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Faculty of Social Work

**FOSTERING THE SEXUALLY ABUSED CHILD:
TRAINING FOR FOSTER PARENTS**

Diane de Lucia

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FACULTY OF GRADUATE STUDIES IN PARTIAL
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**FOSTERING THE SEXUALLY ABUSED CHILD:
TRAINING FOR FOSTER PARENTS**

by

DIANE de LUCIA

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
MASTER of SOCIAL WORK**

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ABSTRACT

This practicum report describes the development and results of a group training program for foster parents of sexually abused children. The two major training goals were to: 1) strengthen foster parent competence by increasing their skills and knowledge about issues and care requirements of sexually abused children; and 2) assist foster parents to address family of origin issues which might be triggered by behaviours or issues presented by the foster children.

Two separate training groups operated consecutively over seven bi-weekly, three-hour sessions. Eight foster parents were involved in the South Training Group and six in the North Training Group. Foster parents experienced in providing care to sexually abused children were recruited from Child and Family Services of Central Manitoba.

The Adult-Adolescent Parent Inventory (AAPI) (Bavolek, 1984) was used, pre-test and post-test, for both groups to measure foster parent attitudes about child-rearing and assess parenting behaviours in four areas: 1) appropriate expectations about child behaviour; 2) empathy about children's needs; 3) beliefs and values about corporal punishment; and 4) parent-child roles. Results showed that foster parents scored high in all areas. This indicated that the foster parents were realistic and understood children's developmental capabilities, were sensitive to children's needs for nurturance and self-growth, used alternatives to corporal or physical force, understood the parent role, accepted personal responsibility for their behaviour and met their emotional needs through appropriate adult relationships.

Results from this practicum showed that foster parents highly valued training experiences which included a number of factors: 1) realistic information about how to respond to

sexually abused children; 2) time in training to consider new information and reflect on their knowledge and experiences of fostering these children; 3) competent trainers; 4) opportunities to influence program development for training foster parents; 5) validation and evaluation of their work with children; and 6) resources and planning to assist both members of the foster parent unit to attend training events together. Group participants recommended mandatory and specialized training for foster parents throughout a foster parent's career.

Group evaluation reports indicated that foster parents believed that the program increased their knowledge and ability in three areas: 1) understanding the dynamics and trauma of child sexual abuse; 2) developing empathy and tolerance for negative and inappropriate behaviours presented by sexually abused children, thereby lowering foster parent anxiety and stress; and 3) creating positive interventions with children's self-harming behaviours. Results also indicated that foster parents favoured a group approach to training which provided opportunities for them to share experiences, learn skills and knowledge from each other and develop ongoing peer support networks once the training groups ended.

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CHAPTER ONE

INTRODUCTION

From earliest times the survival of children has depended upon how their families and communities have been able to care for them. Historically, children have been separated from their families due to, among other things, war, poverty, parental neglect and abuse. Most often the type of arrangements utilized to respond to these children reflected the level of societal organization, social mores and values, political policies, and available resources of the times. History shows that in the worst of times, children have been abandoned to the streets, imprisoned with their families, re-located to other areas of the country, confined to workhouses, industrial schools, orphanages and residential schools, hotels and motels. In the best of times, children have joined families within their kinship groups, extended families, or have been placed in foster and adoptive placements (McKenzie, 1994; Ursel, 1992).

In Manitoba, foster care placements began to occur in a formal way in the mid to late 1920's. Over the years, more and more children coming into the care of the child welfare system were being placed into foster family care, in one form or another. The issue of formalized education and training for foster parents did not become a significant issue until the 1960's and onward (Unrau, 1994).

There is an expanding literature which focuses on the more well recognized need for training for foster parents. However, only during the past ten years has there been a particular emphasis on the development of education and training to address the needs of sexually abused children in foster family care.

The intent of this practicum was to focus on the development of a training program for foster parents of sexually abused children. The goals of the program were twofold:

a) to strengthen the competence of foster parents by increasing their skills and knowledge in the area of child sexual abuse and issues required for their care; and

b) to assist foster parents to address issues from their families of origin which might be triggered by behaviours or issues presented by a foster child.

These goals were achieved through the establishment of two training groups for foster parents from within the agency in which this practicum took place, which were to be followed by an experiential Family of Origin Group for foster parents who volunteered from the two training groups. The Family of Origin group was dependent upon whether foster parents volunteered to participate; in actual fact this group was not implemented as a component of the practicum due to limited interest and opportunity on the part of foster parents.

The format for the groups in terms of structure, content and process was developed with the participation of foster parents and my experiences in the field of child welfare. Further, it was built on available literature regarding approaches to training foster parents who have provided care for sexually abused children.

My learning objectives throughout this practicum were to:

a) identify and implement an approach to training foster parents who care for sexually abused children,

b) receive guidance from foster parents about possible training issues,

c) learn how to assess parenting and child-rearing attitudes of the foster parents who participated in the training groups, and

d) enhance my knowledge and skill level in group work, particularly with new learning in the area of education groups.

Literature on training in foster care usually employs a group model as the favoured approach, although there has not been any specific research evaluating the use of this format in relation to foster parent training outcomes (Hampson, Schulte & Ricks, 1983; Lee, 1991; McFadden, 1984; Stone & Hunzeker, 1974).

In order to evaluate whether the goals of this practicum were achieved and whether the training made a difference in the skills and abilities of foster care providers, the following measurements were utilized:

1) The Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984) assessed general parenting and child-rearing issues. This was administered before and after the group.

2) Two questionnaires regarding myths about child sexual abuse were completed by group participants before and after the group.

3) A debriefing process occurred at the end of each session regarding issues of content, process, facilitation, and applicability of the information to actual situations.

Chapter Two of this Practicum Report consists of a review of the literature.

Chapter Three describes the practicum setting, namely, Child and Family Services of Central Manitoba.

Chapter Four presents a chronological account of the activity of this student in fulfilling the practicum requirements.

Chapter Five provides a report regarding the Southern Training Group - its goals, identified themes, observed issues along with an evaluation and statement of changes to be made for the second group.

Chapter Six provides a report on the outcome of the Northern Training Group highlighting its goals, description of themes and issues; along with a comparison of this Group with the Southern Training Group.

Chapter Seven presents the conclusions and recommendations for the field of Social Work and specifically for child welfare services.

CHAPTER TWO

LITERATURE REVIEW

"A foster family is a gift to a child...and hope for a future. The daily healing of a severely traumatized child occurs not in the office but in the ministrings of her or his caregivers. There is celebration of the tenacity of the human spirit and the awesome power of mind to deal with trauma" (Boat, 1991, p.26).

The overall objective of this practicum was to develop a training program for foster parents who provide care and treatment for children who have been sexually abused, thereby enabling these caregivers to engage in even more healing ways. A review of the literature was necessary in order to learn from past experiences, research, and the evaluation of educational practices and programs related to the training needs of foster parents within the child welfare system.

The components of this review include:

a) a brief overview of the history of early child welfare practices in Manitoba with respect to training for foster parents;

b) a brief description of the various trends affecting foster care and child welfare in general, identifying their impact on foster families and the implications for foster parent education; and

c) an overview of the various types of education and training practices and programs regarding foster homes, including specialized and treatment foster homes.

History

In a review of education for foster family care, Brim (1965) traces the history of organized education for raising children. In the United States and Canada, in the early 1800's, parenting information provided to the public occurred through popular magazines such as "Parents' Magazine" from 1840 to 1850, and "Mothers Magazine" in 1841, along with "Good Housekeeping" and "Ladies' Home Journal". About 1880 parenting groups were organized through community organizations such as churches to provide parent education. The focus of such articles and groups was specific to the duties and responsibilities of parents in respect to child rearing. Even though alternative placements of children in foster family care were occurring in a minimal way in the 1800's, training for these foster families was not considered, since it was believed that the way to assist children was through provision of good homes and normal parenting ability (Stone & Hunseker, 1974).

Ursel (1992), in a historical review of public policy in Manitoba, noted that early social policy and child welfare legislation focused on children who were displaced due to poverty, abandonment or acting in ways which were in contravention to the social mores and values at the time. The majority of placements for these children were found in institutional care. However, by 1919 the government of the day was changing its placement policy from institutional care to foster family care. This change was influenced by two factors: first, an effort to minimize the exorbitant public cost of institutional care; second, to a lesser degree, as a response to the influence of social and child welfare advocates in the existing Children's Aid Societies. By 1924, child welfare legislation had expanded to include and identify

at least twenty-four conditions under which a child would be in need of protection. The change in placement policy, and later the expansion of child protection definitions, meant that while institutional care was still used, more children were being placed for adoption or with foster families.

Up until the 1930's, foster families were basically seen as volunteers providing a home environment for children who needed other places to live. Caring for other people's children was considered charity work which saved children from poverty, and protected them from families with unacceptable lifestyles and values. Further, these foster homes were seen to assist in the control of children's social behaviour and protect them from neglect and child abuse (McKenzie, 1994; Ursel, 1992). Agency responsibility to these early foster homes was minimal. Foster parent selection was based on a philosophy of volunteerism and the assumption of existing parenting skills (McKenzie, 1994). However, "by the 1930's there was some recognition that foster children required more than just provision of basic physical care, food, clothing, and shelter, and the role of foster parenting became a topic for exploration in the literature" (Unrau, 1994, p. 113). Counselling or treatment was not part of services to foster parents since the goal of the agencies' service was viewed, as being "not for the foster parent, but for the child and his own parents" (Wires, 1954, p. 53). Garrett (1970) identified that the foster parent need only carry out the duties of natural parents and serve as a role model for the foster child thereby providing care and treatment. Stone and Hunzeker (1974) point out that by early 1960, a small number of articles existed which focused particularly on group methods of educating foster parents. Stone and Hunzeker (1974) and Carbino (1980) indicate that by 1967, foster parents were

involved with child welfare organizations in developing child care training for foster parents. By the early 1970's, on a national level in the United States, foster parents were participants in the development of curriculum and training approaches with some Schools of Social Work, the first of which was the Boston College Graduate School of Social work.

Foster Parent Associations developed rapidly in the early 1970's directly influencing the increase of training programs for foster parents (Fanshel, 1970; Ford, 1988; Gil, 1993; Ryan, 1981). Foster family care had become by this time an integral part of the child welfare system. Thus, child welfare administrators soon recognized that training and education would assist foster parents with clarity about their roles, and would assist in meeting the needs of children coming into the system in an efficient and beneficial manner (Gil, 1987; Kennedy, 1970; McKenzie, 1994).

Trends and Issues in Foster Family Care

Between 1970 and the present a number of trends in child welfare and in society at large have affected the continuing development of policy and practice with respect to training in foster care.

The first of these is an increase by 57% in the use of foster family care in Manitoba between 1987 to 1991. This was due to two factors. The first was service decentralization and increased access to community-based services. Included in this factor was the recognition that communities are more educated about child abuse and this could lead to an increase in the use of child welfare services. The second factor was a widespread change in placement policy which promoted the movement from restrictive residential care to foster family care (McKenzie, 1994).

McFadden (1989), Timbers (1990) and McKenzie (1994) have identified problems within the child care system itself, including: the abuse of children in foster care, multiple or a high number of placements which might be experienced by children, and the lack of culturally and racially appropriate placements. Bryant and Snodgrass (1990) cite increased numbers of troubled children entering into care expressing a relatively high level of special needs and problems. Holman (1975), Galaway (1990), Molon (1991) and McKenzie (1994) all indicate that more and more demands are being placed on the foster care system through the increased involvement of the biological family in the placement of children, requiring foster parents to learn how to deal with family-of-origin issues.

McKenzie (1994) and Waddock (1996) identify other trends which have increased the use of the foster care system, such as fewer social supports for families within their communities, higher rates of young single parents, and increased levels of violence and substance abuse. The trend toward family preservation practices and the degree to which they are attempted allows for the possibility that "the children are coming into care late. This results in the children having experienced various psychological and emotional stresses within their own families for a longer period of time. When children do come into care, their degree of disturbance often causes placements to break down, and this leads to multiple placements. Frequent disruptions exacerbate their problems, and the cycle continues" (Waddock, 1996, p. 120).

