isolation could be mitigated by having the support of just one worker who constitutes a resource just for them. It is noteworthy that one of the agencies involved in the study already recognized this need and created the position of resource worker.

The findings also suggest that the foster mothers feel their lives are considerably complicated by the number of workers with whom they must relate around the care and treatment of the children. Where organizationally feasible, it would be better to reduce these numbers. Where it is not possible to reduce the numbers, the resource worker's supportive role to the foster parents becomes even more important. In this situation the resource worker's role, in negotiating the various complications that can arise, because of the number of workers involved in

the foster home becomes even more heightened. In addition, Carbino, (1991a; 1991b) has suggested that just such a worker needs to be available as a primary support to foster parents at the time of an investigation of any alleged abuse.

To further support and empower the foster parents who care for sexually abused girls, I would also recommend the creation of self-help, support groups (Henry et al., 1991). In such groups, the foster parents could share ideas about how to best care for the child, and they could derive much needed support from other individuals who understand their situation. In this sense, the groups have the added benefit of reducing the sense of isolation, and mitigating potential burn-out. It follows from what has been previously stated that both foster parents should actively participate. In addition, I would also suggest that resource workers who carry the homes which make up the group, might function as facilitators for such groups (Steinhauer, Johnson, Hornick, Baker, Snowden, Santa-Barbara & Kane, 1989). The groups could also have the added benefit of empowering the foster parents, such that as a collective, they could bring their concerns and issues to the attention of agency management and/or the province.

Additional Recommendations

Throughout the discussion, I have emphasized a move away from the traditional family model and a gender-based definition of care and responsibility. This change would suggest that in recruiting foster couples who will be caring for sexually abused female victims, priority should be given to those couples who are

already positively predisposed to sharing child care.

I believe it is also important to recognize that despite efforts to suggest strategies which might help reduce the degree of threat experienced by foster fathers, there will still be those who will determine that the risk in engaging the sexually abused child is just too great. Additionally, there may be those for whom the demand for such change is too much. In view of these possibilities, I believe that the needs of the sexually abused young female might be better met, at least initially, with a lesbian couple or in a single mother led home. As has been indicated, continued adherence to the traditional nuclear family as the model for foster family care is fraught with difficulties in respect to the care and treatment of the young female victim. The traditional model essentially positions the child as a victim, and has the potential to further her sense of stigma and trauma. Accordingly, we need to consider alternative family forms where the child is not so positioned, and where she can also derive the benefits and healing potential of exposure to loving relationships.

Implicit in the suggestions of identifying and valuing the foster parents' real contribution to the well-being of the sexually abused child, and implicit in the suggestion for specialized sexual abuse training, are a call for professionalization of the foster parents' role. Meyers (1985) contends that if we are freed from the gendered approach to caring, which is imbedded in myths of motherhood and the family ethic, we could begin to accept that the foster mother cannot be a real mother to the foster child. Freed from the perception that the foster couple are substitute parents, we can then begin to treat them as real staff members and professionals. As

professionals, the foster parents would be in a position to demand, and receive more appropriate compensation for their work. Because so many of the recommended changes are dependent on adopting a degendered approach to the child's care and treatment, it is also recommended that the agencies review current policy, with the view of redefining the foster parents role, such that it reflects and reinforces this approach.

The Contribution of the Research to Knowledge and Practice

In the introduction, I speculated that the research had the potential to make a contribution in a number of areas. I suggested that the research might facilitate our understanding as to what foster parents perceived as the most crucial issue(s) in caring for sexually abused girls. Based on this knowledge, I believed agencies would be better equipped to develop training which could address the foster parents' concerns, and support them in their work with the children. At that time, I also speculated that the provision of such training might further enhance the foster parents' capacity to become equal partners on the child's treatment team, and would generally contribute to their empowerment and professionalization. I also suggested that this empowerment could contribute to greater job satisfaction, which in turn, could militate against any further erosion of the foster care pool.

In addition, I contended that by identifying those factors and/or qualities which foster parents considered significant in meeting the challenges of caring for sexually abused girls, the study could make a contribution to our knowledge about matching

the child and the foster family. Finally, I concluded that in making all of these contributions, the study had the potential to contribute to the creation of positive therapeutic environments and to the well-being of many sexually abused girls.

In the context of more specifically identifying areas where the study has made a contribution to both knowledge and practice, I will also be identifying how the research has made a contribution in the areas identified above.

The study identifies the fear of false allegations as a major concern for foster parents, and in so doing, points to the importance of developing specialized sexual abuse training, which would help foster parents, especially foster fathers, understand and deal more comfortably with the young female victims sexualized behaviour. While I could not say definitively that the provision of such training would enhance the foster parents' acceptance as equal partners on the treatment team, (clearly, the study indicates that other organizational response are warranted if this is to be realized), such training does have the potential to contribute to the creation of a more therapeutic environment for the child. In addition, this study builds on current literature regarding false allegation of abuse, which generally describe the dynamics that contribute to an allegation, and the nature of the impact of such an allegation on the foster parents. More specifically, this study, provides valuable new knowledge about how foster parents adapt to a possible threat of such an allegation. I believe the most significant findings are those which highlight the nature of the foster families' accommodation to the threat. The findings highlight the fact that this accommodation reinforces gendered caring and a traditional nuclear family form. The study also

foregrounds the nature of the informal discourse that pertains to the girls' behaviour, which evolves, in part, as a consequence of the foster fathers' fear of a false allegation. In so doing, the study also helps to identify a potential area of systemic abuse. Similarly, the data of the study confirm an impression conveyed in the literature, that the young victim's sexual behaviour, or potential sexual behaviour constitutes a significant challenge to foster parents. Beyond this validation, the findings suggest that because of the threat of a possible allegation, the girl's behaviour may be generally interpreted as sexual.

The study also confirms the impression depicted in the mainstream child welfare literature, that child welfare still adheres to a middle-class, heterosexual, nuclear family model. The findings add to both the limited research, and our limited understanding, as to the role of the foster father. While both the theoretical and empirical literature suggest that the foster father may be more influential in the foster home than might be generally assumed, the findings of this research concretely indicate that the foster father, and his need to be safe from allegations, have considerable influence on both the foster daughter and the foster mother.

The findings also build on the feminist analysis of child welfare and fostering which is based on a challenge to patriarchy, the family ethic and mothering. More specifically, the data show how these forces operate to further stigmatize the child, and disempower the foster mother. The study provides new insight into the dynamics which contribute to the foster mothers' devalued position within the child welfare organization. The data demonstrate that the nature of the foster mothers'

disempowerment is rooted in patriarchal values and the hierarchical structure of the organization. In providing this insight, the study also contributes to our knowledge about power relationships within child welfare. All these findings bring into question child welfare's propensity to use the traditional nuclear family model as the norm for fostering, and in so doing, points to the need to consider new family forms and to develop policy and practice which is based on a degendered, shared approach to caring.

In pinpointing the dynamics which contribute to the foster mothers' disempowerment, and in recommending, among other things, the move to a degendered, shared, model of care, I believe the study makes a genuine contribution to the empowerment of the foster mother within the organization and society.

