

ABSTRACT

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PROBLEMATIC SEXUAL BEHAVIOR OF CHILDREN WHO ARE SEXUALLY
ABUSED IN FOSTER CARE

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This study explores problematic sexual behavior of children who are sexually abused in Foster Care. Additionally, this study also investigates the psychological and behavioral effects of child sexual abuse of children in the foster care system. Further, this study will discuss previous literature that explains the subject matter. In addition to explaining how the Afrocentric Perspective, Strengths Perspective, and Humanistic Values should be integrated in policies and practice to support this population. All while including theoretical frameworks practiced by other theorists and implications for Social Work.

PROBLEMATIC SEXUAL BEHAVIOR OF CHILDREN WHO ARE SEXUALLY
ABUSED IN FOSTER CARE

A CONCEPTUAL PAPER

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CHAPTER I

INTRODUCTION

“I don’t like to go sleep because the adults touch me at night.” One of the most common exploitation of children experiences is sexual abuse. Child sexual abuse can be a sensitive topic that rarely anyone wants to discuss. However, this topic explores a different area of child sexual abuse, children who are in foster care. This topic is one of few comparing child sexual abuse, sexual expression, and foster care children. Child sexual abuse in the foster care system is an area that is lightly explored. In addition, bringing awareness to the reality of child sexual expression such as problematic sexual behavior is needed.

Statement of the Problem

According to the Children’s Bureau (2014), 8.3% of children are sexually abused and, only 0.5% of reported sexual abuse are from foster care providers. Darkness to Light (2015) states that about one in ten children will be sexually abused before their 18th birthday. In addition to the literature, one in seven girls and one in twenty-five boys will be sexually abused before they turn eighteen. However, not many cases like these are reported. According to Darkness to Light (2015), only 38% of child victims disclose the abuse. While in most cases those who have been sexually abused may never disclose.

According to Finkelhor, Ormrod, Turener, and Hamby (2012), 13% of children who were victimized of rape, had at least one victimization known to police. That means that 87% of children who have been victimized have yet to disclose rape or sexual abuse to authorities. With the lack of disclosure, children with sexual abuse history at such a young age can begin to process victimization in a detrimental way. Many may develop negative and “confusing conceptions of sex, sexual expression, and their sexual norms and standards” (Finkelhor & Browne, 1985, p. 6). Those children may internalize the abuse and its effects. As a result, those children may begin to replicate the abuse as perpetrators. There can be a sense of victim empowerment when the victim becomes the perpetrator. Sgroi (1982) suggested that “some children may want to maintain the feeling that came with the abuse or have become focused on sexual activity”. For a look into sex in the form of a power tool, Delaney (2007) stated that “some children who were neglected by their parents or unwanted, used sexual behavior as a way for attention or self-alleviating” (p. 2). This creates the case for internalizing sexual exposure and trauma and acting out the resulting feelings with others. Without a clear and defined support system in place, sexual victimization creates opportunities for further sexual abuse.

The lack of support from authorities can and most often leads to placement outside of the home for many victimized youth. The Substance Abuse and Mental Health Services Administration (2014) reported that there are currently 365 facilities which provide mental health services to children with serious emotional disturbances, therapeutic foster care, and children and adolescents. However, according to the Children’s Bureau only 63.7% of victims receive post response services. This suggests that victims of abuse who are not treated and supported may find themselves in a system

that only a few receive follow-up services. This is problematic for several reasons. First, as children are not properly diagnosed early on, it creates a lack of adequate treatment options for them. Secondly, victimized children without a support system in place may begin to show signs of significant distress and mood disorders so common with children who attempt to process significant trauma alone. Finally, offence or relapse can be the result of poor or non-existent wrap-around services for this population. When these cases head back to home of origin, there is an increased opportunity for problematic behavior. What appears to be more concerning is the numbers of these children who are sent to foster care placement.

According to the United States Census, there are more girls under the age of 6 years old that are foster care children than there are boys. Also, 82% of all juvenile victims of sexual abuse are female (U.S. Department of Justice, 2014). Compared to boys, there are 28% of men who were 10 years old or younger at the time their first rape/victimization occurred (U.S. Department of Justice, 2014). Remarkably, there are more girls who are in foster care that have a higher risk of being sexually abused than boys, but there is still a large population of boys who are sexually abused as well that are in foster care. Therefore, it is substantial to understand the significance of gender and outcomes of children who are male, female, and who are in foster care. Being that there are more boys and girls under the age of six years old that are foster care children, and 12.3% of women and 27.8% of men were 10 years old or younger at the time of their first rape (National Sexual Violence Resource Center, 2010) it demonstrates that problematic sexual behavior has a higher chance of occurrence among this population.

In addition, Romero (1999) stated that circumstances surrounding abuse incidents and how they are processed by individuals and their families are different by ethnicity. Of the 415,000 children that are in foster care, 22-24% are African American (Children's Bureau, 2014). According to the CDC, Youth Risk Surveillance in 2013, Black along with Hispanic adolescents had a higher rate of being forced to have sexual intercourse than any other ethnicity.