An emerging trend in foster family care is the recognition that foster family care will need to include education for foster parents regarding the provision of

services sensitive to children and youth's sexual orientation, so that placement options for children will not be limited. These limitations exist due to the child welfare system's overall lack of recognition that some children and youth may be lesbian or gay (Mallon, 1992). In addition, McKenzie (1994) and Conte (1994) point out that stereotypical attitudes and homophobic beliefs stifle development of:

- a) policies and procedures which promote recruitment selection and approval of lesbian and gay foster parents; and
- b) training projects which educate and assist the general population of foster parents about the special issues which may be faced by this group of children in foster care .

The implications for those children who remain in the foster care system may be, among other things, to experience emotional isolation and exhibit self-harming behaviours. Other children and youth may avoid the child care system through denial that they are abused or may be in need of assistance for safety, shelter, food and emotional comfort (Conte, 1994). This is an issue which must be faced in child welfare no matter the reason for the child or youth entering care (McKenzie, 1994; Conte, 1994).

Foster Care continues to be preferred over institutional care for children and youth with special needs. This places expectations on foster parents which go beyond traditional parenting and means that foster parents must be able to assess and respond to foster children with special behaviour challenges such as re-enacting their experiences of being sexually abused. This places greater pressure on foster families to provide care to children with considerable psychological and emotional problems (Waddock, 1996). However, recruitment of competent foster parents is affected by a lack of recognition and supports in the community. Often

times, role confusion, conflict with the agency, along with being relegated to the margins of the decision-making process regarding the child affect whether a foster family will continue to provide foster care services (McKenzie, 1994).

Eastman (1982), Appathurai and Sullivan (1986), McKenzie (1994), and Waddock (1996) discuss the trend towards reforming foster care from a volunteer status to one of professional caretaker. Early views held that child care generally, and "welfare work" specifically, were largely women's work. Although there is a tacit acknowledgement that children are a social responsibility, foster care continues to be designated volunteer work carried out primarily by women. "Welfare-state policies have ensured in various ways that wives/women provide welfare services gratis, disguised as part of their responsibility for the private sphere...the attack on public spending in the welfare state goes hand-in-hand with praise for loving care within families, that is, with an attempt to obtain ever more unpaid welfare from (house)wives" (Pateman, 1988, p. 259). This may account, in part, for lack of status and recognition experienced by foster parents in the child care system.

The issues and problems mentioned above form part of the underlying rationale for such a reform in foster family care. Galaway (1972), Appathurai et al. (1986) and Waddock (1996) suggest that the quality of care for children in the child welfare system will be significantly improved if clarity exists regarding the role of the foster parent as a nurturing child care practitioner who is educated and trained to care for the special needs children coming into care today. Recruitment efforts would improve with reduction of role ambiguity providing foster parents with a clear identity, role expectations and responsibilities. Foster home retention

would improve due to increased status within the child care team, higher per diems or pay levels and other supports.

Early orientation and training programs for foster parents focused on roles and responsibilities of agencies and foster parents (Carbino, 1980; Felken, 1974; Stone & Hunzeker 1974;). The literature identified the need for training in more specific areas of child care especially as the type of children coming into care changes over time (Bryant, 1989; Hawkins, 1989; Hudson, Nutter, & Galaway, 1991; McFadden, 1989; McKenzie, 1994; Meadowcroft, 1989). This issue is closely tied to how foster parents are treated within the system, and how agency resources are not provided or are directed to foster parents (McKenzie, 1994; Waddock, 1996)

Training Practices and Programs

The final portion of the literature review includes comments by various authors on the value and effectiveness of foster parent training with specific reference to the importance of specialized training in the area of child sexual abuse.

a) Value and Effectiveness of Foster Parent Training:

Research regarding the impact and the effectiveness of foster parent training is limited. The lack of empirical studies was noted in the 1980's, and again in the 1990's, indicating that quite a gap exists with respect to empirical studies completed to evaluate relative effectiveness of foster parent training or of the different forms it might take (Carbino, 1980; Hampson, 1985; Lee & Holland, 1991; McKenzie, 1994).

However, reports from foster parents and child welfare workers claim positive effects of foster parent training. Hampson and Tavormina (1980) reported their training approach

emphasized evidence of positive changes in one area, "behavioral", and little change in the other area, "reflective". They concluded that in order to maximize effectiveness, the training programs should include both behavioral and reflective components. The "behavioural" area focuses on teaching foster parents principles of behaviour modification. The goal is to train foster parents to observe the child's behaviour and consider how environmental factors impact on the behaviour, positively or negatively. Training in the "reflective" realm assists foster parents to learn methods of open communication between themselves and the foster child. Communication training teaches awareness of verbal and non-verbal cues, acceptance and understanding of emotional and verbal expression (Hampson, 1985).

Lee and Holland's (1991) recommendations for developing training programs for foster parents include a close and systematic assessment of training requirements, and selecting program content based on meaningfulness and benefits to the needs of the child and the foster parents, rather than on the popular issue or trend of the day. They also suggest that the effectiveness of programs be evaluated, at least minimally, by means of direct assessments of relevant knowledge and skills of participants before and after completion of the program including the practice of monitoring, documenting, and writing about expected changes and unexpected results of the training.

Other literature suggests that the value and benefits of training for foster parents stabilizes foster placements, secures the retention of foster homes, lowers foster home attrition rates, enhances foster parent self-esteem and confidence levels, assists foster parents in developing skills which provide helpful responses to the foster child's behaviour (Baker, 1990) and clarifies issues related to

organizational ambiguity within the child welfare system (Eastman, 1982). One survey, conducted to determine which factors contributed to retention of foster homes, found that agency supports and services, and training were the most important factors in foster parent retention (Urguhart, 1989).

"Isolated demonstration projects have indicated that foster parent training can have beneficial effects for parents, foster children and the entire foster care system (Hampson, 1985, p. 167). Literature from the 1970's and 1980's describe training programs and services for foster parents as being divided into two major categories: a) parent skills training, and b) discussion groups focusing on role and support. Training and transfer of learning was accomplished using a variety of group and individual approaches across a range of techniques to assist foster parents with issues related to special needs presented by children in care.

Programs developed have focused on teaching foster parents about effective parenting techniques to change children's behaviour. Additional themes addressed were helping foster parents to become more conscious of their own thoughts, feelings and behaviour, developing self-care and stress management skills (Baker, 1990). Other approaches systematically train for care givers to provide therapeutic intervention, such as child-centred therapy tailored to the abused child's particular disclosures and behaviours; (Berliner, 1991; Boat, 1991; Faller, 1988).

Runyan and Fullerton (1981) describe educational programs for foster parents which were developed as preventative measures to enhance parental self-esteem and confidence. Evaluation of such programs reported improvements in the relationship between the agency and its foster parents, foster parents' attitudes about fostering, and decreases in problem

behaviour of the foster children. Other factors which increased foster home retention and positive outcomes for children were enhanced services such as respite programs, adequate monthly rates, or in-home support services which can range from assisting with household tasks to providing child care (Chamberlain & Moreland, 1992). The literature also shows that social workers and foster parents have different perceptions and experiences about the level of support provided by the social worker to the foster parent. Foster parents consistently reported that they received less adequate information about foster children's life experiences and less support about how to provide interventions and promote change in children's behaviour than was reported as being provided by the social workers (Henry, 1991).

The literature is clear about the benefits of foster parent training to address general issues affecting all children who are placed in foster family care. Of most significance are the following:

i) Training which provides clarity of roles, responsibilities and relationships with the agency regarding care of the child and case issues (Carbino, 1980;; Felker, 1974; Meadowcroft & Grealish, 1990).

ii) Training which assists foster parents to empathize and understand children's grief over separation and attachment, and to understand how the child expresses those emotions through behaviour (Duclos, 1987) and to respect the child's history and understand the child's family of origin (Oxley, 1986);

iii) Training to assist foster parents to understand the impact of separation and loss on the foster family (Burke & Dawson, 1987; Edelstein, 1981); and

iv) Training to help foster parents understand how to assess and provide proper responses given the child's history of turmoil and trauma. A history of child abuse can heighten victims' turmoil and trauma, which places some children at risk of self-harming behaviour, suicide or aggression to people and property in her/his environment (Charles & Matheson, 1991).

b) Training Foster Parents to deal with the Sexually Abused Child:

Specialized foster care first began in the late 1950's in response to the policy of moving children from institutions to community placements (Webb, 1988). Additionally, it had been used for emotionally disturbed children and adolescents who were at risk of being placed in group or institutional care. There has been increased development of these community-based treatment homes or specialist foster care programs over the past decade which form a primary treatment paradigm often considered as a replacement for group care (Hudson, Nutter, & Galaway, 1991; Meadowcroft, 1989). Although programs vary in terms of service mandates and are individually selected to match the child's characteristics and care requirements, Meadowcroft (1989) and McKenzie (1994) note that positive placement situations all share the following characteristics:

- number of children in the placement are low;
- foster home is carefully matched to meet the needs of a specific child;
- social workers responsible for the child and placement carry low caseloads;
- supervision is frequent, and directly related to the child's treatment and the foster parent's therapeutic relationship with the child;

- training for foster parents is provided prior to and during placement;
- increased per diem, appropriate to care expectations;
- foster parent performance evaluations are completed;
- support and respite services are provided;
- crisis intervention services are provided;
- case management coordination to ensure integrated services are systematically tailored to the child's care and treatment requirements;
- the treatment foster parents are actively involved with the agency and other treatment services in the assessment, development and evaluation of treatment interventions for the child.

McKenzie (1994) and Hawkins (1989) indicate that foster family treatment homes were developed primarily for three reasons. First, a philosophy existed regarding a less threatening care environment for a child or youth which enabled treatment to occur with as much normalization as possible and the least amount of restriction. The second reason centred on organizing individualized treatment responses for the child, which included increased contact with family of origin resulting in a higher probability that the child would return home. These first two reasons developed out of a recognition of the special mental health needs of children in care. In addition, the move away from long-term placements in the child care system to the development of family preservation services resulted in permanency planning for children within their extended families and using treatment foster care to provide safety, short-term and goal-specific treatment for children. The third factor was a belief that this type of specialized foster care was not as expensive as residential care.

The early focus on care requirements for children who have been sexually abused indicated that "foster parenting is a unique child-rearing role requiring normal parenting skill plus additional skills related to the complexity for the foster care system itself" (Stone & Hunzeker 1974). For example, it was crucial that foster parents be aware of the key aspects of a child's family experiences and comprehend family dynamics connected to the incidents of sexual abuse. In addition, it required that the foster parent understand their special parenting role in terms of its "temporariness" and its long-term aspects in children's lives. In this regard, it required that foster parents understand how a child's emotional security may be compromised by experiences of loss due to separation from family.

The literature regarding foster care is replete with the message that foster parent education in the area of sexual abuse is imperative. Henry, Cossett and Daniels (1991) state emphatically that parents who provide care for a child who has been sexually abused require special training. Wasson and Hess (1989) suggest that agencies take an approach to education and training which includes experienced and skilled foster parents as trainers of other potential foster parents to respond to children with specialized needs.

According to McFadden (1989) lack of foster parent training creates risks that children who have been sexually abused within their family of origin will again be victimized in the foster home. Re-victimization can occur because foster parents often misunderstand what are distorted communication or behaviour patterns of the children; and these children often will confuse or will misinterpret normal patterns of touching in the foster family.

