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AN EXPLORATION OF THE EFFECTS OF
SEXUAL ABUSE ON FOSTER CHILDREN'S SOCIAL DEVELOPMENT
AS MEASURED BY ATTACHMENT CONSTRUCTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master
of
Social Work

by
Ellen Marie Jamieson
Deren Leland Mikels
June 1996

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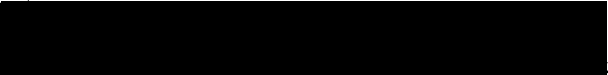
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ABSTRACT

This positivist, quasi-experimental research project explored the question: What are the effects of sexual abuse on foster children's social development as measured by attachment constructs? The sample included twenty sets of foster parents of children ages 5-12 who had resided at least sixty days in their foster home.

To measure the foster parents' perceptions of their child's level of attachment, six attachment constructs were formed into a survey and mailed to the foster parents. An additional survey that yielded demographic and historical information about the child's abuse was also completed.

Quantitative data analysis was performed to obtain univariate and bivariate statistics consisting of the means, standard deviations, frequency percentages and chi-squares. Data analysis of the qualitative component of the study was performed by looking for and reporting on emergent themes.

Several significant relationships were found among the variables during the quantitative analysis. These results indicated that sexual abuse does have an impact on a child's ability to develop healthy attachments with his/her foster parents. Knowing more about how sexual abuse impacts a foster child's social development and ability to attach to his/her foster parents can influence social workers' treatment interventions and policy initiatives in regards to helping children heal from their trauma.

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INTRODUCTION

Problem Statement:

In recent years child welfare practitioners have seen a rise in children entering foster care who have been sexually abused and have attachment difficulties. These children have problems in trusting adults, which leads to attachment problems and a variety of behavior difficulties. These problems reflect feelings of anger, powerlessness and low self-esteem (Eagle, 1994).

A major concern of the social work community is the impact of child sexual abuse upon families and throughout societies. "In the last two decades, the problem of child sexual abuse has emerged from the cloak of social secrecy and become a leading concern of mental health professionals" (Cole & Putnam, 1992). Child sexual abuse is defined as acts with children intended for the sexual stimulation of an adult (Ibid).

In recent years, the social work field has witnessed an increase in studies on child sexual abuse. This research focuses mostly on behavioral outcomes and clinical diagnoses that are linked to child sexual abuse (Ibid). A problem is that the literature is in need of studies that use a developmental perspective as a framework for understanding this type of abuse. This study will focus on the impact of child sexual abuse on children's social development by measuring attachment concepts.

While the literature discusses theoretical orientations

that may be applied to child sexual abuse, there is a need to examine the effects of this abuse on human development. According to Finkelhor (1984), there is a lack of theoretical or conceptual organization to interpret the effects on development. Because it is important that children resolve developmental tasks, it is necessary to explore the detrimental effects of sexual abuse on children. The developmental approach will assist direct practitioners to better intervene and address core tasks that must be worked through with all children, especially those who have been sexually abused.

Problem Focus:

This study explored the relationship between child sexual abuse and its impact on foster children's social development as measured by attachment constructs. The study addressed issues relating to direct practice with children who have been sexually abused and are receiving services in the foster care system. The study used a positivist paradigm with a quasi-experimental approach and a qualitative component, and surveyed foster parents' perceptions of their foster child's attachment.

Children's problems and needs in today's society are great, but when sexual abuse is added to these already existing problems, families are thrown into crisis. Individual children's needs are often obscured or overlooked when crisis occurs because the focus of intervention becomes the family "system." This study explored the impact of

sexual abuse on children's social development by finding common themes and/or patterns in foster children who have been sexually abused. This was accomplished by assessing how these children form attachments. Attachments were measured because they are a core issue of social development.

The long-term impact of sexual abuse on children is pervasive as evidenced by this list: "preoccupation with sexual matters, increased masturbatory activity... pregnancy, sexual delinquency, prostitution, and molestation of younger children" (Tharinger, 1990). Developmental issues need to be recognized and addressed in working with these children so that they can continue to progress and resolve the tasks of each stage.

This positivist paradigm was chosen based on the research question, "What are the effects of child sexual abuse on the social development of foster children as measured by attachment constructs?" This question is best addressed by the exploratory, positivist approach. This approach is useful when there is a lack of relevant research in a particular area and when there is the need for an objective, yet open approach to such a topic. One of the assumptions of this study was that children will show deficits in their social development. Understanding how these deficits are manifested is critical to enhancing direct practitioners' skills in assessing and meeting children's developmental needs.

The study makes certain assumptions. One is that child sexual abuse negatively affects normal development. Another

assumption is that while there are negative effects, removal of the child from the abusive situation and placement in a foster home can alter these effects. A third assumption is that once a stable environment is established, therapy can be initiated to address and correct developmental delays or problems.

There are numerous questions based on these assumptions that surround the problem of child sexual abuse and its effects on attachment. One question concerns how attachment is affected by sexual abuse. This study attempts to explore this by using certain constructs pertaining to attachment and examining the question, "Can sexually abused children form positive attachments with their foster parents?" This information is important because positive attachments can help children work through some of the developmental issues, which in turn improves their social development.

Literature Review:

The developmental view posits that a child progresses through a series of stages that have specific tasks which must be negotiated and resolved in order to successfully move through the lifespan. This movement through developmental tasks enables one to adapt to one's environment in a healthy manner (Cicchetti, 1989). These tasks consist of skills and competencies that assist one to have mastery over his/her environment. The tasks may demonstrate knowledge in physical, intellectual, social, emotional, or self-understanding skills. An example of this may be attachment

to the primary care giver in the infancy stage (Newman & Newman, 1991).