In addition, this study is unique in that it captures the "voices" of foster parents and attempts to establish their perspective on what they consider the most significant issues in caring for sexually abused girls. The recommendations for change, found in the discussion, are based on data about their experiences and on an analysis of those experiences. To the degree that the research has given the foster parents a "voice", and to the degree that the recommendations flow from their experience, I believe the study has contributed to the empowerment of the participants, as well as to foster parents who discover their own experience mirrored in the findings.

If, indeed, the study has made the contributions to the empowerment of the foster mother, that I have indicated, then the study also has the potential to impact

positively on the foster mothers' sense of job satisfaction. Any increase in job satisfaction can not help but to militate against any further burn out and reduction in the foster care resources.

While the findings raise serious questions about the therapeutic value of using the traditional nuclear family in providing care for sexually abused girls, the study does confirm the impression, that given certain conditions foster parents can make a positive contribution to the well-being of the child. In so doing, the findings add to knowledge on matching the young female victim and the foster home. The study clearly points to the need to place sexually abused girls in homes where both foster parents are actively involved in the provision of care and treatment, where both foster parents are comfortable with discussing inappropriate sexual behaviour, and where both foster parents are comfortable addressing questions about the nature of relationships. By adding to our knowledge about matching in this way, the research also makes a contribution to the creation of a more therapeutic environment for the young female victim, and in so doing, contributes to her overall well-being.

Future Areas of Research

The findings of this study point to several areas of future investigation. Other methods, both quantitative and qualitative, could be used to validate some of the key findings. A greater number of foster parents could be surveyed and administered a questionnaire which endeavours to determine, for example: whether foster parents share a fear of false allegations of sexual abuse; how widespread the concern is; what steps for foster parents take to protect themselves from false allegations; what

assistance they receive from the agencies in dealing with this issue; and, what they consider the implications to be, for their family, themselves, and the child.

The organizations response to the issue of false allegations could also be investigated more fully. Using a guided interview format, the perspective of workers and managers might be investigated. They could be asked: what their experience is, in respect to the issue of false allegations; what were their feelings and thoughts in respect to this experience; what direction they give foster parents regarding the issue; what they believe the implications are for the foster family and the child; and, what training and/or direction have they received to help them to help the foster parents with the concern about false allegations.

To further understand the organizational position on the issue of false allegations, it might be useful to review all relevant policy and training materials. A content analysis of such material would be helpful in identifying the nature of direction that is provided in respect to this issue.

While some of the implications of the foster parents' response to the fear of false allegations, in respect to the child, have been discussed, further investigation as to the impact on the sexually abused girls is warranted. A follow up study, with known victims who have graduated from foster care, could be undertaken to determine their experience of living in a household where the foster father was emotionally and physically distanced. An unstructured interview format could be used to capture the girls' unique, and wholly individual viewpoint in respect to their experience in the foster homes.

Additionally, as sexual abuse training is developed which focuses on enhancing the foster parents' understanding of the child's perspective, and on helping foster parents, especially foster fathers, therapeutically manage the foster child's sexualized behaviour, the effectiveness of this training needs to be evaluated. A questionnaire could be utilized and administered at different intervals subsequent to the training. The questions could be geared to ascertaining for example: whether the educational experience increased the foster parents' knowledge in key areas; whether the foster parents found the training helpful at some later point in time; whether the training impacted on their perception of the female victim; whether the training effected the foster fathers' sense of safety and, whether he felt more comfortable directly dealing with the child's sexualized behaviour.

As was previously indicated, this study has focused on the foster parents' experience of caring for sexually abused girls. Another fruitful line of inquiry would be to focus on the foster parents' experience of caring for sexually abused young males. It would be most interesting to determine whether the foster family accommodates to a male victim in the same fashion as they do to the female victim. Similar qualitative methods could be used to investigate how the child's gender impacts on foster parents' response to the child.

There is a need for research which will determine the actual extent of false allegations of sexual abuse against foster fathers. It would be useful to determine the frequency and outcome of such allegations, as well as the nature of the circumstances in which such allegations occur. Both quantitative and qualitative methods could be

used. Interviews with foster fathers, foster mothers, and workers could be conducted to investigate the circumstances and experience of the investigation. It would also be helpful to know the impact of the fear of false allegations on the recruitment and retention of foster homes.

Although this study has highlighted the foster family's accommodation to a sexually abused young female victim and the implications of caring for such a child from the foster parents' perspective, little attention was given to the experience of the birth children. There is a need for further research which focuses on the birth child's experience of living in a foster home as well as his/her experience of living with sexually abused children. Again, qualitative methods could be used to investigate this groups' experience and unique perspective on living in foster care.

Two other areas of investigation have also been suggested by the findings of the study. Research needs to be undertaken that will focus on identifying and explicating the 'hidden work' of fostering generally, and the hidden work involved in caring for sexually abused children in particular. There is also a need to understand the role and influence of the foster father with the foster family far more fully.

Personal Reflections on The Process

It has been noted that the researcher's experiences and values always influence the development and outcome of qualitative research. Consequently, various authors highlight the importance of identifying personal or professional information which could influence the research process and recommend the maintenance of a reflexive journal for this purpose (Kirby & McKenna, 1989; Lincoln & Guba, 1985).

Upon reviewing my journal, I recognized that the research project presented me with two specific challenges, each of which entailed a moral dilemma. Working through these issues also afforded me an opportunity for personal growth.

The first of these dilemmas was identified and discussed in Chapter 3 under Dilemmas in the interview relationship. I indicated that my predetermined expectation of maintaining a stance of neutrality conflicted with the evolving nature of the interviewee/interviewer relationship, and as such, also challenged my personal values, which emphasize the importance of authenticity. I believe that struggling with this dilemma facilitated my development as a researcher, in that it helped me to identify and develop a position vis à vis qualitative research which I believe is consistent with who I am as an individual. This stance is essentially feminist.

At the beginning of this project, I identified that much of my child welfare work has been undertaken from a child-centered perspective. Given this orientation, I also indicated that, if I encountered situations which I believed did not function in the best interest of the child, these situations would evoke strong feelings in me. Indeed, feelings of sadness, and in some instances dismay, served to reinforce my wish that this work contribute something practical to the well-being of the children. As a consequence, the initial part of this discussion chapter has focused on the implications of the findings for the child.

What I did not anticipate as fully, was the actual impact the foster parents would have on me. While I thought that I had some prior knowledge of their work, I recognize now how much I really did not understand. By sharing with me, the foster

parents have clearly enhanced my understanding of the stresses and dilemmas they face on a daily basis. As my understanding of the foster parents' situation grew, so my respect and admiration developed proportionately.

