

F F T A



Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

Farmer, E., & Pollock, S. (2003). Managing sexually abused and/or abusing children in substitute care. *Child and Family Social Work, 8*, 101–112.

Keywords

Foster care, management of looked after children, sexual abuse, young perpetrators

Research Questions

- What management, interventions, and treatment are needed for sexually abused/abusing children in substitute care?
- What is the mix of children within different settings?
- What steps are being taken to keep these children and other children safe?

Method

Subjects: The study involved 40 children (18 boys and 22 girls) selected from 250 case files of sexually abused and/or abusing clients in Wales and England. Of these 40 children, slightly less than 25% (9) were ages 10–12; 65% (27) were ages 13–15; and 10% (4) were age 16 and older. Sixteen percent of the subjects were Afro-Caribbean and 84% were Caucasian. Of the 40 subjects, 28% had a mild to moderate learning disability and 1 had a physical disability.

Design: This was a qualitative study using in-depth interviews.

Materials: Materials and measures used were the Achenbach Child Behavior Checklist, the Kovacs and Beck Child Depression Inventory, the Looking After Children Assessment and Action Records, and the revised Child Sexual Behavior Inventory (Friedrich).

Procedures: The study took place in two phases. In the first phase, researchers reviewed 250 case files from multiracial urban, suburban, and rural areas in Wales and England. Data were collected to compare the backgrounds of sexually abused and/or abusing children to those of nonvictimized/nonvictimizing children. In the second phase, a sample of 40 sexually abused and/or abusing children was isolated from the 250 case files reviewed.

The researchers established an operational definition for sexual abuse and abusing behavior. The criterion was that professional concern about one or more sexual incidents in a child's life had been recorded in the case file.

After permissions were obtained from the parents/guardians of the young people and from the children, interviews were conducted with key residential workers, foster parents, social workers, and the young people themselves.

Results/Findings

A very high percentage of children displayed generally disturbing behaviors on the Achenbach Child Behavior Checklist. Of the children who had been only sexually abused, 65% had behavioral and emotional problems in the clinically significant or borderline range. However, of those who were both sexually abused *and* perpetrators, 94% experienced behavioral and emotional difficulties. In addition, 75% of respondents reported experiencing depression. This pointed to the need for providing support for caregivers in managing these youth and providing adequate therapeutic support.

While in care, sexually abused/abusing children displayed behaviors ranging from public masturbation to overt sexualized behavior to sexual activity with peers to prostitution. Sexualized behavior involved girls (who perpetrated far more sexual acts than their male counterparts) acting provocatively around males, including stepfathers and other girls' boyfriends, and both girls and boys intentionally informing others of their abuse or perpetration, thus increasing the likelihood of being revictimized. Both boys and girls demonstrated a lack of boundaries.

The researchers found that social workers and residential workers lacked a proper theoretical framework for understanding this sexualized behavior and thus were unable to offer support and advice to parents in helping these children learn how to give and receive affection in nonsexualized ways and how to have boundaries. In addition, workers were unable to guide parents in ways to involve the children in activities that would improve their self-esteem in socially acceptable ways.

Caregivers managed sexually abusing behavior by tightening supervision of the child. In addition, foster parents told their own children how to protect themselves from the abusing foster child. In some cases, caregivers and social workers were in denial about the foster child's previous acting out behaviors and, as a result, developed high thresholds of tolerance before taking action to assist abused or abusing clients.

The study revealed two management strategies that foster parents were missing: (1) providing therapeutic intervention to help prevent the behavior from becoming established, and (2) ensuring that caregivers were open with the child about his or her behavior and the need to prevent reoccurrence.

Encouraging children to talk about the past is one way to address needs that underlie sexually problematic behaviors. The researchers found that children were more likely to open up to their caregivers if those caregivers told the foster children that they knew about some of the things that had happened to them and left the door open for the children to talk if they wanted to. Another way to address problematic behavior is to adequately assess the child's need for therapeutic intervention. Fewer than one third of the sexually abused children in the study were currently working on their abuse, and only 44% of the clients had worked on their abuse at some point. Only 5 out of 22 abusing children had received a referral to address their needs, and only 1 of the 5 had participated in ongoing work.

Those who were receiving therapeutic intervention at the time of the study or had received it in the past had better behavioral outcomes than those who did not receive any therapeutic interventions. Teens who talked about their abuse showed a greater decrease in acting out behaviors than those who did not talk about it. The study revealed that no mechanism was in place to assess whether children had received treatment in the past and if they felt they could now benefit from treatment.

The study suggests that the following are key areas for managing sexually abused/abusing children in foster care:

- close supervision
- effective sex education
- modification of inappropriate behaviors
- therapeutic attention to the children's unmet needs

Additional attention should be given to the following:

- creating protective environments
- helping children deal with past trauma
- ensuring that caregivers and other workers do not avoid or minimize clients' sexual abuse/abusing history

Limitations

The research results are subjective because the study was based on the opinions of those interviewed.

Application to Practice

This research is quite relevant to practice because foster parents as well as social workers often do not understand how to effectively manage children with sexualized behaviors. As the research suggests, there is a great need for workers and foster parents alike to abandon the posture of denial or minimization of the child's sexual history. The research also suggests that social workers need to educate themselves better about the proper theoretical framework from which to operate to effectively address this population. They should fully understand the child's sexual history and not only relay this important information to the receiving foster parents but also be able to provide solid advice on how to handle sexualized behaviors. Ongoing support and foster parent training may also help improve the family's ability to manage the child's sexualized behaviors. Given the clinically significant scores for clients on the Achenbach Child Behavior Checklist, workers and caregivers should be aware of the far-reaching impacts of early sexual exposure of youth in other areas of functioning. It is critical that agencies, workers, and parents understand the importance of therapeutic interventions to address the past trauma of these clients.

Application to Policy

An increased amount of attention needs to be focused on the knowledge of sexualized behaviors in youth with regards to caregivers and caseworkers. Caregivers and caseworkers not only are responsible for supervising the youth but also educating them on positive/negative sexual behaviors and the outcomes of the youth's actions. Increased communication needs to occur between caregivers and caseworkers when working with youth so that caregivers are aware of the youth's history, creating more preparedness on the caregiver's end.

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