Boat (1991, p. 8) recognizes that the "life-wrenching aspects of giving daily care to a child who has been sexually abused" requires that foster parents learn more about counselling and reacting to the child's behaviour in therapeutic ways. McFadden (1989), Berliner (1991) and Boat (1991) stress that there are a number of factors that have enormous impact on the foster family which make fostering a sexually abused child difficult and which cannot be ignored or minimized by professionals who coach and support these foster parents. These factors are listed below:

a) Foster parents' beliefs about safe parents and families are constantly being confronted. This means that foster parents must emotionally accept the fact that some children are severely abused at the hand of a parent. Since foster parents constantly experience a child who is re-enacting traumas and disclosing abusive events, they must confront the issue of brutality to children and face their own anger about the abusive treatment of the child.

b) At times foster parents receive threats from parents or other biological family members.

c) They must learn to acknowledge the abuse to permit the child to further disclose; and to learn new behaviours that counter avoidance responses so that different behaviours and messages can consistently be introduced into the child's life.

d) Family routines, interaction and relationships are affected; coping skills suffer due to being physically tired and emotionally drained. For example, the foster child, at times, can be less lovable due to her/his negative behaviours (e.g., aggression to self or to the foster parents, pets or belongings; dissociation; exhibiting incontinence and soiling). For a while the foster child may be more

emotionally connected to one parent than the other, placing extra stress on one parent.

e) In the worst of times, if agency supports (e.g., training, respite, timely responses to crises) are not what they should be, the foster parents may not cope or be able to be adequately therapeutic and nurturing in their responses to the child.

f) At times when the foster child is "acting out", biological children may not understand their parents' special focus on the foster child, and may compete for parental attention.

Blumer, Keyte, and Wiles (1987) and McFadden (1989) describe group training programs that have been provided to foster parents. The content of these programs provide training on the following issues:

a) understanding the child's experience of being raised in an environment where the sexual abuse occurred;

b) learning about the nature of sexual abuse as a range and series of progressive events;

c) understanding gender differences of victims and typical patterns of behaviour expressed by sexually abused children;

d) learning strategies to respond to aggressive or sexualized behaviours in the context of the developmental levels and life experiences of the children;

e) understanding family structure and boundary clarification of everyday foster family life including the introduction of a foster child who has been sexually abused;

f) learning techniques to assist the child to express sexuality appropriately; and

g) assisting foster parents to develop self-protective plans for themselves and to facilitate child abuse prevention.

Other projects have been developed to provide group support and counselling for foster parents, primarily to help foster parents understand that some problems are not due to their foster children's behaviour but to disturbances in their family structure (Kaiser, Rieforth, Winkler & Ebbers, 1990).

Patricia Minuchin (1990) developed a "Training Program and Manual for Foster Parents" based on an ecological perspective on foster care. It explores the complex system of relationships and interactions in the biological family and the foster family. Within this framework, training is focused on understanding the impact of fostering on the foster family, foster child, and biological family. Goals include training foster parents to cope with the foster parent role, assist the child therapeutically and where possible, promote reunification between the foster child and her/his biological family. The training package consists of a series of eight group sessions of education, discussion and activities related to general foster care issues (e.g., child development, adjustment of child in the foster home, understanding and helping troubling behaviour, contact with the biological family, case coordination, roles and functions of family members). This training program is not specifically designed for training foster parents of sexually abused children. Instead it is applied to all foster parents. If it were to be used with foster parents of sexually abused children, issues regarding child sexual abuse in foster care would need to be inserted into the program modules. Clearly it could be used to enhance foster parent awareness about the impact of foster family dynamics on the foster child as well as helping the foster family understand how fostering impacts on them. It could be used to complement specialized training for foster parents. However, it would be necessary to address each of

the goals in the program to enhance its fit with fostering sexually abused children, especially the goal of promoting re-unification of the foster child with the biological family. For example, contact with biological family would not be promoted if contra-indicated. However, this training program would complement an inclusive approach to foster care (Kufeldt, 1994; Minuchin, 1990). Based on the work of Kirk (1964; 1981) and Holman (1975), Kufeldt (1994, p. 92), states that inclusive foster care implies "a particular value orientation and the knowledge of the existence and continuing importance of the child's own family" and that, where appropriate, contact is maintained between the child in foster care and her/his biological family. She advocates that biological parents continue to have a parenting role in maintaining emotional relationships with their children and in responding to various aspects of raising their children in foster care.

Naturas Inc. (1992) developed a training program directed to child care providers, including foster parents of children who are sexually abused. It consists of a facilitator's guide and participant's manual. Reference material accompanies both the guide and the manual. There is material available to be used during the sessions along with other articles and bibliographies which participants can use for self-learning. Accompanying this material is a Resource Kit containing a variety of information pamphlets about child sexual abuse, protection and support services and programs. This program also contains a video entitled: "Disclosure: A Choice to Struggle Upward".

The program is comprised of nineteen sessions with two supplementary units. Adult learning approaches are considered in the curriculum utilizing methods and teaching approaches

likely to be effective in training with foster parents and other professional staff. It discusses learning environments, procedures and themes. Each session identifies its purpose, suggests teaching methods and group learning activities, and includes an evaluation.

The introductory session provides an overview of the concepts which form the foundation on which the training is provided. For example, it considers belief systems about how individuals learn and experience pain, and defines terminology about abuse, behaviour, treatment, healing and positive sexual expression. It considers teaching approaches likely to be effective with foster parents and other professional staff. Finally it provides a review of the framework and theoretical training approach utilized throughout the Training Program. Three sessions focus on a global perspective of sexual abuse such as the occurrence of sexual abuse, sexual abuse and the family and abuse within the care giving system. Three sessions consider the young person who has been sexually abused identifying the relationship between normal development and vulnerability, signs and symptoms of sexual abuse, and the impact of sexual abuse. Three sessions address the healing process considering disclosure and the healing process, telling the stories, and grieving and loss as part of healing. The next three sessions focus on self-awareness, and self-care for caregivers through assertive communication skills, self-care, and supports for caregivers. Three sessions discuss the role of the caregiver with the sexually abused child in terms of building trusting relationships, developing routines that support healing and providing discipline that teaches. The final three sessions consider the environment that supports and protects the child in respect to responding to crisis, increasing resiliency, and minimizing the risk of

further abuse in care. There are two supplemental sessions which address sexualized behaviours of children and youth and group involvement for the healing process. Several additional foster parent training program resources are located in Appendix A.

More recently, attention is being focused on the foster parent as a "quasi-therapist". Molin (1988) and Oles (1991) describe this role as being focused on the daily events of life with the sexually abused child. It is proactive and complementary to the other clinical interventions being used with the foster child. This approach fits with the need to have persons available on a long-term basis in the child's life who will respond in therapeutic ways to their needs (Faller, 1988; Ginsberg, 1989; Gurney, 1983). Meadowcroft (1990), and Morrisette (1992) emphasize that in these cases it is crucial to ensure a proper match occurs between the foster child and foster family, along with continuing skill-development and support for the treatment foster family.

Berliner (1991) recognized that there are basic goals and tasks which must be accomplished by the therapist and the foster parents. Common goals for the foster parent and the therapist are to provide a child with a sense of safety, thereby reducing symptoms and fear with improved ability to interact in daily activities. Therapeutic intervention parallels development of cognition, language, and capability of the child to increasingly tolerate threatening memories.

Daly (1989), McFadden (1989) and Boat (1991) identify the responsibilities of the therapist which are found below:

a) responsible to guide interaction between the child and the foster parent;

b) supervise or provide individual therapy with the foster child and to the family of origin, if possible;

c) maintain close contact with the protection worker or case manager;

d) coach the foster parents about how to assess and respond to the child's behaviour and play and to support the foster parent by listening to feelings, frustrations and horrors;

e) help the foster family respond to the child's sexualized and aggressive play; and

f) intervene therapeutically with the foster family when they are experiencing problems.

Boat (1991) and Berliner (1991) assign the following tasks to the foster parent role:

a) providing a nurturing and protective therapeutic environment for the child;

b) tolerating unpredictable disclosures from the child, and assessing and intervening therapeutically with negative behaviour;

c) understanding the nature of abuse and threats and its implications to therapy and change;

d) developing predictable adult responses to help the child achieve mastery per level of development; and

e) maintaining a balance between nurturing parenting and surrogate therapist.

Meadowcroft and Grealish (1990) conclude that without support services to treatment foster homes, even with increased per diems, placements will fail. They consider that training is one supportive element to foster parents which ought to be mandatory, evaluated, and provided in structured group sessions pre- and post-service.

Training approaches most often used in these programs include behavioural and social learning theories including adult learning concepts (McFadden, 1989; Meadowcroft, 1990;

Naturas, Inc., 1992). Training programs may be based on different theoretical orientation. For example, an ecological approach to training foster parents promotes an "inclusive, cooperative system around the child including the natural and foster families and the agency workers" (Minuchin, 1992, pp. 13). Thompson and Tavormine (1980) recommended that training orientation include a dual focus on behaviour modification and reflective communication training.

Other training models, in addition to providing education, promote problem-solving, sharing experiences and strengthening communication between foster parents as partners with the agency in the treatment of children (Naturas, Inc., (1992).

Conclusion

This review of the literature shows that foster family care training, and foster care programming itself, has evolved within the child welfare system. Foster family care has changed from charitable volunteer work to quasi-professional employment. In order to respond to the needs of children in the foster care system today, training for foster parents has evolved from a general orientation about roles and responsibilities of foster parents and agencies to specialized education and training programs. Training approaches for foster parents of sexually abused children have emerged to assist foster family care providers to meet the needs of these children on a daily basis and to prevent re-victimization in the foster home. The foster parent role has become more complex over time, expanding the nurturer and caregiver function to include advocate and quasi-therapist.

There are a variety of approaches to training foster parents who provide care for sexually abused children. These

range from group programs to case-by-case, or one-on-one training for a foster parent by the child's social worker or therapist tailored to therapeutically intervene with the child's traumatic experiences.

This review has identified a number of societal trends and policy changes which will continue to affect foster family care. Issues such as inadequate community-based services, abuse in foster homes, and the lack of culturally and racially appropriate homes will continue to be the context in which foster family care must function. It is clear from the review that specialized training for foster parents is necessary, useful and should be mandatory.

CHAPTER THREE

PRACTICUM SETTING

The site for this practicum was a rural child welfare agency, namely, Child and Family Services of Central Manitoba. The foster parents participating in this practicum were all foster parents for this Agency. In order to understand the environment in which these foster parents live and provide child care services to children in the care of the Agency, it is important to understand not only the particular characteristics of the Agency and the profiles of foster parent participants, but the context within which they work. Agency issues affect foster parent access to resources. Foster parents provide one service among many for which an agency is responsible. They compete with agency financial pressures and workload demands for worker time, support and training. Given that this practicum site was a rural child welfare agency, there were additional circumstances to consider in the development of training activities for foster parents such as transportation issues related to distance, cost, and weather conditions. Many foster parents were the only families in their communities delivering the service and are consequently isolated from natural support systems. Another barrier to foster parents attending training was the issue of adequate child-care which would allow for both members of a foster parent couple to attend training together. With these issues in mind a description of the practicum setting is presented below.

Child and Family Services of Central Manitoba is mandated under the Child and Family Services Act (previous to 1985, the Child Welfare Act). This Agency, established in 1934, delivers child and family services to children, families and

communities within its jurisdiction in the Central Region of Manitoba.

Catchment Area

The Agency's catchment area is rather large geographically. It is located west of the City of Winnipeg with the Red River on its eastern limit, the International Boundary between Canada and the United States on its most southern limit, by a line approximately half way between the City of Portage la Prairie and the City of Brandon on its western limit and just north of the Town of Alonsa on its northern limit (see Appendix B to review a map of the catchment area and Appendix C to view the Agency's organizational chart). Its economic base is primarily agricultural with small industries and businesses situated throughout. The population of this catchment area is 93,000 which includes approximately 28,315 children.