As I continued to think and formulate from a child-centered perspective, I began to feel anxious that in doing so, I was somehow being unfair, or unduly critical of the foster parents, and as such, I was betraying them. I had failed to recognize that, like many of the foster parents themselves, I was being confronted with a conflict of need, especially between the child and the foster father. This conflict of need, which I eventually identified in the discussion, challenged my, perhaps naive, wish to make a "practical" and "positive contribution to all concerned". I wanted to "fix it" and I could not. I again confronted, not only my limitations as a researcher, but also as a helper. I had to accept that there was no simple solution to the conflicts that are created as a consequence of the fear about false allegations of sexual abuse. Once I accepted my own limitations in respect to these conflicts, I was freed up to speculate on steps which might be undertaken to help ease the tensions that the conflict creates.

Summary and Conclusion

In this discussion I have argued that the foster parents' concern about false allegations of sexual abuse, while legitimate and real, has the effect of reinforcing a traditional family model and gendered role assignment in respect to the care of the sexually abused child. I have also indicated that there is an informal discourse which

defines the girls potential sexual behaviour as threatening and seductive. The nature of this dialogue is such that it facilitates the perpetuation of the traditional family model and has the potential to add to the child's trauma.

I have also indicated that as a consequence of the traditional role assignment and the informal discourse, the foster mother must assume almost total responsibility for the care, protection, and treatment of the child. In addition, she must also function as her partner's protector.

Given the above, I have suggested that the therapeutic potential of the foster home and the situation of the foster daughter and the foster mother could be greatly enhanced, if we shifted the foster father's role, such that he becomes a more equal partner in the care and treatment of the young female victim. In order to enhance the therapeutic potential of the foster home, and in order to enhance the foster father's comfort in relating to the sexually abused child, I have recommended the provision of comprehensive sexual abuse training. I have also suggested, that if such training emphasizes the meaning and intent of the child's behaviour, we can begin to influence the negative discourse which surrounds the current understanding of the child's sexual behaviour.

Recognizing the negative impact of a false allegation of abuse, I have suggested that the agencies must take the initiative and facilitate an open dialogue about the issue. More specifically, I have recommended that joint committees, composed of workers, foster parents, and managers, review the investigative processes, with the intent of developing policy and practice which recognizes the

"inevitability" of such allegations, and that also focuses on the development of supports for the foster parents.

In the discussion, I have also identified the foster mother's isolation and disempowered position within the organization. Given this situation, I have argued that we need to accept and value her contribution to the healing of the sexually abused child. To this end, I have suggested the following incremental steps: The articulation of the hidden work involved in caring for the sexually abused child, the creation of the resource worker position as a primary support and advocate within the system, and the creation of foster parent support groups. I have also added my voice to others who call for the specialization/professionalization of the foster parents' role. This redefinition, however, must be rooted in a degendered approach to caring, and this approach in turn, demands that we challenge underlying values of motherhood and the family ethic.

In adopting a degendered, equitable, and collective approach to caring (Miller, 1991; Neysmith, 1991) we can begin to create a foster system which is based on true egalitarian team work. Unshackled from viewing the traditional family model as the norm for fostering (Kadushin & Martin, 1988; Miller, 1991), agencies would be free to creatively institute policy practice which might better meet the needs of young sexually abused female children.

Bibliography

- Abramovitz, M. (1988). Regulating the lives of women: Social welfare policy from Colonial times to the present, Boston: South End Press.
- Adams-Tucker, C. (1981). A sociological overview of 28 sex-abused children. Child Abuse & Neglect, 5, 361-367.
- Adams-Tucker, C. (1982) Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139, 1252-1256.
- American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders, (4th ed.), Washington, D.C.: American Psychiatric Association.
- Anderson, S.C., Bach, C.M. & Griffith, S. (1981, April). Psychosocial sequelae in intrafamilial victims of sexual assault. Paper presented at the Third International Conference on Child Abuse & Neglect, Amsterdam, The Netherlands.
- Armitage, A. (1993). Family & child welfare in first nation communities. In Brian Wharf (Ed.), Rethinking child welfare in Canada, (pp. 131-171). Toronto: McClelland & Stewart Inc.
- Badgley, R. (1984). Sexual offences against children, Vol. 1 & 2, Report of the committee on sexual offences against children & youths. Ministry of Supply and Services.
- Bagley, C. & King, K. (1990). Child sexual abuse: A search for healing. New York: Tavistock/Routledge.
- Bagley, C. & Dann, D. (1987). Adolescent sexual abusers. Unpublished paper.
- Bagley, C., & Ramsay, R. (1986). Sexual abuse in childhood: Psychological outcomes and implications for social work practice. Journal of Social Work & Human Sexuality, 4, 33-47.
- Bagley, C., & Young, L. (1990). Depression, self-esteem and suicidal behaviour as sequels of sexual abuse in childhood: Research and therapy. In M. Rothery and G. Cameron (Eds.), Child maltreatment: Expanded concepts of helping, (pp. 183-209). Hillsdale, New Jersey: Lawrence Elbaum Associates Publishers.

- Bagley, C., & Young, L. (1987). Suicidal thoughts & behaviour in former sexual abuse victims. Canadian Journal of Behavioural Science, 18, (4), 413-423.
- Bagnell, K. (1980). The little immigrants: The orphans who came to Canada. Toronto: MacMillan of Canada.
- Baines, C.T. (1991). The professions and an ethic of care. In C.T. Baines, P.M. Evans & S.M. Neysmith (Eds.), Women's caring: Feminist perspective on social welfare, (pp. 37-72). Toronto: McClelland & Stewart Inc.
- Baines, C.T., Evans, P.M., Neysmith, S.M. (1992). Confronting women's caring: challenges for practice and policy. Affilia, 11, (1), 21-44.
- Baines, C.T., Evans, P.M., Neysmith, S.M. (Eds.) (1991). Women's caring: Feminist perspectives on social welfare. Toronto: McClelland and Stewart Inc.
- Barry, K. (1984). Female sexual slavery. In A.M. Jaggar & P.S. Rathenberg (Eds.), Feminist frameworks. Toronto: McGraw-Hill Book Co.
- Becker, J.V. (1988). The effects of child sexual abuse on adolescent sex offenders. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse, (pp. 193-202). London: Sage Publications.
- Beitchman, J.H., Zucker, K.J., Hood, J.E., DaCosta, G.A., & Akman, D. (1991). A review of the short-term effects of child sexual abuse. Child Abuse & Neglect, 15, 537-556.
- Bella, L. (1993, June). Re-conceptualizing family and child welfare. Discussion paper prepared for the Consultative Committee on Social Policy, Health & Welfare Canada.
- Berliner, L. (1988). Counselling issues with sexually abused children. Conference on Sexual Abuse, OISE. Toronto: Audio Archives of Canada.
- Bowlby, J. (1971). Attachment and Loss, Vol. 1. Penguin.
- Briere, J. & Runtz, M. (1986). Suicidal thoughts and behaviours in former sexual abuse victims. Canadian Journal of Behavioural Science, 18, (4), 413-423
- Briere, J. & Runtz, M. (1988). Post sexual abuse trauma. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse, (pp. 85-99). London: Sage Publications.