Developmental tasks help a person negotiate and cope with the outside world. The mastery of each developmental stage in life is compromised if one does not resolve the psychosocial crisis of the preceding stage. Erickson has stated that one will revisit or rekindle the stages of development if the conflicts are not resolved (Ibid). Erickson proposed that the stages of development follow an "epigenetic principle." This principle is a biological plan for growth that allows for each function to emerge in a systematic way until the functioning organism has developed. Following this theory the entire life span is required for all functions of psychosocial development to appear and become integrated (Ibid).

Research in developmental psychology indicates that self and social development are important ongoing themes throughout the lifespan. The developmental transitions are associated with and change one's self-definition and integration. Child sexual abuse affects one's ability to self-regulate behavior, affect and mood. This can also influence the quality of one's relationships. The sexual abuse disrupts and interferes with critical developmental transitions that can in turn increase the likelihood of clinical disorders (Cole & Putnam, 1992).

Child sexual abuse affects self and social relations. "The secure, integrated sense of self and meaningful interpersonal relationships forms the core of the maturely

functioning adult" (Ibid). Sense of self is a psychological construct which is developed from the experience one has in the world, which in turn makes up one's sense of individuality, unity, and continuity (Cicchetti & Beeghly, 1990).

Sense of self is also a social construct which explains the differentiation of self from others (Cole & Putnam, 1992). In normal development, the sense of self derives from the interactions between the individual and significant others, and then gains its emotional substance from these important relationships of early childhood (Bowlby, 1969).

The idea of self and social development is closely tied together, and any disruption unavoidably has negative effects in the social domain. For instance, as a child gradually becomes aware of his/her sense of self in comparison to others, feelings such as shame and pride need to be negotiated. Sexual abuse interrupts this process of negotiation and hinders social adaptation (Cole & Putnam, 1992).

Bowlby coined the term "internal working models" which are "mental representations of aspects of the world that are particularly salient for the individual" (Schneider, 1991). Bowlby's attachment theory hypothesizes that children with distorted "internal working models" derived from disturbed earlier relationships will have problematic expectations and patterns of relating in new relationships (Hodges & Tizard, 1989). This hypothesis stems from Bowlby's understanding of healthy childhood attachment as, "A complex set of reflexes

and signaling behaviors that bring about caregiving responses from adults. These responses in turn shape an infant's expectations and help to create an inner representation of the parent as a caring, comforting adult" (Bowlby, 1988).

Several studies suggest psychotherapy or other positive, corrective relationships as a way to change the distorted working models, allow for healthier attachment and enhance parenting ability (Cicchetti, 1989). Foster parents can serve the function of a positive, corrective relationship for children who have been molested. This corrective experience can then be later applied in the foster child's future relationships.

Other theorists claim that new, healthy attachments for children in foster care require successful mourning of the losses of earlier attachments (Finkelhor & Browne, 1985). Foster parents who are aware of these loss issues and the foster child's need to mourn usually are able to give the child his/her space and recognize that the child will need time before s/he begins to attach to them. If the child is able to successfully mourn the loss of earlier, significant relationships, the prognosis is good that healthy attachment will occur.

Many factors influence the existence or extent of trauma resulting from sexual abuse (Friedrich, Beilke & Urquiza, 1987; Wyatt & Mickey, 1988). Finkelhor and Browne's (1986) model provides a conceptual framework for assessing the impact of sexual abuse on children who have been in foster care. The four concepts which are the foundation of this

framework are: traumatic sexualization, powerlessness, betrayal and stigmatization.

Traumatic sexualization refers to the way in which the child's sexuality is shaped in a dysfunctional manner as a result of the abuse. Children who are sexually abused experience sexual stimulation that they do not have the emotional, cognitive, or social capacity to handle or regulate. Therefore, they often display inappropriate sexual behaviors, confusion, misconceptions about their sexuality and sexual norms, and unusual emotional associations with sexual activity (Finkelhor & Browne, 1985).

Powerlessness is "the process in which the child's will, desires, and sense of efficacy are continually contravened" (Finkelhor & Browne, 1986). This process results in the child feeling trapped, fearful and unable to protect him/herself against harm. There is some evidence that children who are removed from their homes after sexual abuse have more behavior problems, especially aggression (Tufts New England Medical Center, 1984). The loss of family and frequent moves within foster care can increase the child's feelings of powerlessness and the perceived need to defend against the lack of mastery.

Another consequence of sexual abuse trauma is the sense of betrayal that the child feels. This occurs when the child concludes that a trusted person has harmed or failed to protect him/her. The betrayal is intensified when the parent is not able to protect the child from removal from the home. Betrayal is an emotional correlate to feelings of separation

and loss. These feelings are experienced by many children who are removed from their families. The combined traumas of sexual abuse and foster care placement compounds the child's sense of betrayal (Finkelhor & Browne, 1986).

Stigmatization results from negative messages about the child's "badness" either communicated directly or construed by the child. It also derives from the emphasis on secrecy and strong societal taboos relating to incest and sexual misbehavior. Psychological damage is manifested by low self-esteem, self-destructive behavior, feelings of guilt, shame, isolation, and poor body image (Ibid).

Many theorists and clinicians have proposed that child sexual abuse results in the failure to complete developmental tasks in the sexual domain (Freud, 1981; Long, 1986; Kempe & Kempe, 1984). From a psychoanalytic perspective Anna Freud (1981) explained that child and adult sexuality are in different spectrums. She stated that adults are physically mature and have the cognitive ability to understand sexuality, while children are not developmentally ready for the confusing emotional and psychological factors that are involved in adult sexual relations. Sexually abused children are introduced to a form of sexual stimulation which they are unprepared for developmentally speaking.

As a result, children experience arousal which interrupts their normal pattern of sexual development. This causes prior needs to go unresolved. Kempe & Kempe (1984) believe that sexually abused children do not get the opportunity to have a "normal" psychosexual development.