Cultural Diversity

This large area is comprised of a mixed population culturally and linguistically. There are approximately 1,200 people who are of First Nations heritage in the City of Portage la Prairie and its immediate rural area. Within this group exists a wide diversity of cultural and religious affiliations including traditional Native Spirituality as well as a Catholic and Protestant complement. In the southern most part of the area there is a significant population of Latin American Mennonite immigrants numbering approximately 8,000. This group of people continually moves through North and South America and is dependent economically on agriculture. The majority of the population in the southern part of the area are of German descent with some Russian Mennonites. Many

of the Mennonite families in the southern area are able to trace the origins of their family from the programs of Russia and the persecution of Germany. Within the Mennonite population exists a diversity of culture from the fundamentalist Old Colony Mennonite Church to more liberal groups who have adapted to contemporary ways of living.

Additionally, there are at least two groups of Francophone and Catholic populations - one is in the St. Claude/Notre Dame de Lourdes area and the other in the Elie/St. Eustache area. The catchment area also incorporates thirty-three Hutterian colonies. There are five First Nations Reservations in the geographical area of the Agency's jurisdiction including Sandy Bay, Swan Lake, Dakota Plains and Long Plains, which are serviced by Dakota Ojibway Child and Family Services. In addition, Dakota Tipi Reserve is serviced by Dakota Tipi Child and Family Services. Child and Family Services of Central Manitoba remains responsible for all off-reserve services to First Nations people residing in its catchment area.

Funding

The Agency's services are provided under the Child and Family Services legislation and are funded almost entirely by the Provincial Government. Due to this arrangement, the Agency is subject to extensive government control. Funding is provided to the Agency based on an estimated annual budget for costs of administration, salaries, and operating costs, a family-support grant and a special-rate grant to cover services to children in care over and above the regular rate. A portion of the basic rate is directed to foster parent training. This funding arrangement has clearly affected the pattern of training for foster parents approved by Child and

Family Services of Central Manitoba. Inclusion of training costs in the budget allows the Agency to provide, in a consistent manner, regular but limited training. This includes such things as workshops providing orientation for new foster parents and training days regarding a particular issue, such as fostering the sexually abused child, separation and attachment issues, first aid or parenting the HIV+ child.

The Mandate

Under the Child and Family Service Legislation there are five major areas of services which are set out below:

1. Child Protection Services include the following responsibilities:

- a) investigation of allegations of neglect and child abuse; and
- b) protection of children within their family unit if possible or through alternative placement if necessary.

2. Family Services provide counselling and family support services as required; for example, parent aides, homemakers, etc. Services to Adolescent Parents are also part of family services.

3. Foster Care Services include recruitment, assessment, approval and training of foster parents for the placement of children who become wards of the Agency, whether the wardship is short or long term.

4. Services to Children in Care include services which assist children while in the care of the Agency and ensure that the issue of permanency is addressed early in the child's placement either through return to family of origin, extended family or community, permanent foster care, adoption placement or kinship arrangement.

5. Adoption and Post Legal (Adoption) Services consist of assessment, education, and approval for adoptive applicants. Additionally, it includes the search for adoptive placements for infants, young children and special needs children. Post Legal Services include assisting birth parents and siblings, adoptive parents and adult adoptees with reunification services and providing as much information as legally possible.

Agency Accountability

Accountability for the services provided by the Agency occurs in a variety of ways. Overall the Board of Directors ensure, through policy that employment and evaluation of staff is such that social workers are properly educated at the time of hiring and are continually trained on the job through on-going supervision and evaluation of their work. The Agency's policies with regard to practice and supervision of staff in all the service components under the legislation are in keeping with the Practice Standards of the Province of Manitoba. The Agency also incorporates the Social Work Code of Ethics into its policy regarding proper social work practice. The Agency has an Appeal-Grievance Policy known to all the staff and made available to the public and to consumers of the Agency's service.

The Board of Directors is accountable to the consumers of service as well as to the membership via annual elections to the Board. Finally the Agency administers its policies, procedures and services under the scrutiny of and in compliance with the standards of the Child Welfare and Family Support Branch of the Province of Manitoba.

Foster Care Program and Services

Given that this practicum focused on foster parent training it is necessary to appreciate the foster care environment in this Agency. Clearly the Agency is responsible for providing resources for the children in its care. Responsibility for the Agency's Foster Care Program rests with the North Rural Team Supervisor. There are two full-time foster care coordinators, each with a specific geographical area for which they provide services - one coordinator provides services for the northern portion of the catchment area and the other for the southern portion of the catchment area. At any given time the Agency has approximately one hundred foster homes which are in various stages of application, orientation, home study, approval or operation.

The foster care coordinators are responsible for the following: the provision of services required for proper approval and licencing for foster parents along with making the best match possible between the child and the foster home; the recruitment of new and specialized foster homes; orientation for new foster parent applicants; foster care intake; child placement and placement conferences; follow up with Foster Parents after placement; participation on the Child Care Planning Committee which makes up at least one-third of the foster care workers' time; on-going support to foster parents; re-assessments; respite for foster families; placement of children for other agencies; participation on the Foster Care Advisory Committee and sub-committees; participation in foster care banquet and recognition evenings; receiving home management (a specialized foster home); recording and information management; newsletters; and Foster Family Week. Foster Care Coordinators also do a rotation of general intake as do all Agency social workers. Moreover,

along with all of the above tasks, the foster care coordinators are responsible for ongoing foster parent training. Because no one foster care coordinator can provide all of these services, Child and Family Services of Central Manitoba has, from time to time, utilized outside agency trainers to assist with training, in addition to directing that the case worker for each child is to ensure that the foster parents receive ongoing support, training and education meaningful to their ward's case and circumstances.

Prior to 1994 the pattern of training in this Agency had been sporadic and dependent on surpluses in the budget, since the province did not provide for ongoing training dollars. Since 1994 provincial budgets provide an allocation of training money which is included in the basic foster care payment rate. Since this allocation, the Agency hired trainers on a quarterly basis to provide orientation to foster care and training for special issues.

Of the one hundred Agency foster homes, approximately forty percent house foster children from other agencies, primarily Winnipeg Child and Family Services. Most of the children within these foster homes are young, ranging in age from infants to twelve years of age. There is a small group of children in care who are in the age range of twelve and upward. Children in this group are usually children in care on a permanent basis who came into care when they were in elementary school and who will likely attain their age of majority in care. While one hundred foster homes may appear to be a wealth of resources, these placements are usually designated for younger children. The majority of them are full and often require special licences to permit extra placements of children in the foster home. Appropriate foster homes are continually required for those children and older

adolescents who are severely troubled. Foster homes utilized by Winnipeg Child and Family Services receive case services and support from the Winnipeg social worker responsible for a particular child in the foster home, since staff from the Central Region, due to workload responsibilities are not able to extend themselves to provide this service.

CHAPTER FOUR

ACTIVITIES AND ORGANIZATION

The proposal for this practicum was submitted in March of 1994 to Dr. Barry Trute, this student's advisor with the Faculty of Social Work, University of Manitoba. Primary supervision for the practicum was provided by Dr. Trute. The other members of the Practicum Advisory Committee were Dr. Diane Hiebert-Murphy from the Faculty of Social Work University of Manitoba and David Charabin, M.S.W., from the Community Resource Clinic.

Prior to the above date and submission of the practicum proposal, the first practicum site was to be the Elizabeth Hill Counselling Centre (then called the Community Resource Centre) in Winnipeg. This practicum was to form part of a program with another M.S.W. student who provided treatment and group support for foster families facing challenges which might severely disrupt the stability of the foster placement. My role was to provide a specialized training group for foster parents from the Foster Care Unit of Winnipeg Child and Family Services, Central office. The training group was to have operated for six to eight sessions, first in January and February, 1994 and then a second time through March and April, 1994. Participants were to range in number from eight to twelve.

I attended the University of Manitoba throughout the Fall of 1993 in order to complete the literature review required to develop the practicum proposal and to identify specific issues related to training foster parents to care for children who have been sexually abused.

Preparation for the training group occurred throughout October and November of 1993. Preparation activities included two meetings with the Resource and Foster Care Unit staff and

their supervisor comprising approximately ten individuals. These meetings focused on a presentation of the goals, procedures, and content of the training groups. The staff were provided with the opportunity to offer suggestions regarding training issues, to relay concerns, and to identify appropriate procedures regarding communication processes between the group facilitator, child's worker, foster care worker and the foster care support worker, especially as issues were raised in the group by the foster parents or identified by the group facilitator.

On November 6, 1993 I met with four foster parents (one married couple and two single foster parents), the three Practicum Committee Members, and another M.S.W. student at the Community Resource Centre who had similar study interests. The goals of this meeting were as follows:

- a) to actively involve foster parents in designing and reviewing the training program;
 - b) to seek their advice about possible training issues;
- and
- c) to mobilize parent-to-parent resources in Winnipeg.

In preparation for this meeting the following questions were identified for discussion with the foster parent group:

- 1) What skills or knowledge are required by foster parents who foster a sexually abused child?
- 2) What are some strategies that these foster parents have learned and believe to be helpful?
- 3) What issues would foster parents identify as training needs, especially for beginning foster parents?
- 4) What was most challenging about fostering? What kind of support did they find most helpful and where did they obtain it?

5) What information could they share about gender/cultural issues, and other larger system issues?

The foster parents reported that it was important for foster parents to have training in the following areas:

- interpreting child behaviour especially in respect to aggression or if a child regresses to earlier stages of development;
- identifying how abuse impacts on the stages of child development;
- responding to a child's aggression toward property and animals;
- responding to a child's self victimization, low self-esteem, and self-mutilation;
- developing realistic expectations of a child's behaviour in relation to her/his contact with biological family;
- developing strategies about how to be patient, consistent, creative and flexible when responding to children's behaviour;
- understanding the roles and responsibilities of the agency, its various staff and how the foster parent fits into the agency as part of a treatment team. This included full disclosure of the child's history, present reality and behaviour. Foster parents need to be educated about the challenges of fostering. Foster parents and the agency need to be aware of triangulation issues which may occur between the agency, the child and the foster parents; and
- preparing foster parents to deal with allegations of abuse against them.

The following is my interpretation of other comments made by the foster parents who expressed their need to identify and learn personal ways of dealing with stress and being assertive with social workers regarding their own needs. For example, they expressed the need to be able to refuse a placement if they were not ready for another child. They wanted to understand how being a foster parent impacts on the foster family's family, relationships with friends, and the community. Foster parents also needed to be aware of their own childhood issues and to be careful about recreating negative patterns of interaction from their family of origin. Finally, they expressed their view that agency support for foster parents is needed in all stages of fostering children. This included full disclosure about children's experiences, pre-placement visits, and foster parent involvement in planning interventions with children.

By mid-November, 1993, Winnipeg Child and Family Services provided a list of names and contact information of thirteen foster parents who were eligible to participate in the training group. The Agency contacted the foster parents to inform them about the group. I contacted the foster parents to determine if they wished to participate in the group, identified the best training times and location for the group and any particular issues which might prevent them from attending, for example, transportation and child care. Out of the thirteen foster parents, three couples and two single parents could not attend. One couple would be on a trip for the beginning weeks of the group, one couple did not wish to participate, and one couple would not commit. A single parent had just received a special-needs child in her home. She did not wish to upset him by introducing another strange person to him for child care. One single parent could not be reached.

The remaining seven individuals did wish to participate but two required assistance with transportation and one required assistance with child care. Although part of the basic rate paid to foster parents contains a portion allocated for babysitting, it was not sufficient to cover the costs which would be incurred by the foster parent. In terms of transportation, the foster care payment did not include these costs if it was not directly related to transportation of a specific child in care. I approached the Winnipeg Agency in order to request financial assistance for the foster parents. The Agency was unable to provide such assistance resulting in these three foster parents not being able to attend. Thus, four foster parents remained. This number of participants was insufficient to carry on the group. By the end of November, 1993 it was clear that this group was unable to proceed and that the practicum could no longer occur out of the Central office of Winnipeg Child and Family Services. Although substantial activity occurred in relation to this first site, it was not time wasted. The issues identified by these urban foster parents were held in common by the rural foster parents who ultimately participated in the training groups.