In some cases, adults are noticing these behaviors while some are not. About 60% of children who are sexually abused are abused by people the family trusts. Conversely, foster care children are 10 times more likely to be sexually abused than children that live with both biological parents (Darkness to Light, 2015). As stated, about 60% of children who are sexually abused are abused by people the family trusts (Darkness to Light, 2015). The issue is parents or adults are not aware of any abuse that is happening because of their perceptions of who may be around their children. However, in 2010, 25% of female victims of rape or sexual assault were victimized by strangers (Truman, 2010). For those children living in foster care, the general problem of sexual abuse often goes ignored yet consequences of child sexual abuse within the foster care home have negative effects on the child's sexual expression. The old belief that a child will show outward clearly identifiable signs of sexual abuse no longer exist. Signs of sexual abuse have become more complex beyond just physical signs, and the knowledge of those complex expressions are generally lost in the literature. Today, I understand that it goes well beyond the physical appearance of the child. Today's expressions can be immediate or in many cases manifested by other socially rejected behaviors. I understand that those who were sexually abused may often have very different behavioral outcomes based on

gender. According to the literature, men have a higher risk of suffering alcohol and substance abuse problems, while women reporting multiple types of abuse in childhood are likely to suffer negative mental health and outcomes including behavioral problems (Doll et al., 1992). As it pertains to racial differences, Myers (1998) concluded that many African Americans may develop into disorders not recognized by the American Psychological Association. He referenced Naim Akbar, a black psychologist who described four categories of mental disorders among African Americans based on the consequences of disenfranchisement and abuse. He introduced the self-destructive disorder in which represent self-defeating attempts to survive in a society that hinder natural human growth. When sexual abuse is ignored, denied, or unreported, that puts the child in a position where they are responsible for their own survival. This may lead to no longer refusing/rejecting the abuse or making the point to disclose the abuse. As a result, psychologically, that child can lose a sense of self, love, and respect. Further, problematic sexual behavior can manifest into adulthood.

Ideas of sexual abuse have been undefined or unidentified, in all, some areas of sexual abuse have yet been fully explored. The focus of this study is to identify the early warning signs of sexual behaviors and the negative affects sexual abuse has on foster care children. Sexuality in general and child sexual abuse more specifically, has historically been a taboo subject that many chose not to investigate. The society attempts to foster an understanding that while talking about sexuality is a private matter, sex involving children should be transferred to the teen years and most commonly those topics are related to health care prevention. Given significantly less attention in the literature is sex involving foster care children. Foster care children are sometimes voiceless and a lot of

times are absent from scientific investigation. The social work literature does exist for those who act out criminally. But the link between sexual abuse and acting out behavior is nonexistent. Many see acting out behavior as rebellious and a result of a child's inability to display culturally appropriate behaviors. The link of disorders of conduct (which can lead to antisocial behaviors) and sexual abuse must be investigated. Symptoms of sexual abuse displayed through compulsiveness, aggression and noncompliance often keep children in a system of services for significant parts of their lives. These children are in significantly more danger of: being subjected to sexual abuse, not having support systems in place that can serve those needs for process and work through, being misdiagnosed with disorders of conduct vs. mood disorders, and offence and recidivism compared to those children who grow up in supportive traditional homes. If foster care agencies are not providing services to these children who are showing signs of sexual abuse, further problematic behavior continues to intensify. This then raises the question, why are these problematic behaviors being ignored?

Purpose of the Study

After reviewing research on this topic centering on the negative effects of child sexual abuse in general I found the literature to be hard to obtain. The literature on how sexual abuse affects children in the foster care system was practically absent. Of the limited amount of studies done on child sexual abuse, many only discussed the occurrence and prevalence. Previous research has not thoroughly discussed the negative affects of child sexual abuse in general and has stalled when looking at foster care

children. Also missing in the literature is the understanding of how cognition and process play into children's post abuse behavior.

The purpose of this study is to investigate the effects of child sexual abuse of children in the Foster Care system. Also, to examine the potential ways it leads to sexual behaviors of children in the foster care system. There has been a limit in existing research on the topic of child sexual abuse in the foster care system and its relation to problematic sexual behavior of foster care children. It is proposed that research be extended focusing on children whose reality consists of being in foster care and the conception of sexual expression and understanding within those children. Secondly, the aim is to shed light on typically ignored early signs of problematic sexual behaviors of children as a result of child sexual abuse in Foster Care.

Significance of the Study

This study is significant because it addresses gaps in existing literature. Research has discussed children who are in foster care due to previous sexual abuse, however there is little literature on foster care children who are being sexually abused within the foster care home. Also of importance are the cases which are not fully investigated and how that can affect the child's development psychologically and behaviorally. This challenges many social-service platforms to fully investigate and examine child sexual abuse cases. Particularly children who are sexually abused in foster care homes. It is also stressed on the amount of services that are provided to children based off this circumstance. This paper will discuss previous literature that explains the effects of child sexual abuse on foster care children and problematic sexual behavior of children. In addition, a historical

perspective involving the Afrocentric perspective and a novel theoretical framework to assist with understanding the full complexity of the subject matter will be included.

CHAPTER II

LITERATURE REVIEW

The purpose of this review of literature is to explore the relationship of child sexual abuse and problematic sexual behavior. This chapter will consist of historical background of the foster care system. In addition, the Afrocentric Perspective as it relates to the topic and the Theoretical Framework for working with this population.

Historical Perspective

To get a full understanding of child sexual abuse in the foster care system, it is imperative to discuss the historical aspect of foster care. England in 1601 was enduring an economic depression, which caused a large extent of unemployment and food shortages. The English Poor Laws, affirmed by Queen Elizabeth, discussed three main categories of dependents: the vagrant, the involuntary unemployed, and the helpless (Hansan, 2011). This law, in particular addressed the issues of the poor. This law gave the local government the stability to build funds and provide assistance (i.e., indoor relief) for the worthy poor, elderly and handicapped (Hansan, 2011). It wasn't until the 19th century when the beginning of the foster care system was created. During that time, economically, money and taxes flourished causing more opportunities for the poor to improve their lives. In addition, it was the start of the industrial revolution, where in most

cases, children and their parents experienced harsh working environments. This then developed into an increase of orphanages that put dependent adults and children together. Because of these issues, the development of a foster care system began.

In the 1870s, an eight-year-old girl by the name of Mary Ellen Wilson was the first major case of child abuse that received media attention. In a Johns Hopkins University study, Benedict (as cited in Thoma, 2005) stated allegations of sexual abuse in foster care are four times higher than those of the general population. To some extent, those children who were rescued from sexual abuse within their accustomed homes, are placed right back into an abusive unfamiliar environment such as a foster care home. Sixty-eight percent of victims of sex trafficking that ran away were in foster care or protective services care (National Center for Missing and Exploited Children, 2014). The Division of Family and Children Services or agencies similar who serve the needs of this population must engage in open dialogue about methods of investigation and advocacy of children who have been sexually abused. According to the United States Department of Health and Human Services, in 2005, 513,000 children were in foster care, 404,878 in 2010, and 415,129 in 2014 (Children's Bureau, 2014, p. 1). This shows that the numbers have decreased since 2005, however, the numbers are increasing again in 2014.