These abused children lack the ability to repress or subliminate sexual arousal because they do not yet have the coping mechanisms to process the effects of sexual acts (Tharinger, 1990).

In completing the literature review, the researchers did not find studies that specifically examined the relationship between child sexual abuse and social attachment in foster children. The researchers' hope that the results of this study will help other researchers and practitioners better understand and intervene with children who have been sexually abused.

RESEARCH DESIGN AND METHOD

Purpose of Study:

The purpose of this study was to explore the effects of child sexual abuse on foster children's development as measured by attachment constructs using an exploratory, positivist paradigm. This issue was broad and had multiple factors and influences. The topic was narrowed by choosing six attachment concepts to measure the major components of development in sexually abused children. These concepts were used as keys to exploring the effects of child sexual abuse on children's development.

Research Question:

The research question for this study is: What are the effects of child sexual abuse on foster children's social

development as measured by attachment constructs? Utilizing the exploratory approach within the positivist paradigm enabled exploration of the research question and will assist practitioners to better understand the developmental needs and attachment issues of sexually abused children.

DEFINITIONS:

The definition of child sexual abuse is "acts with children intended for the sexual stimulation of an adult" (Cole & Putnam, 1992). Bowlby (1969) describes attachment as,

"A complex set of reflexes and signaling behaviors that bring about caregiving responses from adults. These responses in turn shape an infant's expectations and help to create an inner representation of the parent as a caring, comforting person. This innate behavior system promotes the safety of offspring in infancy and provides the basis for the trusting social relationships that are necessary for mating and parenting in adulthood."

The researchers identified six major concepts found in attachment theory and then incorporated them into one variable referred to as "attachment." These six concepts were as follows: the development of a conscience, self-esteem, development of emotions, impulse control, interpersonal interactions, and cognitive skills. The development of a conscience was defined as forming a set of standards for behavior and having a sense of right and wrong (National Association of Social Workers' Dictionary, 1991). Survey questions 4, 5, and 6 addressed this variable by measuring if the child can apologize when s/he does something

wrong, can feel responsibility for his/her actions when s/he breaks a rule, and can understand that if s/he does not follow rules, s/he will receive a consequence.

Self-esteem was defined as a sense of personal worth derived from inner thoughts and values rather than from praise and recognition from others (National Association of Social Workers' Dictionary, 1991). Questions 7, 8, 9 addressed this variable in the survey. Measurement of whether or not the child can accept a compliment, can make positive statements about him/herself, and knows that s/he has a right to say no when s/he doesn't want to do something are the statements on the survey which spoke to the concept of self-esteem.

The child's ability to understand and develop emotions was defined as the child's ability to recognize and express his/her own feelings and to recognize feelings in others. Statements 1, 2, and 3 measured these concepts in the survey. These questions addressed whether or not the child can verbalize when s/he feels sad, can recognize when someone else feels sad, and can express feelings such as anger and sadness in a non-harmful way.

Impulse control was defined as the child's ability to govern his/her own behavior. In the survey statements 10, 11, and 12 reflected the measuring of impulse control by eliciting responses regarding whether or not the child can control his/her anger when s/he is not following the rules, and can follow an assigned task that is appropriate for his/her ability.

Interpersonal interactions was defined as the quality and content of relationships with others. Statements 13, 14, and 15 measured this variable on the survey. The statements on the survey addressed if the child can confide to you and/or another adult about issues that are important to him/her, is able to allow others to do nice things for him/her and be able to show appreciation in return.

Cognitive skills was defined as the mental process of acquiring knowledge, and statements 16, 17, and 18 on the survey addressed this variable. The statements asked if the child can understand the difference between make-believe and reality, knows that there are natural consequences for certain types of behaviors, and is able to follow directions to solve problems for him/herself.

Sampling:

The sample included in this study was all foster parents of sexually abused foster children ages 5-12 residing in foster homes located in the Eastern Region of a private foster family agency in the greater Los Angeles area. The children included in the sample had resided in their foster homes for at least 60 days. There were approximately 20 sets of foster parents who fit this criteria and 32 foster children. All 20 sets of foster parents were chosen for the study to ensure an adequate sample size.

Instruments:

The instruments used in this study were a demographic and historical survey (see Appendix I) and an attachment survey (see Appendix II) which were developed from the researchers' own knowledge as well as from information gathered from the knowledge of other clinicians and researchers. Appendix I was given to the children's foster care social workers (FCSWs) when the foster parents were unable to provide the information, and Appendix II was answered by each child's foster parent(s).

Appendix I gathered the following information: current age of the child, child's ethnicity, age of child at onset of abuse, nature and type of the molest, characteristics of the perpetrator, reaction of others if the child disclosed the abuse, age of the child at the first known therapeutic intervention and at the first foster care placement, and total number of out-of-home placements for the child.

Appendix II measured six attachment constructs and utilized a Likert scale (See Appendix II). The Likert scale was as follows: 1 = Always; 2 = Most of the Time; 3 = Sometimes; 4 = Rarely; and 5 = Never. The data gathered from Appendix II reflected how the foster parents' perceived the child's formation of attachment since being placed in their foster home. There was also a section on Appendix II titled "Additional Comments or Observations." This was provided to offer the foster parents an opportunity to add comments which would not have otherwise been possible.

Face validity of the survey was verified by giving the

survey to professionals who have knowledge of the developmental issues of sexually abused children. These professionals were: Jeannette Wilson, LCSW, Clinical Director of Guadalupe Homes Foster Family Agency, and Dr. Teresa Morris, Professor of Social Work at California State University, San Bernardino. This was done prior to administering the survey to the foster parents. Reliability was compromised due to the limited amount of time the researchers had to complete the study.

Data Collection:

Identification numbers were given to each child prior to the appendices being distributed. Data was collected using Appendix I and Appendix II. Demographic, abuse history and other case related information was obtained from Appendix I. When certain technical questions on this appendix were unknown to the foster parents, the appendix was given to the child's foster care social worker (FCSW).