- Browne, A. & Finkelhor, D. (1986). Initial & long-term effects: A review of research. In D. Finkelhor (Ed.) A source book on child sexual abuse, (pp. 143-179). California: Sage Publications.
- Butler, S. (1985). Conspiracy of silence: The trauma of incest, (2nd. ed.). San Francisco: Volcano Press.
- Callaghan, M. (1993a). The administrative and practice context: Perspectives from the front line. In Brian Wharf (Ed.) Rethinking child welfare in Canada, (pp 64-97). Toronto: McClelland & Stewart Inc.
- Callaghan, M. (1993b). Feminist approaches: Women recreate child welfare. In Brian Wharf (Ed.), Rethinking child welfare in Canada, (pp. 172-209). Toronto: McClelland & Stewart Inc.
- Callaghan, M. & Attridge, C. (1990). Women in women's work: Social workers talk about their work in child welfare. Victoria: University of Victoria.
- Canadian Foster Family Association. (1993). Safeguarding children & foster families. Ottawa: Canadian Foster Family Association.
- Cantwell, H.B. (1988). Child sexual abuse: Very young perpetrators. Child Abuse & Neglect, 12, 579-582.
- Carbino, R. (1991a). Advocacy for foster families in the United States facing child abuse allegations: How social agencies and foster parents are responding to the problem. Child Welfare, 70, (2), 131-149.
- Carbino, R. (1991b). Child abuse and neglect reports in foster care: The issue for foster families of "false" allegations. Child & Youth Services, 15, (2), 233-247.
- Carter, B. (1991, May). Feminism & child welfare practices: Child sexual abuse as a direct practice issue for women. Paper presented at the meeting of the Canadian Association of Schools of Social Work, Queen's University, Kingston, Ontario.
- Cautley, P.W. (1980). New foster parents: The first experience. New York: Human Services Press.
- Cavanagh-Johnson, T. (1988). Child perpetrators - children who molest other children: Preliminary findings. Child Abuse & Neglect, 12, 219-229.

- Chodorow, N.J. (1978). The reproduction of motherhood. Berkeley: University of California Press.
- Chodorow, N.J. & Contratto, S. (1989). The fantasy of the perfect mother. In N.J. Chodorow, Feminism and psychoanalytic theory. (pp 79-96). New Haven: Yale University Press.
- Cohen, J. & Westhues, A. (1989). How to reduce risk: Healthy functioning families for adoption and foster care. Toronto: University of Toronto Press.
- Conchellos, G. (1984). Adaption: Problems & related practice. IN F. Maidman (Ed.) Child welfare: A source book of knowledge and practice, (pp. 323-351). New York: Child Welfare League of America.
- Conte, J. (1982). Sexual abuse of children: Enduring issues for social work. Journal of Social Work & Human Sexuality, 12, (1/2), 1-19.
- Conte, J. (1984). Progress in treating the sexual abuse of children. Social Work, 29, (3), 258-263.
- Conte, J. (1985). The effects of child sexual abuse in children: A critique and suggestions for future research. Victimology, 10, 110-130.
- Conte, J. & Berliner, L. (1988). The effects of sexual abuse on children: Empirical findings. In L.E. Walker (Ed.), Handbook on sexual abuse of children, (pp. 79-93). New York: Springer Pub. Co.
- Conte, J. & Schuerman, J. (1988). The effects of sexual abuse on children: A multi-dimensional view. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse, (pp. 157-170). London: Sage Publications.
- Conte, R.P. (1993). Homeless teenagers formerly in foster care: Their stories. In B. McKenzie (Ed.), Current perspectives on foster family care, (pp. 145-161). Toronto: Wall Emerson, Inc.
- Costen, L.B. (Ed.). (1985). Towards a feminist approach to child welfare. Child Welfare, 64, (3).
- Dally, A. (1982). Inventing motherhood: The consequences of an ideal. London: Burnett Books Ltd.
- Darnell Consulting Inc. (1988). Residential care research project: The future of foster care. Toronto: Ontario Association of Child's Aid Societies.

- Daro, D., & McCurdy, K. (1991). Current trends in child abuse reporting and fatalities: The results of the 1990 annual fifty state survey. Chicago, Illinois: National Committee for Prevention of Child Abuse.
- Dawson, R. (1985). The abuse of children in foster care. Toronto: Ontario Association of Children's Aid Societies.
- deYoung, M. (1982a). The sexual victimization of children. Jefferson, M.C.: McFarland.
- deYoung, M. (1982b). Self-injurious behaviour in incest victims: A research note. Child Welfare, 63, 337-339.
- deYoung, M. (1984). Counterphobic behaviour in multiply molested children. Child Welfare, 63, 337-339.
- Dooley, D. (1983). Social research methods. Toronto: Prentice-Hall Canada, Inc.
- Driver, E.A. & Droisen, A. (1989). Child sexual abuse: A feminist perspective. London: MacMillan Education Limited.
- Eastman, K.S. (1979). The foster family in a systems theory perspective. Child Welfare, 58, 567-570.
- Elwell, M.E., & Ephross, P.H. (1987). Initial reaction of sexually abused children. Social Casework, February, 109-116.
- Evans, P.M. (1991). The sexual division of poverty: The consequence of gendered caring. In C. Baines, P.M. Evans & S. Neysmith (Eds.) Women's caring: Feminist perspective on social welfare. (pp 169-203). Toronto: McClelland & Stewart Inc.
- Everson, M.D., Hunter, W.M., Runyon, D.K., Edelsohn, G.A. & Coulter, M.L. (1989). Maternal support following disclosure of incest. Journal of Orthopsychiatry, 59, (2), 197-207.
- Faller, K. (1988). Child sexual abuse: An interdisciplinary manual for case management and treatment. New York: Columbia University Press.
- Fagot, B.J., Hayan, R., Youngblade, L.M., & Potter, L. (1989). A comparison of play behaviours of sexually abused, physically abused, and nonabused preschoolers. Topics on Early Childhood Special Education, 9, 88-100.

- Ferguson, A. (1983). On conceiving motherhood and sexuality: A feminist materialist approach. In H. Trebilcot (Ed.), Mothering: Essays in feminist theory, (pp. 133-158). Totowa, New Jersey: Rowman & Littlefield.
- Finkelhor, D. (1979). Sexually victimized children. New York: The Free Press.
- Finkelhor, D. (1984). Child sexual abuse: New theory & research. New York: The Free Press.
- Finkelhor, D. (1987, May). New myths about sexual abuse. Paper presented at the Symposium on Child sexual abuse, sponsored by RIFAS, Ottawa: National Clearing House on Family Violence, Family Violence Prevention Division, Health & Welfare Canada.
- Finkelhor, D. (1988). The trauma of sexual abuse: Two models. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse, (pp. 61-82). London: Sage Publications.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. Professional Psychology: Research and Practice, 21, (5), 325-330.
- Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: a new conceptualization. Journal of Orthopsychiatry, 5-5, 530-541.
- Finkelhor, D. & Browne, A. (1986). Initial & long term effects: A conceptual framework. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse, (pp. 180-198).
- Finkelhor, D. & Browne, A. (1988). Assessing the long-term impact of child sexual abuse: A review and conceptualization. In Lenore E.A. Walker (Ed.), Handbook on the sexual abuse of children, New York: Springer Pub. Co.
- Fish, S. (1984). Social work practice and foster care: Pre-placement activities. In F. Maidman (Ed.) Child welfare: A source book of knowledge & practice, (pp. 213-233). New York: Child Welfare League of America.
- Fish, S. (1984). Casework to foster parents & children. In F. Maidman (Ed.) Child welfare: A source book of knowledge and practice. (pp 235-262). New York: Child Welfare League of America.
- Friedrich, W.N. (1990). Psychotherapy of sexually abused children & their families. New York: W.W. Norton & Co.