Effects of Child Sexual Abuse on Foster Care Children

It is understood that the "normal child" should have a "normal life" of being carefree, imaginative, and free. However, there are some children who are experiencing a lack of self-love, self-esteem, and trauma. The only difference is the experiences these children have faced. For example, being a child who lives in the foster care system and

who is experiencing child sexual abuse within that foster care home is not something every child experience throughout their childhood years. Edmond, Auslander, Elze, and Bowland (2006) defines adversities as stressors that vary in intensity and severity, and can disrupt normal functioning and development (i.e. sexual abuse or bad foster care placement). What needs to be examined alongside the trauma experienced, are their levels of positive adaptation. Unfortunately, children who have experienced sexual abuse within foster care, they go through a series of negative thinking, lacking the confidence of self-worth and love. When it comes to resilience, it's difficult because mentally they feel as though they are undeserving of care, love, and/or attention. Luthar, Cicchetti, and Becker (as cited in Edmond et al., 2006, p. 3) states that despite the fact that resilience was originally seen as the main conclusion of the characteristic of a child, there are three interactive factors that add to the concept of resiliency: the characteristics of the child, their family, and their social environment. Developmentally, children are sponges, picking up on everything they come in contact with. To some, most things are amusing or funny, while other times the child's reality can be an ongoing nightmare. Child maltreatment impacts the developmental process of a child. From 0 to 7 years of age, children are catching on to things observed and what is around them. So how does child sexual abuse negatively affect that developmental process? For most children, it's psychological; meaning, depression, fearfulness, behavioral problems, dissociative symptoms, low self-esteem, post-traumatic stress disorder, and sexualized behavior (McClellan, McCurry, Ronnel, Adams, Eisner, & Stork, 1996, p. 1375). Doll et al. (1992) stated that women reporting multiple types of abuse (including sexual abuse) in childhood were especially likely to suffer negative mental health outcomes. When

examining children who have been sexually abused, one of the key factors to examine is the age in which the sexual abuse occurred and tie that in with how that developmental stage was altered. As well as, the type of sexual abuse that occurred (i.e. penetration, masturbation, oral, touching, rape, etc.). And lastly, who was the perpetrator.

Another concept of the effects of child sexual abuse is the mentality of survival. Myers (1998) referred to Naim Akbar, a black psychologist who introduced the self-destructive disorder in which represent self-defeating attempts to survive in a society that hinder natural human growth. When sexual abuse is ignored, denied, or unreported, that puts the child in a position of their own survival. Which may lead to no longer refusing the abuse or making the point to disclose the abuse. As a result, psychologically, that child can lose a sense of self, love, and respect. Further, problematic sexual behavior can manifest, and later become apparent into adulthood.

In a study of African American, Latina, and European American women in Los Angeles County, European American women were significantly more likely to report being raped in childhood than African American women (Wyatt, 1999). On the contrary, African American men were more likely to report sexual contact as a child than European American men. In some cases, this does not happen.

Regarding the family and social environment, what happens when the characteristics of the family and the social environment are contributing to the developmental disruption of the child because of abuse? In most cases, your family environment and social environment contributes to your ability to overcome some difficulties in your life, especially from trauma. However, if a child is being sexually abused from a familiar or unfamiliar person, that idea of family support in resilience is

altered. Edmond et al. (2006) asserts “Perhaps for adolescent girls in the foster care system, there is a greater likelihood of finding social support in relationships with other significant adults in their lives such as teachers, mentors, spiritual leaders, or social workers, rather than within their families” (p. 21).

According to the study, adolescent girls in the foster care system, who had been sexually abused had significantly more mental health and behavioral problems than those who had experienced other types of abuse or neglect, without sexual abuse (Edmond et al., 2006). Such facilities or governmental/State agencies, such as Division of Family and Children Services are missing data on some children cases of sexual abuse because the children themselves are not disclosing.

The services or outcomes of children who have been sexually abused are decided by practitioners who can make the wrong decision based off of assumptions. As this relates to the practice of social work, engagement with the child is critical to determine what the most appropriate level of services they need. According to Garland, Landsverk, Hough, and Ellis- MacLeod (1996), practitioners who are working with adolescents in the foster care system must be cautious of making assumptions about those adolescents who disclose child sexual abuse history. Due to the reason that decisions of the type of services are based off of the type of maltreatment the adolescent discloses. Instead, services should be recommended based on psychological need. Making the wrong decision of services based of a wrong assumption can have a negative view of support for foster care adolescents who are sexually abused. If a practitioner is denying services to a child who discloses the sexual abuse within their foster care home, the idea of disclosure

of abuse from the child is muted. In addition, if now muted, abuse can continue, which then can lead to negative affects such as problematic sexual behavior.

Sexual Behavior of Children

McClellan et al. (1996) defined sexual abuse as an sexual contact that was forced, or coerced, or alternatively, sexual contact that was initiated by an individual at least 3 years older where the age difference made the behavior developmentally inappropriate. This definition is very significant due the inclusion of the age difference between the victim and the perpetrator. Child victims who are sexually abused are rarely abused by someone who are the same age, rather it is someone who is significantly older. Because these children are experiencing adult like activities, childhood development is now regressed. It is important to be able to identify what is inappropriate sexual behavior.