The second practicum site selected was Child and Family Services of Central Manitoba once it was established that any extra costs incurred by the foster parents would be refunded by the Agency. The selection process included a series of interviews and meetings in December of 1993 with Dennis H. Schellenberg, M.A., M.S.W., Executive Director of the Agency and Janet Shindle, M.S.W., Foster Care Program Coordinator for the Agency. These arrangements were approved by Dr. Trute.

In January of 1994 this student met with Janet Shindle, Helena Kot, Foster Care Service Coordinator for the North area of the Agency, and Pat Armstrong, Foster Care Service

Coordinator for the South area. The purpose of this meeting was to provide an in-depth review of the proposed practicum group content, deal with the selection of foster parent participants, and establish clear identification of roles and procedures within the Agency's communication system between the foster parents, foster care coordinators, Agency social workers and child care workers. The Foster Care workers did not have anything to add in terms of group content or its facilitation. However, they requested that the practicum work adapt to the Agency system so that it would not be disruptive to an already complex work environment. In addition, they requested clear boundaries regarding roles, responsibilities and activities. This was especially important since at the time of this practicum, I was employed by the Agency in the role of Supervisor with the North Urban Team. Given the workload for these foster care coordinators, I agreed to contact the foster parents to determine if they wished to participate in the group. It was decided that the first group would occur in the south area in April of 1994. The second group would follow in November of 1994. This time-frame was chosen in anticipation of winter weather and its various snow storms and icy roads which would prevent regular group attendance. By the end of January, 1994 the foster care coordinators provided a list of the foster parents selected to participate in the training.

Throughout February of 1994 contact with the foster parents occurred by telephone to inform them about the group, its content and structure, confidentiality issues, and videotaped sessions, and finally to organize the best time and location for the members. This manner of contacting the prospective participants provided personal first contact. Although the first telephone call was lengthy it provided an

opportunity to build a working relationship with each foster parent prior to the first meeting and to screen for appropriateness. Once the foster parents agreed, a letter was forwarded to them to confirm information about the group purpose and goals, to identify the location and time of the group, and to provide a draft of the agenda which would be finalized at our first meeting.

During March of 1994 my activities focused on securing a location for the group, developing agendas for each of the group sessions, and collecting education materials (i.e., articles, video, bibliographies, etc.) relevant to each session agenda. In addition, time was spent preparing this information in an organized manner for distribution to group participants.

Selection Criteria for Participants

The foster parents who were eligible for the group had been approved and licensed for a child that was under ten years of age and who had a history of sexual victimization. It was not necessary that a child be in placement at the time of participation in the group.

The Agency's two foster care coordinators provided me with a list of foster parent couples who met the selection criteria for voluntary participation in the two training groups. I contacted the foster parents and invited each couple to join. One female-male couple attended each group. All of the other foster parents who attended were female.

The decision that the female foster parent attend the training group was made by the couple. Factors that influenced the decision included employment responsibility, child care, and family activities which could not be altered to allow both members of the foster parent unit to attend

together. In addition, the couples decided that the female partner would attend since she carried primary child care responsibilities. The foster parents reported that it was rare for a couple to attend in unison any workshop or training event offered by the Agency due to the above factors.

Consent to Video-tape Group Sessions

Prior to joining the group all foster parents were informed that the group sessions would be video-taped for supervision with Dr. Barry Trute of the Faculty of Social Work, University of Manitoba. So that the foster parents would have time to consider questions or particular concerns regarding the video-tape, a copy of the Consent to Video-Tape was provided in advance of the commencement of the group (see Appendix D). The Consent was signed during the first group meeting after a group discussion regarding confidentiality and assurances that only myself and my primary advisor would view the video. Once the Consent was signed by all of the foster parents the video-tape was started. The foster parents retained a copy of the Consent for their personal records.

Group Structure

The training groups consisted of seven to nine licenced foster parents. There were six group sessions which occurred every two weeks for three hours. Decision-making regarding group content and procedures occurred through a process of discussion and consensus. The basis for choosing the agenda topics rested on a number of factors, namely:

a) this student's experiences working with children who have been sexually abused and with the foster parents who care for them;

b) review of the literature regarding issues presented by sexually abused children in foster care along with the requirements of specialized treatment homes;

c) review of the research project with the Child and Family Services Research Group of the Faculty of Social Work, University of Manitoba called "Coordinating Child Sexual Abuse Services in Rural Communities";

d) review of material gleaned from the meeting with the first group of Winnipeg foster parents; and

e) responses and suggestions from consulting with the Foster Care Coordinators from Child and Family Services of Central Manitoba.

At the beginning of the groups, group members identified their own learning goals. The regular format for each group session was a brief greeting, introduction and review of the agenda, goals and objectives for the session with an opportunity for group discussion or small group work. There was an opportunity for group feedback at the end of each session regarding training content and learning experiences. The first part of the session was an education component completed through presentation of written material or viewing of videos. The second part of the session was experiential with group members participating in discussion, role play, sharing foster parent knowledge and experiences. The final part of the meeting evaluated the training session experience. The session content for the Training Program is contained in Appendix E.

A seventh group session was planned for an evening in which there could be involvement of all group participants and their marital partners. The goals of this session were:

a) to bridge any gaps or sense of isolation, which might be experienced by the partners of the group members and

b) to offer the spouses an opportunity to raise particular issues or questions that may have come up during the time their partners were attending the group.

The role of the group facilitator was threefold:

a) to provide a non-threatening environment in which the foster parents were able to discuss issues associated with sexual abuse in families and its affect on children so that foster parents could safely reflect on their own family of origin and life experiences;

b) to provide current information regarding the care of foster children who have been sexually abused and about the requirements of foster parents who provide that care; and

c) to engage the group through experiential opportunities such as role play, discussion groups, etc. to utilize their own knowledge and experience to assist each other.

Group attendance in the South Group remained stable except when one foster parent was unable to attend one session due to a death of a family friend. The group, beyond sharing their sympathies with her, ensured she received all of the literature distributed at the missed meeting. Two group members contacted her during the week to discuss the session's topic. In the North group two members ended their participation by the third week. One foster parent, licenced as an Emergency Foster Home, had received a sibling placement during the third week. She was also on call for the next two weeks, the impact of which was she could not attend group again until the two final sessions. Her sporadic participation was not conducive to her own learning and to the atmosphere of the group. I contacted the other foster parent after the first three group sessions to inquire about the

reason for her absence. I learned that she forgot about the group and by the third session she decided not to participate.

Confidentiality

The group, through consensus, developed three rules regarding confidentiality:

1. The participants agreed that any time specific case material was being discussed, any information which revealed the identity of a child would not be used. Given the relationships these foster parents had with each other and the support they provided to each other regarding the foster children in their care, it was obvious that some foster parents would still be able to identify some individual children. Nonetheless, it was recognized that no last names would be used and that the child and all family members would be considered in a respectful manner.

2. If a disclosure was made in the group identifying a child as a victim, whether or not the child was in care, then the matter would be reported to the Agency. If this situation developed, the referring foster parent would be part of the reporting process.

3. Beyond educational and training information all other information remained confidential to the training group.

Distribution of Articles

Articles were provided to the foster parents during each group session. Appendix F at the end of this report contains a list of the articles provided during each session.

Evaluations and Questionnaires

a) The Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984) was completed by group participants prior to

the commencement of each training group and after the final group session. This was used to assess beliefs about some parenting and child-rearing issues. Bavolek (1984), and Corcoran and Fisher (1987) indicated that the AAPI may be used to screen and train foster parent applicants.

Historical development of the AAPI:

Bavolek (1984) indicates that the design and construction of the items in the subscales of the AAPI rest on four sources:

- a) review of the literature on parenting and child rearing,
- b) adaptation of items from other parenting measures,
- c) consultation with professionals acting in an advisory capacity, and
- d) field testing with adolescent and adult populations.

Initial field testing of the AAPI occurred in 1978 with 2,541 high school students in Utah and Idaho. Additional testing was conducted in an Idaho residential centre with 91 adolescents who had histories of abuse and neglect. Initial field testing with 194 adults was conducted in 1980 in Chicago by J. Stone. Subsequent testing was conducted with 782 adults with known histories of abusing children and with 1,045 adults from the general population (Bavolek, 1984). Information regarding detailed descriptions of the adult and adolescent test populations is found in Chapter 5 of the AAPI Handbook (Bavolek, 1984).

Instrument description:

The AAPI is an inventory designed to assess strengths and weaknesses in parenting and child-rearing attitudes of adolescents and adults. It is a self-report questionnaire with responses ranging from "strongly agree" to "strongly disagree" on a 32-item, 5-point Likert-type scale. Responses

provide an indication for practicing abusive and neglecting parenting and child-rearing behaviours.

A stencil is used for scoring each inventory worksheet. The AAPI manual provides a table of norms from which to convert raw scores to standard scores for plotting on the profile sheet. Respondents' attitudes in each of the four construct areas can be compared with the parenting and child-rearing attitudes of abusive or non-abusive parents, adults or adolescents (Bavolek, 1984; Holden, 1990).

Variables measured:

The AAPI measures parenting and child-rearing attitudes that are high risk for child abuse/neglect. There are four subscales designed to examine parenting attitudes about the use of corporal punishment, inappropriate expectations of children, empathic awareness of children's needs, and reversing family or parent-child roles (Bavolek, 1984). Bavolek (1984) reports internal reliability equal to or greater than .70 for each of the four subscales. Test-retest reliability of the entire test is reported to be .76. Factor loadings for items within scales are reported to be at least .20 (Holden, 1990).

Interpretation of AAPI:

In order to interpret the AAPI, raw scores are converted to N-stens for each of the four parenting areas or constructs mentioned above. The sten scores range from 1 to 10, where 5 and 6 are the average range. Bavolek (1984) recommends that interpretation of the sten scores should be guided by understanding the meaning assigned to each sten score category in the following way: Extremely negative sten scores of 1 and 2 indicate a significant deficiency in appropriate parenting behaviour. Individuals in this category may be at risk of being abusive in their interactions with children. Sten

scores of 3 and 4 are low scores which indicate some individual strength but also reflect deficient appropriate parenting behaviour. Sten scores of 5 and 6 are average scores and indicate the "norm". Sten scores of 7 and 8 indicate attitudes in parenting and child-rearing that are higher than the "average" parent. The sten scores of 9 and 10 are inordinately positive scores reflecting a high level of appropriate parenting and nurturing behaviours.

b) Two questionnaires, "Incest: Fact and Fallacies", and "A Child Abuse Quiz" were used to gauge general knowledge of group members about child abuse. These questionnaires were completed at the beginning of each group and discussed during that first session. A copy of each questionnaire is contained in Appendices G and H.

Group Evaluation Form

Four questions were developed as a questionnaire which were completed by the group participants at the end of the final session. The format was such that the participant completed the evaluation in her/his own words. It also included space for additional comments and suggestions. A copy of the evaluation form is contained in Appendix I.

Foster Parent Profiles

1. South Group: This group consisted of nine participants comprised of one couple and seven participants who were female. Age groups consisted of two members who were thirty-four years of age, three members forty-three years of age and the couple who were fifty and fifty-one years of age. All of the foster parents, except for one, had at least three birth children, ranging in age from pre-teen and older

adolescents to young and middle-aged adults. One of these adult children had a special needs child residing at home while attending a sheltered workshop in the community. All group members were in their first marriage except for one who was in a second marriage. All group members had multiple extended family connections in the rural area in which they resided. The entire group were of Low German Mennonite heritage and Christian religion. All of the group members had been raised in small Southern Manitoba prairie towns or farming communities in Manitoba and Saskatchewan.