- Friedrich, W.N. (1988). Behavioural problems in sexually abused children: An adaptational perspective. In G.E. Wyatt & G.J. Powell (Eds.), Lasting effects of child sexual abuse, (pp. 171-191). London: Sage Publications.
- Friedrich, W., Bielke, R. & Urquiza, A. (1987). Children from sexually abusive families: A behavioural comparison. Journal of Interpersonal Violence, 2, (4), 391-402.
- Friedrich, W.N., & Luecke, W.J. (1988). Young school age sexually aggressive children. Professional Psychology: Research & Practice, 19, 155-164.
- Fromuth, M.E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. Child Abuse & Neglect, 10, 5-15.
- Gabor, P. (1988). Recent research on child sexual abuse: Implications for child care work. Journal of Child Care: Special Issue, 41-49.
- Galaway, B. (1990). The place of specialist foster family care in a system of child welfare services. In B. Galaway, D. Maglajlic, J. Hudson, P. Hammon & J. McLagan (Eds.). International perspectives on specialist foster family care, (pp. 1-16). St. Paul, MN: Herman Services Association.
- Gale, J., Thompson, R.J. & Moran, T. (1988). Sexual abuse in young children: Its clinical presentation and characteristic patterns. Child Abuse & Neglect, 12, 163-170.
- Gil, E., & Johnson, T.C. (1993). Sexualized children: Assessment and treatment of sexualized children & children who molest. Rockville, M.D.: Launch Press.
- Gillman, R. & Whitlock, K. (1989). Sexuality: A neglected component of child sexual abuse education and training. Child Welfare, 68, (3), 317-329.
- Glaser, B.G. & Strauss, A.L. (1967). The discovery of grounded theory. New York: Aldenje DeGruyter.
- Goldstein, D.B., Turnquist, D.C. & Knutson, J.F. (1989). Presenting problems of sexually abused girls receiving psychiatric services. Journal of Child Psychology and Psychiatry, 30, 547-560.
- Gomez-Schwartz, B., Horowitz, J.M. & Sauzier, M. (1985). Severity of emotional distress among sexually abused pre-schoolers, school-age, an adolescent children. Hospital & Community Psychiatry, 26, 503-508.

- Goodwin, J.M. (1989a). Suicide attempts: A preventable complication of incest. In J.M. Goodwin (Ed.), Sexual abuse: Incest victims & their families, (2nd ed.), (pp. 133-139). Chicago: Year Book Medical Pub.
- Goodwin, J.M. (1989b). Recognizing multiple personality disorder in adult victims. In J.M. Goodwin (Ed.), Sexual abuse: Incest victims and their families, (2nd ed.), (pp. 160-168). Chicago: Year Book Medical Pub.
- Gordon, M. (1989). The family environment of sexual abuse: A comparison of natal & stepfather abuse. Child Abuse & Neglect, 13, 121-130.
- Harding, S. (1987). Introduction: Is there a feminist method? In S. Harding (Ed.) Feminism and Methodology. Bloomington: Indiana University Press.
- Haugaard, J.J., & Tilly, C. (1988). Characteristics predicting children's response to sexual encounters with other children. Child Abuse & Neglect, 12, 209-218.
- Henry, D., Cossett, D., Auletta, T., Egan, E. (1991). Needed services for foster parents of sexually abused children. Child & Adolescent Social Work, 8, (2), 127-140.
- Herman, J.L. (1981). Father-daughter incest. Cambridge Mass: Harvard University Press.
- Herman, J.L. (1992). Trauma and recovery: The aftermath of violence- from domestic abuse to political terror. U.S.: Basic Books.
- Hicks, C., & Nixon, S. (1991). Unfounded allegations of child sexual abuse in the United Kingdom: A survey of foster parents' reactions to investigative procedures. Child & Youth Services, 15, (2), 249-259.
- Hudson, J. & Galaway, B. (Eds.) (1989). Specialist foster family care: A normalizing experience. New York: The Haworth Press.
- Hunter, W.M., Coulter, M.L., Runyan, D.K., & Everson, M.D. (1990). Determinants of placement for sexually abused children. Child Abuse & Neglect, 14, 407-417.
- Jones, A., & Rutman, L. (1981). In the children's aid: J.J. Kelso and child welfare in Ontario. Toronto: University of Toronto Press.
- Kadushin, A. & Martin, J. (1988). Child Welfare Services (4th ed.). New York: MacMillan Pub. Co.

- Kirby, S.L. & McKenna, K. (1989). Experience, research, social change: methods from the margins. Toronto: Garamond Press.
- Klein, R.D. (1983). How to do what we want to do: thoughts about feminist methodology. In G. Bowles & R.D. Klein (Eds.) Theories of women's studies, (pp. 88-103). London: Routledge & Kegan Paul.
- Krane, J. (1990). Explanations of child sexual abuse: A review and critique from a feminist perspective. Canadian Review of Social Policy, 25.
- Lincoln, Y.S. & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, California: Sage Publications.
- Luepitz, D.A. (1988). The family interpreted: Feminist theory in clinical practice. New York: Basic Books Inc. Publishers.
- Lupi, E. (1991). Fathers in transition: The case of dual earner families in Canada. In J.E. Veevers (Ed.) Continuity & Change in Marriage & Family. (pp 242-247). Toronto: Holt, Rinehart & Winston of Canada, Ltd.
- McCormack, A., Janus, M.D. & Burgess, A.W. (1986). Runaway youths and sexual victimization: Gender differences in an adolescent population. Child Abuse & Neglect, 10, 387-395.
- McFadden, E.J. (1984). Preventing abuse in foster care. Michigan: Michigan Institute for the Study of Children & Families, Eastern Michigan University.
- McFadden, E.J. (1985). Practice in foster care. In J. Laird & A. Hartman (Eds.), A handbook of child welfare. (pp 585-616). New York: The Free Press.
- McFadden, E.J. (1986). Fostering the child who has been sexually abused. Michigan: Institute for the Study of Children & Families, Eastern Michigan University.
- McFadden, E.J. (1989). The sexually abused child in specialized foster care. Child & Youth Services, 12, (1/2), 91-105.
- McFadden, E.J. & Ryan, P. (1991). Maltreatment in family foster homes: Dynamics & dimensions. Child & Youth Services, 15, (2), 209-231.
- McKenzie, B. (Ed.). (1993). Current perspectives on foster family care. Toronto: Wall & Emerson, Inc.