After receiving the results from Appendix I, Appendix II was mailed to the foster parents of each child. All surveys were mailed at the same time, and each survey contained a letter of explanation to clarify the purpose of the study. The foster parents were given two weeks to complete and mail back the survey. Those that did not respond received a reminder letter two weeks later. The entire data collection process covered a six week period and was overseen by the Clinical Director of the foster family agency.

The strengths of the study were that self-administered

surveys are cheaper and quicker than interview studies (Rubin & Babbie, 1989). By utilizing self-administered surveys, more foster parents were reached in a cost-saving and less time consuming manner. Because these foster homes were located throughout the Los Angeles area there was a geographical constraint to do interviewing or other types of data collection.

Another strength in the use of surveys was that they permitted the use of standard questions and did not let attention be diverted to the interviewers' own agenda. The researcher was not able to influence a response by suggestive questions or other cues. In this study, the survey method allowed each foster parent to answer the exact same questions which added to the reliability of the results.

One of the weaknesses of using a survey was that it "forced" the participants to respond in a limiting manner. For instance, in this study the responses of the foster parents had to conform to a Likert Scale, and this scale might not account for other factors which would better explain the child's behavior or actions. This might have resulted in the foster parents having to fit the developmental impairments or strengths of a child into quantifiable categories. Another problem of survey research was that the study conceivably could have a "superficial outcome" (Ibid). Thus the survey might not have accurately reflected the foster parents' responses because of the limited choices they were given.

Survey research also was limiting because it explored a

topic that dealt with contextual issues (Ibid). For instance, this study was limited because the survey tools were not able to account for the numerous other environmental variables that could factor into a child's particular behavior pattern. Therefore, in this study some of the biopsychosocial issues were not thoroughly addressed.

Another obstacle was that survey research did not allow people's opinions and perceptions to be voiced. For example, there was a limit to what the participants could communicate through the survey, and often the survey questions required further explanation or discussion. Surveys severely limit this opportunity (Ibid). In this study that obstacle was avoided by providing the foster parents with the opportunity to make comments at the end of the survey. This qualitative component thus strengthened the internal validity of the study.

Protection of Human Subjects:

The confidentiality of the human subjects involved in this project was ensured by the researchers completing an "Application to Use Human Subjects in Research" form and placing a copy on file at California State University, San Bernardino. Additionally, participants were asked to sign a form consenting to their involvement in the study. This form explained the purpose of the study, the nature of what was being requested from them and any possible risks that might be incurred. Participants were informed that they could withdraw from the study at any time, for any reason and with

no consequences. They were told that the request to withdraw would not be challenged or questioned.

Confidentiality was maintained throughout the course of the study by assigning identification numbers to each child's survey. After the identification numbers were assigned, the researchers had no way of knowing which survey was for which child. The Clinical Director at the foster family agency kept the identification numbers on file so that the researchers did not know the childrens' names or identification numbers. This procedure also insured that the Clinical Director could clarify information if the need arose. Foster parents were provided with counseling referrals as a part of the debriefing process.

DATA ANALYSIS

The question explored in this study was: What are the effects of sexual abuse on foster children's social development as measured by attachment constructs? Appendix I and II were designed to explore this question. The analysis of the quantitative data obtained from these appendixes yielded both univariate and bivariate statistics, consisting of the means, standard deviations, frequency distributions and chi-squares.

The Appendix II data, which had been collected on a Likert Scale of 1-5, was categorized into ordinal data by subdividing the scale into three sections. Responses of 1 (Always) and 2 (Most of the Time) became one category, 3

(Sometimes) became another category, and 4 (Rarely) and 5 (Never) were still another. This allowed Appendix I and II to be crosstabulated as they were then both measures of ordinal data.

Crosstabulations of bivariate analysis assisted in determining whether association existed between certain key variables. Chi-square statistics were used to determine levels of significance amongst selected variables. The 0.05 level was used to test significance.

The qualitative component of the study came from the "Additional Comments or Observations" section of Appendix II. Analysis consisted of searching for any emergent themes and taking into consideration any complaints or negative feedback from the respondents. Several common themes did emerge from this data and are described in the results section. This qualitative section was an important part of the study in that it provided further insight into the relationship between child sexual abuse and attachment.

RESULTS

The sample population included 24 sets of foster parents and 32 foster children. However, before the survey was mailed out to the foster parents, one child terminated from the agency to a county foster home. This resulted in 23 sets of surveys being mailed to the foster parents for the 31 children then eligible for the study. Out of these, 15 sets of foster parents filled out and mailed back the surveys for

20 of the 31 children. This is a 65% response rate for both foster parents and children in the sample population.

The sample group of children consisted of 13 girls and 7 boys, ranging from 5-11 years old. The mean age was 7.95 (Mean=7.95; SD=1.66), with 6 of the 20 children being age 8. The range of age of onset of abuse was from birth to eight years old. The mean age of onset of sexual abuse was 3.3 years old (M=3.25; SD=2.42), with 25% of the responses being age 2 (See Table 1).

TABLE 1

MEANS AND STANDARD DEVIATIONS FOR DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

VARIABLE	MEAN	STANDARD DEVIATION
CURRENT AGE	7.95	1.66
AGE AT ONSET OF ABUSE	3.25	2.42
AGE AT FIRST FOSTER CARE PLACEMENT	4.90	2.63
AGE AT FIRST KNOWN THERAPEUTIC INTERVENTION	8.10	3.33

The children's mean age for first foster care placement was 4.9 years old (M=4.90; SD=2.63), with 20% of the responses being age 3. The mean age at first known therapeutic intervention was 8.1 years old (M=8.10; SD=3.33) (See Table 1). Duration and frequency of abuse were

questions which received a majority of "don't know" responses and are therefore not being reported.