Formal education for group participants ranged from grade eight to first year university. Their occupations included home-maker, teacher's aid, speech therapy assistant, day care director, factory worker, floral designer and horse trainer. None considered being a foster parent their employment or their occupation. Their partners were employed in livestock management, farming, trucking, skilled and unskilled labour.

The motivation for fostering identified by the foster parents was to share their love with a child and to be able to provide a safe home to someone who needs it. One foster parent entered fostering to care for grandchildren who were physically abused by their father and neglected by their mother. Some had life experiences which inspired them to share their knowledge and to protect children.

These foster parents had been involved in foster care from three and half years to nineteen years. Five had fostered children for over ten years. Periodically, a number of the foster parents discontinued fostering for a variety of reasons which focused on maintaining their own mental health or attending to issues related to their biological children.

All of the foster parents provided care for children who had been sexually and physically abused and emotionally

neglected. Many of these foster parents had cared for sibling groups who had come into care in their pre-teen years, and who remained in care until they reached their age of majority. One foster parent provided respite for other foster parents, while another foster parent had received children in placement as part of an assessment period for the child. One foster parent had assisted with adoption transitions and placements. The couple in the group were a specialized treatment foster home who, on a number of occasions, cared for adolescent sexual offenders. One foster parent along with a sibling had been raised in foster care. Two of the foster parents were active with the Agency's Foster Care Advisory Committee.

2. North Group: Eight foster parents participated in this group made up of one married couple, one single parent, a widow, a separated person, and three other married women. The couple, single parent and widow were in their fifties. One foster parent was forty and the other three were in their thirties.

Two of the foster parents had large extended families in their current area of residence while the rest of the group had medium to small extended families in various areas of the Province and Canada. One foster parent was relatively new to the rural Portage area having moved from a far northern Manitoba town.

Five of the group members were of German Mennonite heritage and Christian Religion. One participant was of First Nations ancestry and a practising Catholic. One foster parent was Anglo-Saxon whose partner was First Nations and of Treaty Status. One group member was of Anglo-Saxon heritage and active in the United Church.

All of these foster parents had birth children ranging from young toddlers to adult children. Some foster parents were grandparents. One foster parent was an adoptive parent. One foster parent had two special needs children, ages six and eight years.

Formal education for group members ranged from grade ten to undergraduate degrees in Post Secondary Education. In terms of occupations members of this group were homemakers, retired teachers, and day care operators. None identified foster parenting as their occupation or employment. Their partners were in small business, agriculture, trucking, and some were self-employed.

Motivation for fostering included wanting to do important work related to children who were in need of safe homes, wanting to help families learn how to raise their children, and being involved out of love for children.

Six of these foster parents had been involved in foster care for at least ten years, one group member had fostered for approximately five years and the other member had been a foster parent for two years.

All of these foster parents provided care for children who had been sexually abused, in addition to experiencing physical abuse, emotional abuse or neglect. All had cared for special needs children. One of the foster parents provided an Emergency Placement Foster Home which meant that children were in placement with her on a short-term basis. She was part of a rotation schedule in which she was required to be available for immediate placement. This meant placement occurred at any time during that time period and that children remained with her for up to thirty days. All of the foster parents had experiences in caring for children from infancy to

adolescence. Three of the foster parents were involved with the Agency's Foster Care Advisory Committee.

CHAPTER FIVE
SOUTH FOSTER PARENT TRAINING GROUP

Two training groups were provided to foster parents during this practicum. The South Foster Parent Training Group was the first to occur and was organized for April and May, 1994, in Carman, Manitoba. The North Foster Parent Training Group was organized for November and December, 1994 and January, 1995 in Portage la Prairie, Manitoba. This chapter provides a report regarding the South Foster Parent Training Group. The purposes of this chapter are:

- A. Identify the goals and agenda of the group;
- B. Summarize the various themes and issues which were raised by the foster parents throughout the group sessions;
- C. Present an evaluation of the group utilizing participant self-reports and facilitator observations; and
- D. Describe the changes which would need to occur for a second group that would follow this first training effort.

Goals and Agenda

As stated previously, the intent of this practicum was to develop a training program, using a group format, for foster parents of sexually abused children. The objectives of the group were:

- a) to assist the foster parents in their own development and to strengthen the competence of foster parents by increasing their skills and knowledge about children who have been traumatized by sexual abuse; and

b) to identify the specific issues and concerns of foster parents related to fostering children who have been sexually abused.

The training groups were intended to create a safe and comfortable atmosphere for learning and to provide meaningful content, situations and stimulation to facilitate this learning. A further objective was to have foster parents identify their own individual learning goals which could be achieved during a time-limited experience. During the first group session the foster parents reviewed and approved the agenda topics, and identified their own learning goals which were as follows:

a) to develop a deeper understanding of the children they care for;

b) to understand and find more ways to help children with their behaviour, mood swings and emotions;

c) to learn how to help the sexually abused child (i.e., What to say and do? How to comfort?); and

d) to develop a higher tolerance level for children's acting out behaviour.

The agenda for this group was divided into six areas of learning, each focusing on child sexual abuse issues. The agenda was reviewed at the outset of the group so that the foster parents would have the opportunity to make any additions and changes. Thus the topics would be meaningful and timely for the foster parents. In terms of my role as the group facilitator, the foster parents indicated an expectation that some material would be provided in presentation form and that all individuals would be sharing knowledge and experiences. All of the sessions focused on how foster parents experienced caring for sexually abused children. A summary of the session topics is provided below.

- First Session: This session was organized in the following way. First there was an introduction to the group and expectations which involved creating the environment, identifying learning goals, and reviewing the agenda. As well, pretest measures, including the Adult Adolescent Parenting Inventory, and the two questionnaires - "Incest: Facts and Fallacies", and "Child Abuse Quiz", were completed. This was followed by the first topic which was "Disclosure of Sexual Abuse by a Child - Consequences & Implications". A video, "Disclosure - A Choice to Struggle Upward", was viewed during this group session.
- Second Session: Becoming aware of sexual abuse experienced by children: This session focused on sexual abuse with specificity to experiences; the impact of the abuse on the emotional, psychological, and development growth of children; and identification of the signs of trauma.
- Third Session: Strategies for Caring for the Sexually Abused Child: This discussion centred on how to observe and to find meaning in abused children's behaviour; how to apply knowledge of child development; how to be creative in communication; how to show affection; positive regard; and search for strength with the children.
- Fourth Session: Understanding Family Dynamics: This session addressed family structure (boundaries, patterns of communication, etc.); healthy sexual development in families; and family of origin issues for foster families.

- Fifth Session: Understanding Family Dynamics in Intra-familial Child Sexual Abuse: Discussion during this session was guided through the use of the "Four Typologies of Incestuous Families" (Larson & Maddock, 1995); and the "Internal and External Inhibitors" (Finkelhor, 1984).
- Sixth Session: Foster Parent Issues: This last group session provided an opportunity to focus on issues of self-care and nurturance; the development of social support networks; resource development; and ongoing training. Additionally, the group reviewed topics that had emerged in group sessions and any outstanding training issues. Finally, the group prepared the agenda for the last meeting with their spouses.
- Seventh Session: The purpose of this meeting was to facilitate the transition of group members into the already existing natural support group that these foster parents had developed in their local area. An additional goal was to offer their partners an opportunity to share any ideas or concerns they may have had while the group was underway. Their partners, from time to time, also joined in the existing support group developed by the majority of the foster parents participating in the practicum training group.

Themes and Issues

There were many complex themes identified throughout the duration of the group by the foster parents. The most significant of these themes included:

a) The need for support:

This group of foster parents had formed their own support group prior to the onset of the practicum training project.

They had regular informal meetings for whomever was able to attend at the time. Periodically they wrote a newsletter and shared it with other foster parents. They reached out to new foster parents, inviting them to join their meetings. They consulted with each other and shared experiences about caring for children and dealing with the Agency. They recognized a need to be actively and assertively engaged with the Agency in developing policy affecting foster care, case planning, and treatment affecting the foster children. They raised attention to the need for foster parents to be aware of the impact on themselves and their family of fostering children who have been sexually abused. Self-care themes associated with realism and a sense of humour were embraced as a requirement for foster parents. They viewed support from the Agency's foster care workers and children's case workers to be important if it was directly relevant to the intervention the foster parent was providing. For the most part the foster parents felt that they were part of an Agency team. However, they believed that team work could be further enhanced for both foster parents and Agency social workers.

b) Support in the community:

Foster parents reported that their role was generally not supported in their communities. Communities often believed and acted as though foster children were someone else's responsibility. Some foster parents experienced isolation. They indicated they had to be assertive and proactive with community groups to have the children participate in various activities. For some foster parents, the lack of support was also expressed by their extended family; for other foster parents, extended family welcomed and accepted foster children into their lives. They pointed out that the worst of these times were when the foster children experienced prejudice from

neighbours, business operators, or were singled out in school to be a problem. They strongly believed that communities need to develop tolerance and understanding for foster children.

The group identified the need for foster parents to advocate for children's needs within the child welfare system. In addition, they need to provide emotional comfort and empathy for children while respecting their individuality, particularly during stressful times, such as during a child abuse investigation.

The foster parents were emotionally affected by the video "Disclosure: A Choice to Struggle Upward". Discussion of the video's content and foster parents' feelings and experiences assisted the group to focus on the needs of children at the times they may disclose sexual abuse and throughout their time in foster care. Foster parents expressed the view that while children are being sexually abused in their homes, their individual feelings and emotional needs are being denied, and that from disclosure emerges the beginning of children's identities.

c) Threats to their safety:

Foster parents reported receiving various types of threats from a child's family. They considered smart foster parents to be those who were capable of developing safety plans with the agency for themselves, their family, and the foster child. An associated issue identified by this group was that foster parents needed to be constantly aware of how the foster child's traumatic past might be reactivated, by various events of the day, and cause feelings of fright. For example, one foster child reported being scared whenever she saw a truck of a certain style and colour. This painfully reminded her of her father who had sexually abused her. Her

response was to run to the foster mother who immediately needed to help her feel safe.

d) The need to reduce trauma to children during sexual abuse investigations:

Foster parents indicated that society's response to the sexual offender and family should depend on the situation. Apprehension of children should only occur if protection is required. They had seen children become depressed and develop mental health difficulties when they were separated from their family. They expressed a preference that the offender be removed, that the child remain in the home, and that all family members receive counselling. Based on their experiences they had found that the police and the court system were not the best ways to deal with child abuse issues from the child's point of view. They identified the need for a different way of doing sexual abuse investigations so that the process is more sensitive to the needs of the child, yet still protects the child.