- McKenzie, B. & Hudson, P. (1985). Native children, child welfare & the colonization of native people. In K.L. Levitt & B. Wharf (Eds.), The challenge of child welfare, (pp. 125-141). Vancouver: University of British Columbia Press.
- Meiselman, K. (1978). Incest. San Francisco: Jossey-Bass.
- Meyers, C. (1985). A feminist perspective on foster family care: A redefinition of categories. Child Welfare, 64, (3), 249-258.
- Miller, J. (1991). Child welfare & the role of women: A feminist perspective. American Journal of Orthopsychiatry, 61, (4), 592-598.
- Ministry of Community & Social Services. (1990). Foster care as a residential family resource: A background paper. (ISBN 0-7729-6738-5). Toronto: Queen's Printers for Ontario.
- Ministry of Community & Social Services. (1992). A proposed framework for residential family resources. (ISBN 0-7729-9840-X). Toronto: Queen's Printers for Ontario.
- Minshew, D.H., & Hooper, C. (1990). The adoptive family as a healing resources for the sexually abused child: A training manual. Washington, DC: Child Welfare League of America.
- Moon, S.M., Dillon, D.R., & Sprenkle, D.H. (1990). Family therapy & qualitative research. Journal of Marital & Family Therapy, 16, (4), 357-373.
- Mrazek, P.B. & Mrazek, D.A. (1981). The effects of child sexual abuse: Methodological considerations. In P.B. Mrazek & C.H. Kempe (Eds.) Sexually abused children and their families, (pp. 235-245). New York: Pergamon Press.
- Neysmith, S. (1991). From community care to a social model of care. In C. Baines, P.M. Evans, S. Neysmith (Eds.) Women's caring: Feminist perspective on social welfare, (pp 272-299). Toronto: McClelland & Stewart, Inc.
- Noble, L.S. & Euster, S.D. (1981). Foster parent input: a crucial element in training. Child Welfare, LX (1), 35-47.
- Nunno, M.A., & Motz, J.K. (1988). The development of an effective response to the abuse of children in out-of-home care. Child Abuse & Neglect, 12, 521-528.

- Oakley, A. (1981). Interviewing women: a contradiction in terms. In H. Roberts (Ed.), Doing feminist research, (pp. 30-61). London: Routledge & Kegan Paul.
- Parker, H. & Parker, S. (1986). Father-daughter sexual abuse. American Journal of Orthopsychiatry, 56, 531-549.
- Patton, M.Q. (1990). Qualitative evaluation & research methods. (2nd ed.). London: Sage Publications.
- Phelan, P. (1986). The process of incest: biological father and step families. Child Abuse & Neglect, 10, 531-539.
- Reinharz, S. (1983). Experiential analysis: a contribution to feminist research. In G. Bowles & R.D. Klein (Eds.) Theories of women's studies. London: Routledge & Kegan Paul.
- Rimza, M.E., Beng, R.A. & Locke, C. (1988). Sexual abuse: Somatic and emotional reactions. Child Abuse & Neglect, 12, 201-208.
- Rogers, R. (1990). Reaching for solutions: Report of the special advisor to the Minister of National Health & Welfare on child sexual abuse. Ottawa: Ministry of Supply & Service.
- Rogers, R. (1990). Reaching for solutions. Report of the Special Advisor to the Minister of National Health & Welfare on Child Sexual Abuse. Ottawa, Ministry of Supply & Service.
- Rosenthal, J.A., Matz, J.K., Edmonson, D.A. & Groza, V. (1991). A descriptive study of abuse and neglect in out-of-home placement. Child Abuse & Neglect, 15, (3), 249-260.
- Rossiter, A. (1988). From private to public: A feminist exploration of early mothering. Toronto: The Women's Press.
- Russell, D.E.H. (1984a). Sexual exploitation: Rape, child sexual abuse, & workplace harassment. Beverly Hills: Sage Publications.
- Russell, D.E.H. (1984b). The prevalence & seriousness of incestuous abuse: Stepfathers vs. biological fathers. Child Abuse & Neglect, 8, 15-22.
- Russell, D.E.H. (1986). The secret trauma: Incest in the lives of girls & women. New York: Basic Books, Inc.

- Rutter, M. (1972). Maternal deprivation reassessed. Middlesex, England: Penguin Books.
- Rutter, M. (1975). Helping troubled children. Middlesex, England: Penguin Books.
- Sedney, M.A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. Journal of the American Academy of Child Psychiatry, 23, 215-218.
- Sgroi, S.M., Bunk, B.S., Wabrek, C.J. (1988). Children's sexual behaviours & their relationship to sexual abuse. In S.M. Sgroi (Ed.) Evaluation and treatment of sexually abused children and adult survivors: Vulnerable populations, Vol. 1, (pp 1-24). Toronto: Lexington Books.
- Sgroi, S.M. (1985). Handbook of clinical intervention in child sexual abuse. Toronto: Lexington Books.
- Siskind, A.B. (1986). Issues in institutional child sexual abuse: the abused, the abuser & the system. Residential Treatment of Children & Youth, 4, (2), 9-30.
- Smith, B. (1991). Australian women & foster care: A feminist perspective. Child Welfare, 70, (2), 175-184.
- Smith, B. & Smith, T. (1990). For love & money: Women as foster mothers. Affilia, Spring, 66-80.
- Sorrenti-Little, L., Bagley, C. & Robertson, S. (1984). An operational definition of the long-term harmfulness of sexual relations with peers and adults by young children. Journal for the Canadian Association for Young Children, 9, 46-57.
- Spradley, J.P. (1979). The ethnographic interview. New York: Holt, Rinehart & Winston.
- Stebbins, R.A. (1988). Men, husbands & fathers: Beyond patriarchal relations. In N. Mandell & A. Duffy (Eds.) Reconstructing the Canadian family. (pp 7-47). Toronto: Butterworths.
- Steinhauer, P.D. (1983). How to create a psychopath without even trying. Vol. 2 & 4: Foster parents training program for Children's Aid Societies. Toronto: Ministry of Community & Social Services, Children Services Division.