The majority of the children had at least 2-3 out of home placements since entering foster care. Only 2 of the 20 children, or 10%, still resided in the same home as when they were first placed into foster care. The ethnicity of the children included: 12 Caucasians (60%), 4 Hispanics (20%), 2 African-Americans (10%) and 2 Asian/Pacific Islanders (10%) (See Table 2).

Seventy-five percent of the children were molested by someone who was a parental figure. As indicated in Table 3, two respondents (10%) indicated that the perpetrator was someone other than a family member, seventeen (85%) reported it was a family member, and one (5%) did not know. Forty-one percent of the children were molested by someone who was the same gender as the child, 29% were molested by a sibling, and 61% percent were molested by a parent.

The Appendix II results measured the foster parents' perceptions of their foster child's attachment based on six attachment constructs. Appendix II used a Likert Scale which was defined by: 1 = Always, 2 = Most of the Time, 3 = Sometimes, 4 = Rarely, 5 = Never. Table 4 shows the means and standard deviations of the six constructs.

The mean of the first construct which was the child's ability to understand and develop emotions was 2.65 ($M = 2.65$; $SD = .875$), and for the second construct, the child's development of a conscience, the mean was 2.55 ($M = 2.55$; $SD = .605$). On the third construct, measurement of a child's

TABLE 2

FREQUENCY OF SCORES OF ETHNICITY OF CHILDREN IN SAMPLE

VARIABLE	FREQUENCY	PERCENT
CAUCASIAN	12	60
BLACK	2	10
HISPANIC	4	20
OTHER	2	10

TABLE 3

FREQUENCY OF SCORES ON PERPETRATOR BEING A FAMILY MEMBER

VARIABLE	FREQUENCY	PERCENT
NO	2	10
YES	17	85
DON'T KNOW	1	5

self-esteem, the mean was 2.6 ($M = 2.6$; $SD = .821$).

Impulse control was the next construct, and the mean was 2.85 ($M = 2.85$; $SD = 1.040$), while interpersonal interactions had a mean of 2.5 ($M = 2.5$; $SD = .761$). The last construct which measured the child's cognitive skills had a mean of 2.65 ($M = 2.65$; $SD = .813$). The mean level of attachment for all cases in the study was 2.35 (See Table 4).

Chi-square analysis was performed among Appendix I and II data to determine significant relationships among the

TABLE 4

MEANS AND STANDARD DEVIATIONS FOR THE FACTORS ASSOCIATED
WITH ATTACHMENT: COLLAPSED DATA

VARIABLE	MEAN	STANDARD DEVIATON
MEASUREMENT OF CHILD'S ABILITY TO UNDERSTAND AND DEVELOP EMOTIONS	2.65	.875
MEASUREMENT OF DEVELOPMENT OF CONSCIENCE	2.55	.605
MEASUREMENT OF SELF- ESTEEM	2.60	.821
MEASUREMENT OF IMPULSE CONTROL	2.85	1.040
MEASUREMENT OF INTERPERSONAL INTERACTIONS	2.50	.761
MEASUREMENT OF COGNITIVE SKILLS	2.65	.813

variables. Data from Appendix II was subdivided into three sections. Responses of 1 (Always) and 2 (Most of the Time) were one category, 3 (Sometimes) was made into its own category, and 4 (Rarely) and 5 (Never) were formed into a third category.

When chi-squares were obtained, several significant relationships were found at the $p < .05$ level. The perpetrator being a family member was strongly correlated with all of the

TABLE 5 A

CHI-SQUARE DISTRIBUTIONS AMONGST SELECTED AND STATISTICALLY
SIGNIFICANT FACTORS IN CHILD SEXUAL ABUSE AND SOCIAL
ATTACHMENT

MEASUREMENT OF IMPULSE CONTROL

VARIABLE	NUMBER	PERCENT	CHI-SQUARE (P< .05)
PERPETRATOR BEING A FAMILY MEMBER	17	85	14.12
PERPETRATOR BEING THE SAME SEX AS THE CHILD	7	35	9.34

TABLE 5 B

CHI-SQUARE DISTRIBUTIONS AMONGST SELECTED AND STATISTICALLY
SIGNIFICANT FACTORS IN CHILD SEXUAL ABUSE AND SOCIAL
ATTACHMENT

MEASUREMENT OF SELF-ESTEEM

VARIABLE	NUMBER	PERCENT	CHI-SQUARE (P< .05)
PERPETRATOR BEING A FAMILY MEMBER	17	85	11.85

TABLE 5 C

CHI-SQUARE DISTRIBUTIONS AMONGST SELECTED AND STATISTICALLY SIGNIFICANT FACTORS IN CHILD SEXUAL ABUSE AND SOCIAL ATTACHMENT

MEASUREMENT OF INTERPERSONAL INTERACTIONS

VARIABLE	NUMBER	PERCENT	CHI-SQUARE (P< .05)
PERPETRATOR BEING A FAMILY MEMBER	17	85	9.69

TABLE 5 D

CHI-SQUARE DISTRIBUTIONS AMONGST SELECTED AND STATISTICALLY SIGNIFICANT FACTORS IN CHILD SEXUAL ABUSE AND SOCIAL ATTACHMENT

MEASUREMENT OF COGNITIVE SKILLS

VARIABLE	NUMBER	PERCENT	CHI-SQUARE (P< .05)
PERPETRATOR BEING A FAMILY MEMBER	17	85%	9.69

following: the child's development of impulse control (14.12; $p<.05$); the child's development of self-esteem (11.85; $p<.05$); the child's development of interpersonal interactions (9.69; $p<.05$); and the child's development of cognitive skills (9.69; $p<.05$). The other significant finding was

between the perpetrator being the same sex as the child and the child's development of impulse control (9.34; $p < .05$) (See Tables 5A-5D).