The foster parents noted that most children were now educated to tell someone if they were being sexually abused. Yet, when they disclosed, it was the child who was removed from the home, who testified in court and who was emotionally battered by defence attorneys. They concluded that this was not a way to instill a secure feeling about adults in the child. They also expressed anger about the needlessness of these procedures, especially when in their experiences, most courts did not support the child victim.

e) The need to understand how and why sexual abuse occurs:

These foster parents were curious about the families of sexually abused children. This interest came from a need to understand how it can happen, how it can be changed, how it

can be stopped, and finally how to help the child. Foster parents recognized that they were a part of the child's healing, and realized that the child will most likely be dealing with the issues of sexual abuse in a variety of ways throughout her/his life.

f) The need for knowledge regarding investigative proceedings:

Foster parents continually expressed the goal of wanting to be prepared and knowing how to respond to a child who experienced a sexual abuse investigation. They reported that having general knowledge of investigative procedures regarding child sexual abuse and of the impact of that investigation on the child enhanced the foster parent's ability to respond to a child's emotional needs.

g) The need for knowledge in dealing with disclosures:

Discussion focused on how foster parents ought to react if a child discloses to them. They identified the need to stay calm, not to appear shocked or upset, and not to embellish or minimize the story. They pointed out that foster parents ought to let the child know that it is not their fault, and to make no promises. If a child has disclosed to them, foster parents need to let her/him know it must be reported to the agency, and be knowledgeable about who can help. Most importantly, the child should be seen as an individual without assuming that the child is experiencing the same feelings as the foster parent during the disclosure.

h) The need to understand the place of foster children in their families and how that impacts on everyone:

The group members identified ways that foster children were part of the foster family and ways that they were not. How this occurred was different for many of the foster parents. None of the foster parents had thought of this issue

prior to the group. The foster parents observed that they had never considered the issue in this way before and in doing so, it was one more way they became more sensitized to the vulnerability of the child. Their conclusion was that the foster child was less a part of the foster family than they had imagined. One of the group members disclosed growing up in foster care with a sense of always feeling alone and not being part of the foster family. She stated that she rarely saw the social worker and never discussed problems with anyone. She felt that foster care had changed dramatically since this experience. Still the group wondered how children in twenty or thirty years from now will feel and talk about their experiences in foster care.

i) The need to respect the individuality of the child:

These foster parents reported that they, social workers and many professionals, at times, had made the mistake of believing that they know what a child feels. They believed that professional assessment of a child frequently formed the basis of the view taken by that child's caregivers, so that if the child acted or spoke in a manner other than expected, the professionals (including foster parents), rarely changed their image of the child.

j) The need to find meaning in behaviour:

The group expressed common experiences of destruction of property by children who had been abused. The foster parents reported that when they were uneducated about abuse and its impact on children, they often responded to "acting out" behaviour with anger and disappointment. Experience with children who had been traumatized taught foster parents that this behaviour shows that a number of conflicts existed for the child. They learned to understand that the abused child is often torn into many parts, which are based on feelings of

conflicting loyalty between biological parents and the foster family. The foster parents believed that finding meaning in the behaviour was helpful to them so that they were able to empathize and eventually help the child. Otherwise, they may act in a blaming or angry way toward the child which may create distance and isolation.

The foster parents reported that it was helpful for them to understand the underlying issues when some children lie to them. When this happens, they see it as a way that many of these children cope and protect themselves until they learn to trust themselves and others. Experience has shown these foster parents that in order to nurture a child and intervene with the effects of sexual abuse they must understand the psychological and emotional impact of abuse on a child. This knowledge assisted foster parents in understanding the child's behaviour. They reported that many children regress to former behaviour or earlier stages of development when they are anxious or frightened about their safety. This may occur at various times, such as, when they are having contact with their birth family, providing court testimony, participating in counselling, or experiencing traumatic memories. Many children "act out" anxiety or fear in a variety of ways. For example, some children become sad and withdraw emotionally, experience nightmares, and wet the bed, whereas others may act violently toward themselves, others and property.

k) The need for treatment:

The best type of counselling for victims of sexual assault as reported by these foster parents was the group format, even though their foster children had experienced a full range of counselling services. They described situations where several older children and adolescents had gained support, experienced common ground with others in the group,

and acquired hope for themselves within the group counselling format.

l) The need for clear boundary definitions:

Foster parents indicated that roles and responsibilities of social workers and foster parents need to be well defined. This is particularly true with the foster parent role of nurturing parent. This is important when the child testifies in court, or if the child does not want to be in foster care and is in conflict with the agency and social worker. Ironically, the child usually turns to the foster parent for comfort. They recommended that a foster parent develop skill and sensitivity and speak truthfully with the child without creating loyalty conflicts with the child's family of origin.

m) The need to know themselves:

Foster parents indicated that it is important to know when they are in conflict with a child because of their own control issues or if the child is having a need for control. They recognized that it is quite easy in this type of scenario for a conflict to occur between the agency, foster parent and the child. They believed that this type of struggle was harmful to the stability of the placement which often required agency assistance to resolve.

Foster parents reported the need to learn how to interact with sexually abused children so that they understand the children's behaviour and respond to it in ways that do not make children feel shame and gently teach different ways of acting or showing emotion. In addition, they discussed the importance of understanding how the particular foster child was abused and understanding family patterns of interaction in which the sexual abuse occurred, so that children's behaviour could be intervened with in the foster family. They were of the opinion that all of the above issues were important since

it was the foster parent who continually observed and taught the foster child new family boundaries and behaviours.

Foster parents expressed the importance of recognizing their level of comfort regarding children who express sexual behaviours. For example, foster parents pointed out that with most sexually abused children, masturbation is part of daily activity, for some more than others. Foster parents who are afraid or lack knowledge about such expression may act in punitive or shaming ways towards children. Additionally, the untrained foster parent may not be able to follow through with interventions developed to respond to such behaviour.

Other Issues

A number of issues occurred during the training group which required resolution by the foster parents. Through group facilitation I provided foster parents with the opportunity to express thoughts, feelings, and to resolve the problems. Below is a brief description of the issues, in terms of content and group process.

a) Confidentiality:

During the first session's discussion about confidentiality and video-taping, one of the foster parents requested permission to audio-tape the sessions to share with her husband, who did not attend the group. Most of the group responded ambivalently, with one member indicating disagreement. On observing the ambivalent reactions I encouraged foster parents to share their thoughts and worries about the request. My role in facilitating this process was to assist individuals to state their feelings and wishes resulting in a decision not to audio-tape.

The group identified a number of concerns regarding this request. For example, foster parents worried that openness

during discussion of issues would be constricted; there were also concerns about a lack of trust and loss of control about who else might hear the tape. They expressed concern about loss of credibility if someone else or a child heard the tape without understanding the context. They considered the above issues through sharing experiences of betrayal when their trust was breached. Once all of the issues were discussed, the individual making the request withdrew it in order to respect the group's feelings.

b) Report of a Child in Need of Protection:

A foster parent reported her suspicion that a young child near her home was without proper supervision. This issue arose in the fourth session. The group responded quickly that the situation must be reported to Child and Family Services. They discussed various issues which could be happening for the family, along with the serious implications of the child being hurt while unattended. My role was to confirm the reporting requirement and offer a description of the Agency's probable response. I followed up with the foster parent and the Agency to confirm that the report occurred.

Although both of the above issues were not directly related to the training program, they were important for different reasons, and required resolution. Confidentiality and development of trust are critical issues in the first stages of a group's formation with respect to the development of group structure and interaction between group members and facilitator (Shulman, 1979). Through discussion of the second issue foster parents experienced an opportunity to offer support, share knowledge and provide guidance to their colleague. Events like this often occurred in the group which, in my opinion, reinforced the social support network existing between these foster parents. Further, it provided

opportunities for foster parent directed learning by validating experiences like sharing knowledge and experiences.

Facilitator Observations

All of these foster parents had experienced foster children who had disclosed sexual abuse. Some of these children were in care for reasons such as neglect or physical abuse.

Throughout the group the foster parents remained child centred in their discussions and emotions beginning with the impact of the disclosure of sexual abuse, through the investigation, to the time of placement, treatment, contact or no contact with family and possible re-unification with or permanent separation from the family. Their intent was to protect the child from the impact of the investigation. Clearly, the foster parents were cognizant of the reasons for all of the activities that occurred during the investigation but they wondered if there were not other ways to minimize its effects on the children.

The video "Disclosure: A Choice to Struggle Upward" was emotionally powerful for this group. It was seen twice - the first viewing was during the initial session. At the beginning of the second session the foster parents began with a second review of the video, expressing their feelings and empathy for the young people in the film and then relating it to their foster children. Additionally, over the next two months they each took it home to view with their mate.

Description of Group Membership

The formation of this group occurred easily and rapidly. Group atmosphere was open and trustful. This was due to the fact that these foster parents were well known to each other;

except for two, all of the members had formed close relationships. Other factors which enhanced group cohesion were that all of the foster parents were voluntarily participating in the group. They were motivated and interested in all of the topics to be discussed even though a lot of the issues were quite familiar to them. Other than discussing ground rules regarding confidentiality and video-taping, all other boundary issues fell into place. It was clear that these individuals had tremendous experience in work and training groups.

Although the agenda for the group was extremely full, the group managed to cover it all. The group was well organized, and stayed focused on the issues. The agenda was adjusted to meet the needs of the foster parents. For example, the video was viewed twice, although the plan was for one viewing. The foster parents focused their empathy on the needs of children who were sexually abused and who were disclosing the abuse. Discussion and insights into the impact of sexual abuse on children guided all group discussion. The group members always focused on critical issues relating to the child's needs in various contexts, such as when the child receives medical services, counselling, or is involved with the child welfare and criminal systems.

Report on the Proposed Family of Origin Group

One of the aims of this practicum was to do a small Family of Origin Group with some volunteer foster parents from the Training Groups. This student's Primary Practicum Advisor was to be co-facilitator or provide supervision via a one-way window or video tape. No one from the group volunteered, and there were a variety of reasons. Some were not interested in participating, others did not want to add on more group

sessions, especially if they had to travel to Winnipeg. While the group members raised the issue of cost, it seemed to me that a few more sessions and travel time were primary concerns. One or two of the foster parents, although curious about the group, were hesitant about what would be required of them.

Since the Family of Origin Group did not seem viable, the Training Group agreed that a seventh meeting should occur with all of the participants' spouses. The idea for this type of meeting came from a consultation meeting between me and my Primary Advisor. The group and I decided that the meeting would occur in the evening in Winkler, Manitoba. The group was responsible for organizing the session. This included reserving space, preparing refreshments, providing notices to their partners, and organizing the session's agenda. During the meeting, one of the group members facilitated the session and encouraged group interaction. Six couples participated and the session was not video-taped.

All of the partners who attended this session indicated that they had wanted to attend all the sessions of the training group. However, this would have required alternative child care arrangements. One issue was the need for early notification of the training dates, a necessity for advance planning. As well, a training schedule needed to accommodate rural farm industry and employment demands, and children's after-school or treatment-related activities. Additionally, and most importantly, the foster children required child-minders who were knowledgeable and experienced in regard to caring for sexually abused children and had an existent trusting relationship with the foster children. Thus it was rare that a foster parent couple could attend workshops or training together.

All reported viewing the video tape "Disclosure: A Choice to Struggle Upward", and discussing it with their partners including some of the foster children. They indicated that when one of them, usually the wife, attended a workshop or group, it usually led to both of them talking more about what they were doing to help children. Most often their discussion focused on planning activities and problem solving as needed. The partners noted that most often reports by their wives, from or about the group, identified three major issues: understanding of and higher tolerance levels for a child's behaviour, a framework within which to think and plan responses, and feelings of appreciation and support from a group of people who shared common experiences.

Group Evaluation

a) Student Observations:

From my observations, group participants were less active for at least half of the session regarding Human Sexuality and Family Structure. The activity level was directly related to the academic manner in which the information was presented by this student. The information was presented as theory and models of functioning separate from examples from foster parents' lives. On making this observation and receiving group feedback, the process was changed in this group to ensure that the balance of this session included active foster parent involvement in discussion, identification of concepts, and consideration of questions applicable to caring for children who have been sexually abused.

b) Group Evaluation by Foster Parent Self-Reports:

The group evaluation consisted of four questions and was completed by the foster parents at the end of the group.

Seven responses were received. Evaluation responses are contained in Appendix J.

In summary, the group members reported that it was most helpful to learn meaningful and practical information about sexually abused children and their biological families. They experienced more validation, self-awareness and understanding of their role. They also shared common frustrations and learned from other foster parents. Foster parents felt they had developed a deeper understanding and a higher tolerance level for sexually abused children's behaviours and attitudes. The participants reported that having reference information along with increased awareness of the child's needs and their own tolerance levels would assist them to set reasonable expectations for themselves when planning responses and interventions. It is of interest to note that one member reported that the least useful sessions were those examining family structure. Other comments by group members expressed the belief that training should be mandatory for foster parents. Verbal feedback from the members indicated that in the first session there had been too many forms and questionnaires to be done.