According to literature, hypersexuality, flirtatious behaviors, touching of private parts of others, public masturbation, or self-exposure, molestation, incest, or rape are all defined as sexually inappropriate behaviors among children (McClellan et al., 1996). In addition to inappropriate sexual knowledge, sexual aggressive behaviors, increased sex play with peers, and excessive masturbation (Loeb, Williams, Carmona, Rivikin, Wyatt, Chin, & Asuan-O'Brien, 2002). This literature raises the questions of what is sexual abuse, what is sexually inappropriate behaviors, and what are those indicators that identify what is abnormal for the age groups of children?

According to the result, the sample was predominately male with overall high rates of sexual abuse histories and sexually inappropriate behaviors. However, rates of sexual abuse were much higher in females versus male. So in general, the female

population are at a much higher risk than males to be sexually abused. Furthermore, the female subjects had significantly higher rates of hypersexual behaviors and lower rates of victimizing behaviors. So even though the female subjects have a higher rate of hypersexual behaviors, the male subjects had a higher rate of victimizing than females. The norms are the same and yet different. The female subject's reaction to the traumatic experience of sexual abuse was through the norm of obsessive pursuit of casual or non-intimate sex, versus the male subjects whose reaction to the traumatic event is to almost imitate the sexual abuse by molestation or incest. Friedrich, Baker, Parker, Schneiderman, Gries, and Archer (2005), stated "youth who exhibit problematic sexualized behaviors in the child welfare system are likely to put themselves and their peers at risk because of their provocative and inappropriate actions" (p. 392). In a sense, children may develop new behaviors based on developmental advances (Friedrich et al., 2005). And those advances could be harmful to themselves or their peers.

Afrocentric Perspective

In explaining the human condition or human behavior, the idea of the Eurocentric perspective is referred the most. The inappropriateness, however, is focused on one view that explains human behavior of African Americans (Schiele, 1996). The Afrocentric Perspective is a worldview from the African Diaspora. When engaging with clients, the Afrocentric Perspective contributes to the affective treatment for the client based off the understanding of their culture, heritage, behavior, and values. In addition, the Afrocentric Perspective identifies the survival ideology and a better explanation for the human condition. The key understanding of this perspective is to have a full understanding of

how culture, viewpoints, family background, and experiences contribute to human behavior; most importantly, those differences between cultures. Asante (1992) states, the Afrocentric perspective fosters the belief that there can be social unity among people sharing a particular time and space but that cultural uniformity is not essential. The Afrocentric Perspective takes into account how different cultures and people address the solutions or issues of power, resources, and position to society on a macro scale.

Social workers must practice understanding an individual's reality holistically when assisting and supporting that child client dealing with sexual abuse. With an understanding of how the child is mentally, it can assist the social worker in how to address these psychosocial stressors and their sources by utilizing integrated treatment approaches that include the empowerment, ego psychological, and Afrocentric theoretical perspectives (Manning, Cornelius, & Okundaye, 2004). The Afrocentric Perspective is important because to some children there is a lack of self and worth. This perspective gives them a sense of self, their values, and strengths. Which in reflection, changes the way they handle the effects of being sexually abused in foster care.

In addition, the Afrocentric Perspective promotes the practice of collective responsibility. Which explains taking care of each other and sharing the trauma of painful experiences. Manning (2004) expresses, when you harm others, then you harm yourselves; when you do something immoral, the immoral act not only impacts you, but other people.

With children who are sharing the environment (i.e. foster homes), in addition to experiencing trauma within that environment (i.e. sexual abuse), there is a sense of collectiveness. The idea of community is present, but the overall influence is negative.

Meaning, they have that sense of community, but the situation in which they are representing community is through trauma. If social workers can develop a better understanding and knowledge of factors that contribute to the negative impact of African American people and other cultures, it helps with resolving the issues at hand (Manning et al., 2004). In addition, interventions should encourage and bring into existence socially caring policies and patterns of social behavior that economically and politically advance all people and enhance their positive potential (Schiele, 1996). Not only focus on the individual's adaptation and resiliency, but the system that is to represent the individual.

One of the key concepts of the Afrocentric perspective is the humanistic values. Humanistic Values place a huge emphasis on the potential of the individual and removing human oppression. That sense of potential and self of a child who has been sexually abused is low. Two factors play into this: being put into the foster care system and being sexually abuse in the foster care home. Depending on the situation that resulted in the child being placed, the main circumstance to point out is that, the parent or guardian did not value the child regarding health, safety, stability, etc. Also, the person who is supposed to care and love the child is now using the child for inappropriate sexual pleasure. So when it comes to a child understanding his or her value, it is difficult. Due to the fact that the foster care home is supposed to be used to uplift and care for the child who has experienced child maltreatment. Instead, in some cases, it was used to manipulate and exploit the child. The child may not see their value if they believe the only thing they were there for was sexual pleasure.

Being that the child is being sexually abused in their foster care home, the child is unable to understand or comprehend their value or potential. The strengths perspective

can be used to uplift and empower the child through helping the child understand their strengths, potential, and value.

One of the toughest things a child can communicate are emotions, especially after experiencing trauma such as sexual abuse. Understanding emotions and how it connects to how they feel about the traumatic experience can be confusing. The reason being is that the child may not understand why the sexual abuse happened or why he or she are having these behaviors. Not to mention, identifying those behaviors as being problematic sexual behaviors. With guiding the child to accept and recognize their emotions, it can help transition into possible solutions so that those emotions that are bad do not happen again. In addition with the child being able to identify their value and potential, it can change the way the child view themselves. Lastly, using the strengths perspective can alleviate the negative views of self from the child.