- Steinhauer, P.D. (1991). The least detrimental alternative: A systematic guide to case planning & decision making for children in care. Toronto: University of Toronto Press.
- Steinhauer, P.D., Johnson, M., Hornick, P., Barker, P., Snowden, M., Santa-Barbara, J. & Kane, B. (1989). The foster care research project: Clinical impressions. American Journal of Orthopsychiatry, 59, (3), 430-441.
- Stovall, B. & McFadden, E.J. (1984). Child sexual abuse in family foster care. In E.J. McFadden. Preventing abuse in foster care. Michigan: Institute for the Study of Child & Families, Eastern Michigan University.
- Swift, K. (1991). Contradictions in child welfare: Neglect and responsibility. In C.T. Baines, P.M. Evans, & S.M. Neysmith (Eds.), Women's caring: Feminist perspective on social welfare, (pp. 234-271). Toronto: McClelland & Stewart Inc.
- Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. Child Abuse & Neglect, 11, 371-383.
- Trocmé, N. (1989). Permanency planning: Minimum standard or innovative practice. Toronto: the Child, Youth & Family Policy Research Centre.
- Tufts' New England Medical Centre, Division of Child Psychiatry. (1984). Sexually exploited children: Service and research project, (Final report for the Office of Juvenile Justice and Delinquency Prevention). Washington, DC: U.S. Department of Justice.
- Tutty, L.M. (1990). An investigation of the ability of elementary school-aged children to learn child sexual abuse prevention concepts. Unpublished doctoral dissertation, Wilfrid Laurier University, Waterloo, Ontario.
- Unrau, Y. (1993). Role differentiation between foster parents and treatment foster parents. In B. McKenzie (Ed.), Current perspectives on foster family care, (pp. 112-123). Toronto: Wall & Emerson, Inc.
- Waldby, C., Clancy, A., Emetchi, J. & Summerfield, C. (1989). Theoretical perspectives on father-daughter incest. In E. Driver & A. Droisen (Eds.), Child sexual abuse: A feminist perspective, (pp. 88-106). London: MacMillan Education Ltd.
- Waterman, J. (1986). Evaluation of young children: Developmental considerations. In K. MacFarlane & J. Waterman (Eds.) Sexual abuse of young children: Evaluation & Treatment. New York: The Guildford Press.

- Wattenberg, E. (1985). In a different light: A feminist perspective on the role of the mother in father-daughter incest. Child Welfare, 64, (3), 203-211.
- Wilkes, J. (1979a). The stress of fostering. Part I: On the foster parent. Journal of the Ontario Association of Children's Aid Societies, 22, (9), 1-8.
- Wilkes, J. (1979b). The stress of fostering. Part II: On the fostering child. Journal of the Ontario Association of Children's Aid Societies, 22, (10), 7-12.
- Wiltse, K.T. (1985). Foster care: An overview. In J. Laird & A. Hartman (Eds.), A handbook for child welfare, (pp. 561-584). New York: The Free Press.
- Wolfe, D., & Jaffe, P. (1989). Children in care of the state: Policy issues for the 1990's. London Ontario: University of Western Ontario/London Family Court Clinic.
- Yin, R.K. (1984). Case study research: Design and method. Beverly Hills, California: Sage Publications.

Appendix A: Letter of Consent

LETTER OF CONSENT

Dear Foster Parent:

I would like to request your participation in a research study which will attempt to ascertain the implications of caring for sexually abused children from the foster parents' perspective. Your experience and the information you provide could be most helpful in knowing how to better prepare other foster parents to care for this very challenging population of children. This is the final step in the completion of my doctoral studies at Wilfrid Laurier University.

If you should agree to participate you will be asked to be involved in a series of interviews which will be carried out over a period of six to eight months. Depending on how the interviews unfold and your own availability, I would anticipate interviewing foster couples together, as well as individually. Each interview, which will be audio-taped, should last about an hour to an hour and a half. The first interview will take place two weeks after the placement of a sexually abused child in your home. The second and third interview will be conducted at two week intervals thereafter, and subsequent contact will occur on a monthly basis. I would also appreciate having contact with you following any significant difficulties or crises. Contact at these times would afford us the opportunity to mutually explore the nature of these difficulties and will, hopefully, contribute to our understanding of what constitutes the most significant issues in caring for sexually abused children.

Given the sensitive nature of the research with its focus on child sexual abuse, it is possible that questions might emerge which could relate to your own values/beliefs pertaining to sexuality, various aspects of your personal history and to the nature of your family relationships. You are, however, completely free, at any time, to choose not to answer specific questions.

I want to assure you that every effort will be taken to maintain confidentiality and your anonymity. When the tapes are transcribed no names or other identifying information will be used. Only two other people, besides myself, will have access to the data, Dr. Robert Basso (Chair of my dissertation committee) and the individual who will transcribe the tapes. Neither of these individuals will have access to your name. I will be solely responsible for coding of the transcribed tapes, and the key to the code will be maintained separately so as not to provide a means of identifying specific participants. During the research study the tapes will be securely filed, and subsequent to the study all tapes will be erased.

The final body of the research report will contain general impressions and selected anonymous quotations which will help to add depth and richness to the report. In so capturing your perspective we will, hopefully, enhance the capability of future foster parents in providing care for sexually abused children. Should it appear that others might identify any participant from such content then the material will not be used.

Any journal articles or other publications which evolve from the research will follow the same guidelines.

If you should decide to participate, you are completely free to withdraw at any time, and any information obtained from you will be destroyed upon notification of your withdrawal.

If you have any additional questions, please feel free to contact me at any time at 699-4764. Alternatively, you may also contact Dr. Robert Basso, my dissertation supervisor at Wilfrid Laurier University (519-884-1970).

Sincerely,

Tracy Swan

Please retain the letter and return the signed consent form to me.

.....

I have decided to participate in the study, Implications of Fostering Sexually Abused Children: The Foster Parents' Perspective. My signature indicates that I have read and understood the information above, and am willing to participate. Furthermore, I understand that I may withdraw from the study at any time should I decide to do so.

Signature

Date

Signature

Appendix B: Respondents' Comments About the Interviewing Process

I think what you have done for me is you sort of made me point these things out even to myself . . . by talking about them, I sort of say 'I handled it and I handled it right' . . . that is very good because you are consciously aware of what you are doing and then when you have another situation, you can bring it out and use it readily . . . almost like training.

The verbalizing is good and it is almost like you have assisted us in keeping some kind of journal . . . I know for a fact there is no way we would have sat down and discussed over the last seven months . . . the experience. It sort of refreshes our memory . . . and also at the same time allowed us to sort of distance ourselves from it . . . to be able to sort of stand back and see how it is you did attempt to work a relationship with a kid . . . I think the exercise is good . . . using the analogy, [it helps separate] the oil from water.

[It is] therapeutic. You are an objective ear. It is confidential. I am not afraid to tell you anything about anybody. And that is therapeutic for me.

[The process has been] enormously valuable because of needing myself, to spend some time thinking about what it is I am doing in my own self . . . you need to clear your own decks before you can accommodate the feelings of another person . . . that focus on you as a caregiver [communicates] first of all [that] you are here, you are doing something . . . you are important.

Normally we wouldn't have all these discussions . . . and [things] creep up in your mind kind of as a worry. But you talk about it, [in these interviews] it is not a worry, [you are able] to say what you think, it is better, it's out.

Sometimes I get the feeling . . . you have answers for us . . . you are here to answer my questions or help me with my problems. . . .

I think in relation to this process that has gone on in the interviewing . . . you having related your experience with other people, in a non-identifying way, that told me implicitly that . . . there was a whole spectrum of human responses among which, I was somewhere in there filtering into a group of people, being connected in that way, doing that work. . . . [It has a] heart warming supportive aspect . . . because I think the work itself is isolating.