Appendix II also offered an additional comments or observations section to the foster parents. Twelve of the twenty surveys returned, or 60%, had information written in this section. The themes/issues which emerged from this data were: 1) psychiatric diagnoses (ADHD and Developmentally Disabled) were indicated on several of the children; 2) sexualized behaviors were reported on at least two children; 3) issues of being emotionally starved, wanting lots of love and attention and/or extreme neediness were noted on three children; 4) victim and/or blame issues were noted on at least three children, and 5) two children were noted to have made very healthy attachments to their foster parents and were reported to have healed from the abuse.

DISCUSSION

Based on the results, it appears that the foster parents do perceive that sexual abuse has an effect on attachment of their foster children. Although the majority of the foster parents rated the children as having a good level of attachment, several significant deficits in achieving attachment were found.

As Table 1 shows, there is a five year span between the mean age at onset of abuse and the mean age at first known therapeutic intervention. Based on this span, it could be

suggested that attachment difficulties become further entrenched because the child does not receive treatment sooner.

Also of note is that there is a one and a half year gap between the mean age at onset of abuse and the mean age at first foster care placement. This gap might indicate that abuse was ongoing during the time span between the first occurrence and the child being moved to an out-of-home placement. This is another indicator that attachment dysfunctions may be more firmly embedded because the child did not receive intervention in a timely manner.

While the researchers received a high response rate to their study (65%), thirty-five percent of the foster parents did not respond. This could have been because the surveys were too difficult or time-consuming to answer or because the foster parents were not interested in the outcome of the study.

However, many of the foster parents who chose not to respond were of minority backgrounds. Of these, most said that they did not believe in the research process and therefore would not participate. The researchers speculate that the results of the study would have been different if the other minority foster parents had responded. Therefore, the results obtained reflect a response bias because the sample was predominantly Caucasian (See Table 2).

It is important to note that many of the children in the sample were molested by more than one person which accounts for some of the overlapping figures reported in the results

section. When a child has multiple molesters, particularly if they are all family members, the damage can be more profound. This is a factor that the researchers had not taken into consideration when designing the study but which may have affected the results.

Table 3 reflects that the majority of children in the sample were abused by a family member. Several significant relationships were then found between this factor and attachment constructs on Appendix II. These findings were not surprising given that 85% of the sample of children had been abused by a family member.

The first relationship that showed significance was the perpetrator being a family member and the child's impulse control. Impulse control is the child's ability to govern and limit his/her own behavior. Perpetrators do not model limit-setting with the children they abuse. Therefore, the child has difficulty learning to control his/her behavior because the perpetrator was not able to teach him/her this control mechanism. The child may then exhibit self-destructive behavior which is a way of coping with this inability to regulate his/her behavior. This lack of control is often generalized into other areas of the child's life and may have a profound effect on later attachments.

The two variables of perpetrator being a family member and the level of the child's self-esteem also showed a significant relationship. The family member that molests a child transmits messages of worth and value to the child that are intrinsically linked to the sexual act. While the child

may initially feel important due to the secrecy and "specialness" of the sexual act, these feelings later result in low self-worth and feelings of not being good enough. As Finklehor & Browne (1986) reported, the psychological damage of sexual abuse is manifested in low self-esteem.

The child's development of self-esteem comes primarily from the family. Therefore, abuse by a family member is severely damaging. Children have limited interactions with others who would be able to negate or provide alternative messages to the child about his/her worth. This study supports the earlier findings of researchers such as Finkelhor & Browne (1986) who found that sexual abuse does have an effect on self-esteem.

The results indicate that there is a positive relationship between the perpetrator being a family member and interpersonal interactions. Because the family member is one of the primary people in the child's life who models relationships, the child is easily influenced by the parents' actions. When a child is sexually abused, the parent violates boundaries and therefore is a poor example of modeling healthy relationships with others. The child therefore grows up with a distorted view of relationships and boundaries and has difficulty interacting with others in a healthy manner.

Bowlby (1988) talked about these distorted views in terms of "internal working models which can cause problematic expectations and difficulties in relating to others in new relationships." These difficulties can be exhibited by poor

boundaries, sexualization of relationships and feelings of betrayal, all of which connect directly to interpersonal skills.

Cole & Putnam (1992) found that child sexual abuse affects the self and social relations. The child who does not deal with sexual abuse may find difficulties with interpersonal interactions as an adult. As a result, the family member who sexually abuses their child interferes with the child forming healthy interpersonal skills. This finding supports both Bowlby (1988) and Cole & Putnam's (1992) earlier studies.

The perpetrator being a family member and the measurement of the child's cognitive skills also showed a significant relationship. Cognitive skills are the mental processes of acquiring knowledge as the child matures. Children begin to learn about and understand the world through their parents' eyes and will copy or emulate family members' behavior as a part of the learning process. The trauma of sexual abuse interferes with this process.

Finkelhor & Browne's (1986) pioneering work with foster children who have been molested reported that when children are sexually stimulated, they do not have the cognitive capacity to handle or regulate it. Thus the child often develops confusion and misconceptions about his/her sexuality and sexual norms. Anna Freud's (1981) earlier study also concurred that adults have the cognitive ability to understand sexuality but children are not yet developmentally ready.

Sexual abuse results in an assault on the child's cognition and thought processes and impedes their normal growth. When this abuse occurs by a trusted family member, it is even more damaging. This study supports what other researchers have discovered about the impact of sexual abuse on a child's cognitive skills.

The last significant finding was the relationship between the perpetrator being the same sex and measurement of the child's impulse control. The researchers did not find studies specifically relating to the perpetrator being the same sex as the child and how this might affect the foster child's ability to attach so it is difficult to ascertain what these results might suggest. Also, it was not anticipated that this relationship would yield a significant finding.