Theoretical Framework

Finkelhorn is one of the leading theorists that focus on aspects of child sexual abuse. Ward and Hudson (2001) note that Finkelhorn argues that child molestation is a multifaceted phenomenon incorporating both psychological and sociological variables (as cited in Beech and Ward, 2004, p. 39). The Preconditions model consists of four components: emotional congruence, sexual arousal, blockage, and disinhibition (Beech and Ward, 2004; Terry and Tallon, 2004). These four aspects are used to gain a better understanding of child sexual abuse offenders. Emotional congruence is an inappropriate emotional connection to a child. It focuses on the emotional relationship between the adult and the child. Sexual arousal is just that, an adult who is aroused sexually from a

child. It assesses that very reason as to why a child would elicit sexual arousal in an adult (Terry & Tallon, 2004). According to literature, there were two explanations of the evaluation. According to Finkelhorn, the sexual abuser may have been molested as a child, and as a result it manifests into adulthood, or if the abuser was victimized as a child, he or she is now creating the same actions of someone who found children sexually stimulating (Terry & Tallon, 2004). Blockage deals with the abuser's ability to have his sexual and emotional needs met in adult relationships. Using the psychoanalytic theory to explain this factor, Finkelhorn suggests that child molesters experienced some form of blockage, that prevents them of effectively having interactions or relationship with an adult or engage in adult-like activities. In addition, some form of delay, meaning, there may be a psychological or developmental delays or situational delays (Terry & Tallon). This can be due to crises experienced as a child. Lastly, cognitive-behavioral theory is used to explain disinhibition. Disinhibitions refers to the aspects that contribute to how a child molester reduces his restrictions to allow him or herself to molest a child (Beech & Ward, 2004; Terry & Tallon, 2004) (i.e. desensitizing, threats or violence). With Cognitive Behavioral Theory, it explains how your thoughts can influence feelings, and the one's emotional response to a situation comes from one's interpretation of that situation (Knafo, Keisner & Fiammenghi, 2015, p. 54).

So when dealing with the issue of child sexual abuse, it should be put into consideration those factors that influenced or contributed to the abuse because of one's past. Also, the importance of circumstances that happened in one's childhood that could be included in understanding why child sexual abuse is happening. Further, providing

services to individuals who have sexually offended and/or who are at risk of sexually offending (i.e. Children who are sexually abused).

Ward's Pathways Model explains how sex offenders use seemingly normalize interactions to gain both trust and access to victims (Ward & Siegert, 2002). This psychological theory suggests that there are pathways in which lead to child sexual abuse. These pathways are made up of problems that manifest in adults that produces some form of an outcome (i.e. child sexual abuse). These problems are emotional dysregulation, intimacy and social skill deficits, cognitive distortions, and distorted sexual scripts (Beech & Ward, 2004). Emotional dysregulation is having difficulty in regulating and recognizing emotional state. Intimacy and social skill deficits describes social isolation, loneliness and dissatisfaction. Cognitive distortions meaning supportive thinking of offense. Lastly, sexual scripts are abnormal sexual fantasies (Ward & Siegert, 2002). Each problem is individualized and may have different explanations for behaviors of the adult offenders. However, sexual crimes involve all aspects of the problems addressed above. In some case, they can activate another problem.

This model describes the mentality and triggers of a child sex offender and the different components that explain their reason for doing so. To some offenders, their actions are justified. Ward, Hudson, Johnston, and Marshal (as cited in Beech & Ward, 2004) stated they will therefore have dysfunctional implicit theories about children's sexuality and their ability to make informed decisions about sex, inappropriate emotional regulation, intimacy deficits and impaired relationship and attachment mechanism. A solution to this particular issue, is gaining an understanding, as well as to how the

offender thinks in reflection to their actions. Also, some issues that contribute to the sexual abuse of children are connected.

CHAPTER III

METHODOLOGY

The purpose of this study is to address the effects of child sexual abuse and problematic sexual behavior among children in the Foster Care System. Specifically, the research question that guided the development of this study was: What are the effects of child sexual abuse amongst children within the Foster Care system. The method that closely reflects this study is a comprehensive literature review. Once literature was reviewed, it was discovered that there were similarities in research on identifying the effects of child sexual abuse and Foster Care children. For example, all of the studies discussed one effect of child sexual abuse as problematic sexual behavior. Using supporting research and data from other literature formed the base of research on this topic.

Methods of the Study

I used a number of key words such as “child sexual abuse” or “problematic sexual behavior” to search through databases that were related to Social Work, Psychology, or Social Sciences. Being that this topic is not as prominent compared to most, there was a use of distinct group of key words such as “rape” or “child welfare” to narrow down the selection process. Of the databases used, the Atlanta University Center Robert W.

Woodruff Library was the host for access to scholarly websites such as: Ebscohost, GALILEO, JSTOR, Google Scholar, PubMed, Science Direct, Proquest, & the National Center for Biotechnology Information. In addition to finding articles in journals such as: Aggression and Violent Behavior, Child Abuse and Neglect, Child Sexual Abuse, Child Development, Contemporary Social Sciences, Child and Adolescent Psychiatry, etc.

Other resources used to provide informative data on this topic include governmental data such as the United States Census, United States Children's Bureau, Centers for Disease Control and Prevention, and the United States Department of Justice. Of the twenty articles that presented data and information related to this topic, five articles were selected. All five scholarly articles were within a four-year time frame and discussed the topic of the effects of child sexual abuse, sexual abuse within the foster care system, and problematic sexual behaviors of children. The other fifteen articles did discuss child sexual abuse among children, however they did not include the population of Foster Care children or children in the child welfare system. In addition, articles that were not selected did not fully represent the criteria of scholarly articles or empirical data.

Limitations of the study

Some limitations of the study are the lack of experience with collecting data of this type. There is a possibility of missed information. In addition to systematically using certain keyword in databases to find scholarly articles on this topic. Further, I was unable to produce positive support for data collection from various agencies such as Department of Family and Children Services and Child Protective Services. Also, the published

literature failed to provide research on children who are sexually abused within the Foster Care system. Finally, it is virtually impossible to generate a quantitative study with limited data. As I found, many cases of child sexual abuse in the Foster Care setting go unreported.

CHAPTER IV

PRESENTATION OF THE FINDINGS

This chapter present relevant finding and summarizes the similarities among five studies that discuss child sexual abuse among Foster Care Youth in the United States as it relates to its negative effects. This chapter will also discuss the distinct differences between studies and its participants. Table 1 summarizes the five study participants, methodologies, measurements and outcomes.