Appendix C: Initial Categories

Foster parent's relationships with child's natural parents

Child's relationship with natural parents

Foster family as family

- fostering as a way of life
- perceptions of fostering
- motivation to foster

Protecting foster father, and others from false allegations

Dealing with potential allegations

Foster parents roles

- foster mother
- foster father

Doing it right, felt responsibility

Dealing with sexual abuse

- with the child
- generally

Drives

Talking about sexual abuse, boundaries

Dealing with the child's behaviour

Foster parent's relationship with the child

- foster father
- foster mother

Foster parent relationship

Foster parent's relationship with natural child

Foster parent's feelings

Role and meaning of therapy

Comparing children

Relationship with the community

Truthfulness of allegations

- repeated behaviour
- questioning the degree of abuse

Foster child, natural child relationship

Vigilance - a way of life

Difference between boys and girls

Reasons for child's removal

Organization issues

- communication
- team work
- support

Appendix D: Categories and Beginning Linkages

- Concerns about false allegation
 - public scrutiny
 - source of the message
- Rules to protect foster father, and natural children
 - never be alone
 - privacy
- Relationship rules
 - you don't get hugs
 - safe areas
 - don't discuss sexual abuse
- Foster parents' role and responsibilities
 - generally
 - regarding sexual abuse
- Caution/Vigilance as a way of life
- Foster mother's role as protector
- Foster mother's feelings regarding the responsibility
- Beliefs which mediate need for caution
- Foster father, an exception
- Beliefs about foster father's distance
 - he makes up for it
 - kids don't see
 - kids do see
 - need for positive role model
- Foster family as family
- Impact of caution on family
 - you can't be yourself
 - child can't be part of the family
- Impact on how child is perceived
- Isolation from friends and family
- Isolation within the organization
 - worker authority, being judged
 - multiple workers
 - worker availability
 - the exception
 - concerns about asking
- Isolation with feelings; with how; with concern about allegations
- Emerging considerations and dilemmas in treating the child
 - foster mother's role, and professional counselling
 - importance of talking and listening, eg. of drives
 - dealing with disclosures
 - Openness regarding sexual matters, sex education
 - boundaries, talking about sexual abuse
 - openness regarding family relationships

Appendix E: Foster Parents' Comments on the Sexually Abused Child as Part of the Family

Foster parents perceive themselves as providing a normal family environment and a sense of belonging for the sexually abused child. These perceptions are reflected in a variety of ways; 1) in general statements in which the foster parents describe themselves as family; 2) in statements which reflect the child's belonging to family; 3) in statements which describe a variety of family relationships, especially foster parents as mother and father; 4) in statements which describe x foster children as part of the family; and 5) in statements which highlight routines as being family oriented and/or that emphasize togetherness.

Statements which capture the perception that foster parents see themselves as providing a normal family experience are summarized on Table III.

TABLE III
FOSTER PARENTS PERCEIVE THEMSELVES AS FAMILY

General Statements about Family

{Fostering} one way of having a family.
We have to live as a family.
{We are} like any normal family - ordinary life.
{Sharing} our background makes them feel like . . . they are part of the family.
We have one kid who is testing this whole way a family works.
I think there is a certain aspect . . . of a family way of doing things.
Within the context of this family, we all have problems.
She knew how to get it appropriately within a family context.
S does not have a problem within this family.

Statements Which Reflect the Child's Belonging

She mixes in our family beautifully
We are her family now.
You still treat them as though they are your children.
The family here and {the children} we {form} a kind of unity.
I try not to draw any lines between our family and them and try to make them feel part of the family.
You are all my kids.
Our family are the kids.
This child is part of the family.

Statements Describing Family Relationships

We try to be parents to these kids a father and a mother.
The other day she called me mom.
You can get away with anything with Mom but when Dad's home. . . .
Daddy is dad.
We are parents.
{She said} I love you mommy, I love you daddy.
If you can convince your father.
My dad knows half the kids, he is Poppa to them.
I said I am your mother.
I am her mother you know.
{She} had not had an experience of having daddy come say goodnight to her.
She has a relationship with my mother through my other children and too myself.
She went and asked her older sister.
But you have a family-you have foster brothers and sisters.

Statements about Ex-foster Children

So she became just like part of the family.
J just came back into the family.
She still calls me mommy.
She is really part of the family.
I am her grandmother.

Statements which Define Family Oriented Routines

We spend the last half an hour altogether here.
We are altogether. It's the give you know.
I pay them for chores . . . just standard stuff as a family.

Appendix F: The Dilemma of Boundaries

Providing an environment which encourages the children to openly share their abuse and/or to ask their questions regarding sex also presents a dilemma for the foster parents. In addition to encouraging openness, foster parents found that they needed to provide children, particularly younger children with guidelines regarding the safe and appropriate context for such discussions. One foster couple identified the elements of the dilemma in this story.

She seems quite open about it [the abuse]. There is one thing I am not sure about, whether I should tell her don't talk about it to [just] anybody, to kids or other grown-ups. . . . She told the next door neighbour who is ten years old what happened . . . he can make trouble for her.

FF I said I did not think it was such a good idea to tell everybody, every kid. You can talk about it. "Yeah, but I should talk about" this is probably what she has been told in therapy. "Talk about it" which is fine but believe me she should also be told to whom she should talk to. . . . It complicates things.

On one hand children are encouraged in therapy to share their abuse openly. However as these foster parents indicate, if they do so there is a potential for the child to be set up for a form of revictimization.

FM Even in the beginning when she came I said don't tell F [another child in the home].

FF She [F] is another one [who] would drag it all over. . . . If she is upset with her [the other child], she would use it . . . and L the boy said he would tell everybody because one day he was upset with her, they had a fight over whatever. . . . I think it will backfire and she is going to suffer. . . . It is only for the child's protection that I would not want it spread all over.

The foster mother also expressed a concern that the child could be rejected in the immediate community.

Being that they have children themselves though, they might say well I don't want that child play[ing] with my child for that reason, they might be afraid . . . I want her to be accepted.

Another foster mother also struggled with helping the child discern appropriate boundaries for talking about her abuse. She too shared the concern that the child could set herself for ridicule.

It was the first thing I really had to establish was now that she was talking, was that there was a boundary for that . . . and it got tested right away. S doesn't lose a minute on anything-now that I told mom who else do I tell. And she went to school. . . . unfortunately she did not stop and ask and what she did was she told several little girls at school. But what she came home from school with was "they don't believe me" . . . "they don't believe I had sex".

When asked who the foster mother was protecting by telling the child not to discuss her abuse with other children, she responded:

Oh, her, from rejection because she was so really vulnerable to the ostracization, you know and I think she had suffered that way in just her interest and curiosity before.

As the foster mother who was open to the child's questions about sex discovered the issue of boundaries and the need to teach the child about the appropriate context also extended to the discussion of sex per se.

When S came, . . . there would be frequent times when we would be sitting around, not only the family members but people visiting in the living room and she would come out and announce, at top volume, my vagina is itchy or whatever, but this was because she had been told it was okay to talk about these things.

So I encouraged her to feel free initially, you know, like you can talk about it to me . . . it's fine, fine, fine but then you sort of shape it into, we will talk about that in the bathroom or we will look at that in the bathroom, or you know talk about that at bedtime, kind of thing.