However, the researchers speculate that social stigmatization and shame issues are paramount in the child who was molested by someone of the same sex, and that these issues may interfere more profoundly with attachment than for those children who were molested by someone of the opposite sex. Therefore, the child whose perpetrator is the same sex may show more impulse control difficulties due to the added psychological factors of stigmatization, labeling and shame which the child may feel and want to rebel against.

Based on responses to the qualitative data, it is important to note that several children had psychiatric diagnoses, such as ADHD and developmentally disabled, which may have had an influence on the attachment scores of those

two children. These diagnoses carry with them certain characteristics that may also be affecting the child's ability to attach beyond just their history of sexual abuse. This seems especially important in light of the fact that the child's attachment score who had the developmental disability was considerably higher than the mean for the study.

In addition, several foster parents noted that their foster child seemed emotionally starved, was extremely needy and needed lots of attention and love. While it might seem that these children are well attached based both on these comments and on their survey results, it may be a more superficial reflection of attachment. The child's extreme neediness could well be an indication of unhealthy attachment and/or of the utilization of coping mechanisms more appropriate to earlier developmental stages, i.e. clinging to the parental figure and the need to be shown and told over and over again that one is loved.

The researchers' premises was that children who have been sexually abused would have attachment difficulties. The results could also reflect that the foster parents felt they needed to show that the children were more attached than they are in reality. This could be a reflection of the foster parents wanting to show they are competent and are making a positive difference in the lives of abused children.

Also, several children's foster parents stated that the children had some sexualized behaviors, and that while they might be attached, they also were acting out some of the abuse issues in their relationships. Victim and blame issues

arose in foster parents' perceptions of their foster children's attachment on several occasions. These perceptions were not surprising given the many studies which have reported that some of the most common responses of children to sexual abuse are the development of sexualized behaviors and taking on the role of a victim.

Lastly, on two responses it was indicated that the children had made very healthy attachments and showed no adverse, overt reactions to the abuse. The researchers hypothesize that these children formed strong, healthy attachments with their foster parents, and that the foster parents acted as a corrective experience for the children.

Limitations of Study:

The sample population was limited to all sexually abused foster children ages 5-12 in the Eastern Region of a private foster family agency. Due to the response bias and the narrow scope of the study, the results cannot be generalized beyond this specific population. By including a greater number of foster parents and children from other regions or agencies, greater input on the effects of sexual abuse on foster children's development would have been obtained.

A justification for sample size was the realistic constraint of time and money. The cost of mailing out surveys to foster parents and sending follow-up letters, coupled with the time line for the project's completion, placed these natural constraints upon the study.

Implications for Research and Practice:

The study seems to mirror some of the past literature conclusions on attachment. However, due to the limited sample size the researchers suspect that the results of the study are not comprehensive and do not fully reflect the foster parents' perceptions on development of attachment in foster children.

This study suggests that there is a need for more research to be done on foster children's and foster parents' perceptions of level of attachment. This study might be better designed by looking at the foster parents' perceptions of sexual abuse on attachment versus the foster care social workers' (FCSWs) perceptions. This might reflect a more accurate view on the issues of sexual abuse and attachment among foster children. Also, larger samples should be studied which would yield a broader range of results. Also if the sample included more minority children, it would better represent attachment levels across racial lines.

In future studies the researchers could interview the children directly. However, this becomes problematic because the children are typically court dependents and may need a court order or the social worker's permission to be involved in a study. Additional confidentiality issues would arise as well. Also, if the children had any trauma or stress after participating in the study, the researchers might be underqualified to handle the mental health issues which could arise.

Appendix II appears to be a strong tool to measure

attachment constructs and should be utilized in further studies. The results suggest that additional research should be done using a more extensive qualitative component. This would enable additional environmental influences and life experiences of the children to be better accounted for. For instance, in the researchers' study factors such as ADHD and having a developmental disability were not able to be accounted for in the quantitative part of the survey.

This study showed several important additions to the literature. First, it was shown that the family member who molests their child has a major impact on the child's impulse control, self-esteem, interpersonal interactions and cognitive skills. Secondly, it was found that when the perpetrator was the same sex as the child, the effects on the child's impulse control was great.

As for practice issues, this study supports the need for continued focus on family therapy as part of the treatment process when possible and of benefit to both the child and family. Consideration needs to be made for what is in the child's best interest, although most studies reflect that children do better when they can be reunited with their natural family after an out-of-home placement.

The study also reflects the need for therapeutic interventions with people who perpetrate within their family because of the devastating impact it has on the child. And practitioners should also be aware of the issues regarding same sex perpetrators because few studies have examined this relationship in terms of attachment issues.

Policy implications are that out-of-home care for sexually abused children is beneficial and that these children can develop and maintain new, healthy attachments with their foster parents. Therefore, out-of-home care should continue to be utilized as a treatment intervention with sexually abused children. Also, permanency planning should continue to be the social worker's goal for those children unable to return to their natural family. This will result in fewer moves for the child when s/he is placed in a foster home and allow the child to begin the attachment process without fear of imminently breaking that attachment.

By social workers acquiring a better understanding of the effects of sexual abuse on foster children's attachment, they could more actively and effectively intervene in families where sexual abuse has occurred and the children are in out-of-home care. Social workers interventions also could help to lower the risk of passing on dysfunctional patterns of attachments to future generations.