Analysis Results of Participants, Methodologies, and Measurements

Out of the five studies, three were quantitative studies, while two were qualitative studies. The sample size of three quantitative studies was larger, and ranged from 732 to 110,576 compared to two qualitative studies sample size, which ranged from 21 to 68. All five studies combined reported an age range of 6 to 23 years old. Only one study (Ahrens, Katon, McCarty, Richardson, & Courtney, 2012) reported 17 years being the age of participants. Another study (Kim, Chenot, & Lee, 2015) had an age range that spanned over a five year mark, 12 years to 17 years. One study (Foster & Hagedorn, 2014) had the lowest age range from 6 years to 17 years. Salazar, Keller, Gowen, and Courtney (2013) presented only two age groups of participants, 17 years or 18 years. Another study (Riebschleger, Day, & Damashek, 2015) had a larger age range of 15

years to 23 years. However most of the studies participants were 17 years of age. According to the studies description of age, the key to study participant's age was their ability to consent to participation in the research study. If they were old enough to consent or have someone consent it was acceptable. Also the ability to articulate the abuse i.e. explain if they were abused, what type of abuse, its affect, etc.

Of the five studies where participant's gender was recorded, three studies (Foster & Hagedorn, 2014; Salazar et al., 2013; Riebschleger et al., 2015) had majority female participants. One study (Kim et al., 2015) had a larger population of male participants, while another study (Ahrens et al., 2012) had 50% male and female participants.

All five of the studies described the participant's ethnicity or racial background. One study (Foster & Hagedorn, 2014) only recorded African American, Caucasian, and Hispanic participants. In addition, also recording the remaining ethnicities as "other". Another study (Riebschleger et al., 2015) only recorded African American and Caucasian participants. There was no recording of any participants representing other ethnicities. There was one study however (Kim et al., 2015) that recorded African American, Caucasian, Asian/Pacific Islander, and Native American. One of the studies (Salazar et al., 2013) recorded participants who are African American, Caucasian, Asian/Pacific Islander, Hispanic, and other. Ahrens, Katon, McCarty, Richardson, & Courtney (2012) study distinctly recorded only African American and Caucasian participants. Nonetheless, all five studies did record participants who are African American or Caucasian.

Of the five studies, four studies (Ahrens et al., 2012; Kim et al., 2015; Salazar et al., 2013; Damashek et al., 2015) had participants who were in the foster care system.

However, one study (Foster & Hagedorn, 2014) did not focus on Foster Care participants, rather participants who have experienced child sexual abuse.

A wide range of the five studies focused on the individual responses. Four of the five studies received their data from the participants themselves. One study (Ahrens et al., 2012), conducted an in-person baseline interview using the Midwest Evaluation of the Adult Functioning of Former Foster Youth Waves 1 and 2. The Midwest Evaluation of the Adult Functioning of Former Foster Youth is a “cohort study of youth transition out of the foster care system from three Midwestern states”. While Another study (Foster & Hagedorn, 2014) utilized a narrative analysis to capture the organic responses of the study’s twenty one participants on past events of child sexual abuse. Participants were selected through purposive sampling and responses were recorded during Trauma Focused Cognitive-Behavioral Therapy (TF-CBT). The participants included in this study were not in the Foster Care System. In another study (Salazar et al., 2013) a baseline interview was conducted on a longitudinal panel study. The panel study was pursuing a group of adolescents who were selected through systematic sampling that were leaving the public child welfare system. Riebschleger, Day, and Damashek (2015) used recordings of Foster Care youth’s testimonies in order to get their responses on trauma they experienced before, during, and after placement. These testimonies were done during two programs that focus on advocacy for youth’s concerns in Michigan called KidSpeak. In contrast, there was one study (Kim et al., 2015) that did not focus on the participant’s individual responses. Instead, used the 2009 Adoption and Foster Care Analysis and Reporting System (AFCARS). Using this system, the researchers was able to receive data on all children in the United States that were placed in out-of-home care through child

welfare agencies. Overall, four out of the five studies primarily focused on the participants individual responses whereas, one study used an archival database to receive data.

Many of the studies assessed participants on a variety of measures from responses of the participants, to the characteristics of the participants. One study (Ahrens et al., 2012) used two questions from the World Health Organization's Composite International Diagnostic Interview. The two questions used represented *History of childhood molestation* and *History of childhood rape*. The participant's responses for that study question of "Were you ever sexually molested that is someone touched or felt your genitals when you did not want them to?" were measure through their answers of "yes" they were or "no" they were not sexually molested. In addition, for the second study question of "Were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you or using some degree of force?" the same answers of "yes" and "no" were measured.

Additionally, Foster and Hagedorn (2014) measured the narratives of the participants by readability level and written expression. They also measured responses based on the following themes: memory of the abuse, disclosure of abuse and subsequent events, and the healing journey. The memories of the abuse included: abuse description, perpetrators of the abuse, and thoughts and feelings. The second theme, the disclosure and subsequent events focused on the disclosure itself, the investigation, and the justice system. Counseling, life changes and the future of the third theme was also measured.

Another study (Kim et al., 2015) measured the placement setting of the study participants. Meaning, the researchers measured whether or not the participants were

classified as on runaway status using The Adoption and Foster Care Analysis and Reporting System. There was also other variables that was considered for measurement, such as age, gender, clinical conditions, number of removal, number of placement, whether or not they were emotionally disturbed, family structure, removal manner, case goal, and racial/ethnic background. Measurements of one study (Salazar et al., 2014) was through self-reported responses of exposure to trauma. Lastly, the fifth study (Riebschleger et al., 2015) measured responses from the former foster care youth during a KidSpeak event. Specifically, what the participants said directly and the themes for the study that was established from the participant's responses were reported.

Analysis Results of the Outcomes

All five study's participants were exposed to child sexual abuse. Four of the five study's participants were either in foster care or aged out of foster care. Foster and Hagedorn (2014) had participants that were not in foster care youth, but have experienced child sexual abuse. Ahrens et al. (2012) stated that 27% of them disclosed a history of molestation and 18% reported a history of rape. Another study reports that 6.9% of removals from foster care were from sexual abuse (Kim et al. 2015). Salazar et al. (2013) recorded the prevalence of the exposure to trauma. Of the participants, 27.2% of participants reported being molested. Riebschleger et al. (2015) reported trauma that participants experienced during foster care placement. Within that study, 7% of the participants described sexual abuse during foster care placement. Additionally, one study (Foster & Hagedorn, 2014) expressed that all the participants expressed being exposed to pornography adults having sex in front of a child, touching genitals, oral sex, vaginal

penetration, and anal penetration. Also, all of the participants in the study knew their perpetrators whether it was parents/parental figures, adult relatives, adult family friend, or children/adolescents. Three participants of one study waiting years before they disclosed. They expressed trust being broken, confusion, waiting years to disclose due to shame, guilt, embarrassment, fear of disbelief, or worried about what would happen to them or their perpetrator (Foster & Hagedorn, 2014).

CHAPTER V

SUMMARY AND DISCUSSION

This chapter is designed to analyze the specific factors that explain the correlation between problematic sexual behavior of children who are sexually abused in foster care. This chapter will also discuss the implications of this study to the field of social work.

Summary of the Study

When a child enters foster care, so many factors play into the child's mentality. In some cases, there is loss of self, purpose, resilience, etc. In regards to the effects of child sexual abuse of foster care children, that journey to self-actualization is completely altered. Granted, there is an issue with child sexual abuse, nonetheless, those same issues manifest with foster care children as well. The similarity in both foster care children and non-foster care children are that they're children. That does not change. However, a large amount of foster care children is voiceless and are less likely to disclose any maltreatment, even sexual abuse because of the circumstance they are in. This is due to the consequences of the disclosure i.e. guilt, shames, etc. in addition to a possibility of constant placement changes (Foster & Hagedon, 2014).

When the topic of child sexual abuse of foster care children within the foster care system presents itself, the foster care home itself is then questioned. If there is a fear of

disclosure, when a social worker does a home visit, that child may not be able to vocalize their abuse. Instead, they may present problematic sexual behavior. On account of child sexual abuse, it can lead to high risk sexual behavior that can be problematic.

Additionally, if the child sexual abuse is ignored or not reported that abuse can possibly continue, and manifest into adulthood and can lead to negative mental health or even becoming a sex offender (Doll et al., 1992). Thus, that sense of resilience is not there. This reason may be their environment, their sense of self, the nurturance or lack thereof the foster care parent.

Implications for Social Work

As social workers according to the National Association for Social Workers, we are advocates for populations that are oppressed or disenfranchised. And in this case, social workers are advocates of foster care children, their wellbeing in their foster care home, and the child welfare system. However, if there is no awareness or competency of child problematic sexual behavior as it relates to child sexual abuse, the abuse of the child can easily be missed if they are not showing any physical indicators of sexual abuse. Being that child maltreatment or abuse does not always show physical indications; sometimes it's behavioral.

Being that children absorb everything around them they imitate or pick up behaviors that to them may be the norm. Such as sexual behaviors. If a child is exposed to sexual behavior or more explicitly sexual abuse, if unreported the behavior that they were exposed to becomes something that is a part of them. Plus, it can have negative psychological effects on them such as depression, fearfulness, low self-esteem,

behavioral problems, and problematic sexual behaviors (McClellan, McCurry, Ronnel, Adams, Eisner, Stock, 1996, p.1375).

Beyond the gender of the victims, age is significant as well. When it comes to the age of the victim and the abuse, developmentally it can be modified. McClellan et al. (1996) stated that sexually inappropriate behaviors include hypersexuality, touching private parts or other, public masturbation or self-exposure, flirtatious behaviors, and inappropriate sexual knowledge. Also, it can put themselves and their peers at risk because of their inappropriate behaviors. In addition, it can manifest into adulthood.

To a degree, there is a significantly high number of children who are not receiving services post abuse including foster care children. Although only 63.7% of victims receive post response services, 36.3% of victims do not receive post response services could be because of the lack of disclosure.

When advocating for children who are in the foster care system that are being sexually abused, education and competency of the issue is critical. Using education, competency training and consultation on the effects and the outcomes of child sexual abuse within the foster care system can affectively reverse the negative effects of child sexual abuse and problematic sexual behavior. In addition, statewide it can promote policy makers to create policies to provide supportive services and mental health services to those children who are in the foster care system being sexually abused. It will also motivate social workers to be attentive in their jobs as caseworkers or social workers visiting foster care homes.

Child sexual abuse among children is highly researched, however, child sexual abuse within the foster care system and its impact of problematic sexual behavior on

foster care children needs to be more assessed as it relates to future research. This population of children are voiceless and in some cases, can be unheard. With education and advocacy, children who are in the foster care system that are being sexually abused, can have help, support, and a voice.

REFERENCES

- Ahrens, K. R., Katon, W., McCarty, C., Richardson, L. P., & Courtney, M. E. (2012). Association between childhood sexual abuse and transactional sex in youth aging out of foster care. *Child Abuse & Neglect*, 36(1), 75-80.
<https://doi.org/0.1016/j.chiabu.2011.07.009>
- Asante, M. K. (1992). The painful demise of Eurocentrism. *World & I*, April, 305-317.
- Babbie, R. E. (2013). *The practice of social research*. Belmont, CA: Wadsworth Cengage Learning.
- Beech, R. A., & Ward, T. (2004). The integration of etiology and risk in sexual offenders: A theoretical framework. *Aggression and Violent Behavior*, 10(1), 31-63.
- Benedict, M.I., & Zuravin, S. (1992). Factors associated with child maltreatment by family foster care providers. Baltimore, MD: *John Hopkins University School of Hygiene and Public Health*.
- Children's Bureau. (2015). The adoption and foster care analysis and reporting system (AFCARS) Report (No. 22). *U.S Department of Health and Human Services*.
- Child Welfare Information Gateway. (2014). Foster care statistics. *Children's Bureau*.
- Darkness to Light (2015). *Child Sexual Abuse Statistics*. Retrieved from http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28F7EE2B581919%7D/all_statistics_20150619.pdf