APPENDIX A

DEMOGRAPHIC SURVEY

1. ID # _____
2. Current age?
5 6 7 8 9 10 11 12
3. Age at onset of abuse?
0 1 2 3 4 5 6 7 8 9 10+
4. Multiple Molests?
1= No 2= Yes 3= Don't know
5. Duration of Abuse?
1= 0 to 6 months 2= 7 months to 1 yr. 3= 1 to 3 yrs.
4= 3 to 5 yrs. 5= 5 + yrs. 6= Don't know
6. Frequency of abuse per month?
1= 1x mo. 2= 2 x mo. 3= 3-4 x mo. 4= 5-6 x mo.
5= 7-8 x mo. 6= more than 8 x mo. 7= Don't know
7. Was perpetrator a family member?
1= No 2= Yes 3= Don't know
8. Was perpetrator the child's sibling?
1= No 2= Yes 3= Don't know

9. Was perpetrator the child's parent?
 1= No 2= Yes 3= Don't know
10. Was perpetrator a parental figure to the child?
 1= No 2= Yes 3= Don't know
11. Was perpetrator the same sex as the child?
 1= No 2= Yes 3= Don't know
12. When the child revealed the abuse, was s/he believed?
 1= No 2= Yes 3= Don't know
13. Age at **first** foster care placement?
 0 1 2 3 4 5 6 7 8 9 10
 11 12 Don't know
14. Age at **first** known therapeutic intervention?
 0 1 2 3 4 5 6 7 8 9 10
 11 12 Don't know
15. Total number of out-of-home placements?
 1= 1 2= 2 to 3 3= 4 to 5 4= 6 or more
 5= Don't know
16. Ethnicity?
 1= Caucasian 2=Black 3=Asian/Pacific Islander
 4= Hispanic 5=Other

APPENDIX B

ATTACHMENT SURVEY

1=Always 2=Most of the Time 3=Sometimes
4=Rarely 5=Never

1. The child is able to verbalize when s/he feels sad.
(Measurement of the child's ability to understand and develop emotions)

1	2	3	4	5
---	---	---	---	---
2. The child is able to express feelings such as anger/sadness by behaving in a non-harmful manner.
(Measurement of the child's ability to understand and develop emotions)

1	2	3	4	5
---	---	---	---	---
3. The child can recognize when someone else feels sad.
(Measurement of the child's ability to understand and develop emotions)

1	2	3	4	5
---	---	---	---	---
4. The child understands that if s/he does not follow the rules, s/he will receive a consequence.
(Measurement of development of conscience)

1	2	3	4	5
---	---	---	---	---
5. The child feels responsible for his/her actions when he/she breaks a rule.
(Measurement of development of conscience)

1	2	3	4	5
---	---	---	---	---
6. The child is able to apologize if s/he does something wrong.
(Measurement of development of conscience)

1	2	3	4	5
---	---	---	---	---

1=Always 2=Most of the Time 3=Sometimes
4=Rarely 5=Never

7. When the child receives a compliment, s/he is able to accept it.

(Measurement of self-esteem)

1 2 3 4 5

8. The child can make positive statements about him/herself.

(Measurement of self-esteem)

1 2 3 4 5

9. The child knows s/he has a right to say no when s/he doesn't want to do something.

(Measurement of self-esteem)

1 2 3 4 5

10. The child can control his/her anger without an adult's intervention.

(Measurement of impulse control)

1 2 3 4 5

11. The child is able to complete a timeout when s/he is not following the rules.

(Measurement of impulse control)

1 2 3 4 5

12. The child can follow an assigned task that is appropriate for his/her ability.

(Measurement of impulse control)

1 2 3 4 5

13. The child can confide to you and/or another adult about issues that are important to him/her.

(Measurement of interpersonal interactions)

1 2 3 4 5

1=Always 2=Most of the Time 3=Sometimes
4=Rarely 5=Never

14. The child is able to show genuine affection to you and/or other adults.

(Measurement of interpersonal interactions)

1 2 3 4 5

15. The child is able to allow others to do nice things for him/her and s/he is able to show appreciation in return.

(Measurement of interpersonal interactions)

1 2 3 4 5

16. The child is able to follow directions to solve problems for him/herself.

(Measurement of cognitive skills)

1 2 3 4 5

17. The child can understand the difference between make-believe and reality.

(Measurement of cognitive skills)

1 2 3 4 5

18. The child knows that there are natural consequences for certain types of behaviors.

(Measurement of cognitive skills)

1 2 3 4 5

Additional Comments or Observations:

Circle "YES" if you would like the results of this study or
"NO" if you do not want the results.

YES

NO

Thank you for your participation.

APPENDIX C

INFORMED CONSENT FORM

The study in which you are about to participate is designed to explore the effects of sexual abuse on social development in foster children. This study is being conducted by Ellen Jamieson and Deren Mikels under the supervision of Dr. Lucy Cardona, professor of Social Work at California State University, San Bernardino. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

In this study you will be asked to complete a survey which will take about twenty minutes. After completing the survey, please mail back the results in the provided self-addressed envelope.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name or the child's name be reported along with your responses. All data will be reported using an ID number. At the conclusion of this study, you may receive a report of the results by circling the question "Yes, I want the results."

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

Participant's Signature

Date

Researcher's Signature

Date

Researcher's Signature

Date

APPENDIX D

DEBRIEFING STATEMENT

This research was conducted in order to partially fulfill the requirements for the master's in social work degree at California State University, San Bernardino. The researchers wanted to explore what the effects are of child sexual abuse on foster children's social development. The survey you just answered was formulated to explore this question. If you have any further questions or personal concerns about this survey or the research project you just participated in, you may contact Dr. Lucy Cardona at (909) 880-5501.

If you wish to obtain a copy of the results of this study, simply circle "Yes" at the end of the survey where you are asked if you want the results of the study, and the researchers will mail you a copy of the results. Listed below are several community resources which we are required to provide you with. Feel free to utilize any of these resources at your discretion should the need arise. Your time is valuable, and we appreciate your input. Thank you for your cooperation and participation.

Community Resources:

Family Service Association of Riverside 686-3706
Family Service Association of San Bernardino 881-2691
Youth Service Center of Riverside 683-5193
Y.W.C.A. of Riverside 688-5531
Catholic Charities 370-1293
West End Family Counseling Services 983-2020

Sincerely,

Ellen Jamieson

Deren Mikels

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