- Delaney, R. (2007). *Foster Children and Sexualized Behavior*. Retrieved from <https://www.fosterparentcollege.com/info/connections/Connections-121807.pdf>
- Doll, L. S., Joy, D., Bartholow, B. M., Harrison, J.S., Bolan, G., Douglas, J.N., et al. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect*, 16, 855-864.
- Edmond.T., Auslander, W., Elze, D., & Bowland, S. (2006). Signs of resilience in sexually abused adolescent girls in the foster care system. *Journal of Child Sexual Abuse*. 15(1), 1-28.
- Finkelhorn, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541.
Retrieved from <http://www.csom.org/train/victim/resources/the%20traumatic%20impact%20of%20child%20sexual%20abuse.pdf>
- Finkelhorn, D., Ormrod, R., Turner, H. A., & Hamby, S. L. (2012). Child and youth victimization known to school, police, and medical officials in a national sample of children and youth. *Juvenile Justice Bulletin*, (No. NCJ 235394). Washington, DC: United States Department of Justice , Office of Juvenile Justice and Delinquency Prevention.
- Foster, M. F., & Hagedorn B., W. (2014). Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery process. *Child Sexual Abuse*, 23(5), 538-557. <https://doi:10.1080/1538712.2014.918072>
- Friedrich, N. W, Baker, J. A, Paker, R., Schneiderman, M, Gries, L., Archer, M. (2005). Youth with problematic sexualized behaviors in the child welfare system: a one-

year longitudinal study. *Sexual abuse: a journal of research and treatment*, 17(4), 391-406

- Garland, A., Landsverk, J., Hough, R. & Ellis-MacLeod, E. (1996). Type of child maltreatment as a predictor of mental health services use for children in foster care. *Child Abuse and Neglect*, 20(8), 678-688.
- Hansan, J.E. (2011). English poor laws: historical precedents of tax-supported relief for the poor. Retrieved from <http://www.socialwelfarehistory.com/programs/poor-laws/>
- Kim, H., Chenot, D., Lee, Sokho, L. (2015). Running away from out-of-home care: A multilevel analysis. *Children & Society*, 29, 109-121.
<https://doi:10.11/chso.12019>
- Knafo, D., Keisner, R., & Fiammenghi, S. (2015). *Becoming a clinical psychologist: personal stories of doctoral training*. New York: Rowman & Littlefield.
- Loeb, T. B., Williams, J.K., Carmona, J.V., Rivikin, I., Wyatt, G.E., Chin, D., & Asuan-O'Brien, A. (2002). Child sexual abuse: Associations with the sexual functioning of adolescents and adults. *Annual Review of Sex Research*, 13, 307-345.
- Luthar, S. S., Cicchetti, D. & Becker, B. (200). The construct of resilience a critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.
- Manning, M. C., Cornelius, L. J., & Okundaye, J. N. (2004). Empowering african americans through social work practice: integrating an afrocentric perspective, ego psychology, and spirituality. *Families in Society: The Journal of Contemporary Social Services*, 85(2), 229-235.

- McClellan, J., McCurry, C., Ronnei, M., Adams, J., Stork, M., (1996). Age of onset of sexual abuse relationship to sexually inappropriate behaviors. *Journal of American Academy of Child and Adolescent Psychiatry*. 35(10), 1375-1383.
- Myers, J. (1998). The deep structure of culture. Relevance of traditional African culture in contemporary life. *Afrocentric Visions*. Thousand Oaks, California: Sage.
- National Association of Social Workers. (2008). Code of ethics of the National Association of Social Workers. Washington, DC. NASW Press.
- National Center for Missing and Exploited Children. (2014). Child sex trafficking. Retrieved from <http://www.missingkids.com/l/in6>
- National Sexual Violence Resource Center. (2010). Sexual Violence. Retrieved from http://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf
- Riebschleger, J., Day, A., & Damashek, A. (2015). Foster Care Youth Share Stories of Trauma Before, During, and After Placement: Youth Voices for Building Trauma-Informed Systems of Care. *Journal of Aggression, Maltreatment & Trauma*, 24(4), 339–360. <https://doi.org/10.1080/10926771.2015.1009603>
- Romero, J. G., Wyatt, E. G., Loeb, B. T., Carmona, V. J., & Solis, M. B. (1999). The prevalence and circumstances of child sexual abuse among Latina women. *Hispanic Journal of Behavioral Sciences*. 21, 351-365.
- Salazar, A. M., Keller, T.E., Gowen, L. K., & Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 545-551. [https://doi:10.1007/s00127-012-0563-](https://doi:10.1007/s00127-012-0563-0)

- Sgroi, M. S. (1981). *Handbook of Clinical Intervention in Child Abuse*. Lexington, Mass: Lexington Books.
- Schiele, J. H. (1996). Afrocentricity: an emerging paradigm in social work practice. *Social work*, 41(3), 284-294.
- Terry, J. K., & Tallon, J. (2004). Child sexual abuse: A review of the literature. Retrieved from <http://www.usccb.org/issues-and-action/child-and-youth-protection/upload/child-sexual-abuse-literature-review-john-jay-college-2004.pdf>
- Truman, J. (2011) "National Crime Victimization Survey 2010," U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/cv10.pdf> (December 21, 2011)
- U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. (2014). National Sex Offender Public Website (NSOPW). Washington, D.C.
- Ward, T., & Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law*, 8(4), 319-351.
- Wyatt, G. E., Loeb, T.B., Romero, G., Solis, B., & Carmona, J.V. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse and Neglect*. 23, 45-60.