At the end of each session a portion of the time was allotted for group members to reflect and verbally comment about the group content, process and comfort level. In regard to process and comfort levels, group members expressed feeling safe about talking about their thoughts, feelings, and raising questions with each other in the group. They acknowledged experiencing a wide range of emotions during group sessions which were related to their feelings about the impact of sexual abuse on children, including the times children had disclosed, were involved with the criminal and child welfare systems, or returned to their families.

With respect to the session regarding the types, signs and symptoms of child sexual abuse, the more experienced foster parents indicated that the information was known to them. However, they found it offered them an opportunity to assess their knowledge base about the topic. For the newer members of the group, most of the information was new. They expressed feeling overwhelmed by the nature of the information and the feelings they experienced.

Throughout the group sessions the type of comments from foster parents, sometimes accompanied by tears, expressed higher tolerance for children's behaviour with greater empathy for the traumatic impact of sexual abuse on children. The foster parents continually looked for ways to comfort and help children cope with their experiences and learn new behaviour, including the development of self-esteem and trust.

Group members reported that they achieved their goals set at the beginning of this group. Below is a summary of how the foster parents believed goals were achieved:

a) Foster parents reported a deeper understanding and higher tolerance levels for children's attitudes and behaviours by gaining increased empathy for children. Empathy was enhanced through a variety of emotional experiences during the group sessions. These experiences occurred when considering the impact of sexual abuse on children. For example, the video "Disclosure: A Choice to Struggle Upward" (Naturas, Inc., 1992) assisted foster parents to connect emotionally with the issues presented by the youth in the video. Additionally, group sessions on the nature of child sexual abuse and its immediate and long-term effects on children were effective in facilitating empathy among foster parents.

b) Group participants learned how to help sexually abused children at different stages of their care by receiving factual information about "what to say or do" and "how to do it". This information was complemented by foster parents' sharing their experiences, successes and failures with each other.

Questionnaires - Child Abuse Quiz and Incest: Facts and Fallacies

The "Incest: Facts and Fallacies" questionnaire contained sixteen questions specific to the issues of sexual abuse of children. The "Child Abuse Quiz" contained twenty-three questions related to a variety of issues about child abuse, however it is not entirely directed to the topic of child sexual abuse. It is also quite old and the author is unknown. Given the anonymity of the author of these two questionnaires and lack of supporting documents such as articles describing their development, use and impact, their reliability and validity is doubtful. These questionnaires are located in Appendices G and H respectively.

All of the group members completed the questionnaires during the first group session, prior to the commencement of the group. The questionnaire was to be used as a pre- and post-measure for general knowledge of child abuse and neglect and sexual abuse. Five of the group members reported using both of the questionnaires previously on a number of occasions. Although group participants completed the questionnaire they did so grudgingly, indicating that the questionnaires were too old, and frankly boring. A true-false format was used, and some foster parents indicated that some of the questions were not easily true and false; often the answer was more complex and dependent upon the situation.

Thus the response set was felt to limit the scope of choices. They indicated a preference for a recent questionnaire describing situations with a variety of choices from which to choose a meaningful answer. The foster parents also responded negatively to the number of questionnaires in the first session. Although they completed the questionnaires in the pre-measurement phase, they objected to completing them again at the end.

a) Incest: Facts and Fallacies

Responses to this questionnaire were provided through a true and false format completed during the first group session. Once the questions were answered, the foster parents identified their reasons for the selection of true or false. They provided responses that differed from accepted answers to seven of the sixteen questions (see Appendix G for guidance). The seven statements where different responses occurred including foster parent comments, are summarized below.

1. "Incest is more prevalent between brother-sister than father-daughter" (Question 4: correct response = true).

There were five true and three false responses to this statement. The foster parents who selected the false response did so based on their experiences of fostering children who were sexually abused by their father, not their brother. Foster parents who selected true indicated that they learned the information at a previous workshop.

2. "In father-daughter incest, the victim is usually a teenaged female" (Question 5: correct response = false).

The responses provided were six false and two true. The two foster parents who selected false indicated a lack of awareness about the statistical information. They feared that boys might be sexually abused as much as girls and that this possibility may not be reflected in statistical data due to fewer incidents of reporting or disclosures from young or adolescent boys. Those who selected true did so based on the belief that more girls were sexually abused than boys.

3. "Incest is a rare occurrence" (Question 10: correct response = false).

The responses selected were seven true and one false and true. The foster parent who selected both answers reported that in her experience she had provided care to an equal number of foster children who had been sexually abused and to those who had not. This experience led her to select true. However, she wondered if, when considering the general population, whether incest is experienced by a small number. The foster parent who selected true did so due to past learning in training workshops that incest occurs in approximately ten per cent of the population.

4. "There are as many male victims of incest as female victims" (Question 11: correct response = false).

Foster parent responses were three true and five false. The foster parents who responded

true indicated a reliance on information received from past workshops on child sexual abuse and personal reading about the issue. The foster parents who provided false responses indicated that they knew about the statistics regarding male and female sexual victimization but did not believe that everything about child sexual abuse was known at this time. In addition, some foster parents shared their beliefs that sexual perpetrators did not necessarily select victims due to gender, but rather due to children's age, vulnerability and availability.

5. "In Canada, incest is defined as any sexual contact between family members" (Question 12: correct response = true - if related by blood).

Six true and three false responses were provided. The foster parents who indicated false responses relied on information received at previous workshops. However, the foster parents who indicated a true response reported thinking about child sexual abuse in general as opposed to incest in particular.

6. "Incest is an expression of love between the father and the daughter" (Question 15: correct response = false).

The responses provided were seven false and one true. The foster parent who answered true indicated that when considering the question, she imagined how an abusive father might think

to convince himself that he was showing love to his daughter. The other foster parents who answered false did so from their own point of view.

7. "Ninety per cent of children sexually molested are female" (Question 16: correct response = false).

The foster parents answered four true and four false. Once again, the discussion for this question mirrored the discussion regarding questions #5 and #11.

Foster parents' comments about these questions indicated a lack of factual knowledge related to questions one and three. With respect to the balance of the questions, the foster parents knew the ratio of female victims to adult male perpetrators. In spite of this knowledge, at least half of the group questioned the reliability of the information. Foster parent responses to the other nine questions were consistent with the questionnaire's correct responses (see Appendix G for correct responses).

In summary, the foster parents provided responses based on past learning at previous training events, self-learning and fostering experiences. Some foster parents hypothesized that boys might be sexually victimized in higher numbers than generally believed. A few foster parents lacked information about the legal definition of incest and about its greater prevalence between brothers and sisters than fathers and daughters. Questions which raised different ideas produced in-depth discussion between group members.

b) Child Abuse Quiz:

Responses to this true and false questionnaire were completed during the first group session. After the questions were answered, the foster parents compared their reasons for selection of true or false answers. Participant responses to the Child Abuse Quiz showed different answers to eight out of twenty-three questions (see Appendix H for Questionnaire). As above indicate that agreement between foster parents' responses and data existed in fifteen questions, answers differed from accepted ones in eight cases which are summarized below.

1. "It is easy to determine whether a child has been physically abused" (Question 3: correct response = false).

One true and seven false answers were provided. The foster parent who responded true indicated that she focused on the issue of bruising and marks as indicators of child physical abuse. The other respondents advised that in their experience, not all children who were physically abused had physical marks and that it was difficult to determine whether physical abuse had occurred. They indicated reliance on children's reports about experiences, and behavioural or emotional indicators.

2. "Child neglect is more prevalent than child abuse" (Question 5: correct response = true). Respondents provided three true and five false answers. Three foster parents reported learning this fact at a previous training event. Five respondents did not know the

correct response. Of these five respondents, two could not decide. They reported that their experiences in fostering indicated more neglected children, but they did not know the statistics about the issue.

3. "Most child abusers are men" (Question 6: correct response = true).

The foster parents provided six false and two true responses. The foster parents providing true responses indicated reliance on information received at previous training workshops. The foster parents indicated false responses reported that in their experiences of foster children just as many have been physically abused by women as men.

4. "Child abuse is a crime punishable by fine or jail sentence" (Question 7: correct response = true).

The respondents indicated six true and two false. The foster parents who indicated a true responses did so due to learning the information at past workshops. The foster parents who provided a false response indicated a lack of knowledge in the area.

5. "In Manitoba, spanking is considered child abuse" (Question 9: correct response = false).

The respondents provided four true and four false answers. The foster parents who answered correctly indicated that this knowledge was gained long ago from social workers at the Agency. The other foster parents advised of their belief that it was a

crime and were surprised to learn it was not considered child abuse. All foster parents were cognizant of the foster care policy against physical discipline and corporal punishment of foster children.

6. "Most abusive parents were themselves abused as children" (Question 11: correct response = true).

The foster parents responded with four true answers and four answers combining true and false. Those who provided true responses indicated their beliefs originated from previous learning and their own attempt to sort out why parents abused their children. The balance of the foster parents indicated true and false indicating that in their experience, not all parents abused as children abused their children. Thus their opinion was that the two circumstances existed side by side and recognized that being abused as a child might increase the chances that a parent abuse her/his child.

7. "Hundreds of thousands of Canadian children under the age of six are left alone or with inadequate supervision while parents work" (Question 13: correct response = true).

Respondents indicated one false and seven true answers. Most of the foster parents were aware of the information about children being unattended without adequate supervision. One foster parent was surprised to learn of the magnitude of this problem.

8. "If you report a child abuse case, the accused parents may sue you" (Question 21: correct response = false).

The foster parents indicated one true and seven false responses. One foster parent was unaware of the legal protection for referral sources under the Child and Family Services legislation. The other foster parents advised learning the information through foster parent orientation programs.

In summary, some foster parents indicated knowledge gained from previous training programs and foster parenting experiences. When the group discussed the questions, the differences in responses resulted from some lack of knowledge, thinking about the question differently than the intent of the question, and providing a variety of choices along with different scenarios.

Adult-Adolescent Parent Inventory

The Adolescent/Adult Parenting Inventory (AAPI) (Bavolet, 1984) Form A was used pre- and post-group to measure foster parent attitudes about child-rearing and parenting behaviours. It is a standardized inventory which includes four scales that identify parental attitudes about: 1) inappropriate or appropriate expectations of children, 2) empathy about children's needs, 3) beliefs and values about physical or corporal punishment, and 4) parent-child roles.

Description of group population:

The South training group consisted of eight moderate to highly experienced foster parents whose ages ranged from thirty-three to fifty-six years. All were of German-Mennonite heritage. There were seven females and one male. Half of the

foster parents completed the AAPI during previous training groups provided by the Agency.

Errors in application of the AAPI:

My error in the application of the measurement resulted in most foster parents completing it anonymously in both pre-test and post-test components of the group. This limits case-by-case comparison of pre- and post-test scores.

As noted in the next section, there were few differences between pre-test and post-test scores for the group. While this does not preclude some individual differences it is unlikely that there were major individual differences in scores between the two time periods.

Group results: Pre-test and post-test comparisons:

Construct A: Appropriate Expectations

The pre-test and post-test mean sten scores were 8.25 and ranged from 7 to 9 at each administration. No changes occurred in the mean sten scores from the pre-test to the post-test phase. This indicated that the respondents were realistic and understood children's developmental capabilities. These scores indicated that the foster parents tended to have high self-concepts and positive attitudes about their abilities. Additionally, they tended to be supportive of children for self-growth and exploration of their environment.

Construct B: Appropriate Empathy

The pre-test mean sten score was 8.5 with a range of 8 to 9. The post-test mean sten score was 8.125, with scores ranging from 6 to 9. While there was a slight negative change in the mean score between pre-test and post-test, the high scores imply that the foster parents understood and valued children's appropriate needs for individual development, comfort and acceptance. They were highly

sensitive to children's needs and tended to nurture and encourage positive growth.

Construct C: Parents' Value Alternatives to Corporal Punishment

The pre-test mean sten scores was 9.25 and ranged from 8 to 10. The post-test mean sten score was 9.25 with a range of 8 to 10. These high scores indicated that the group understood and used alternatives to physical force or corporal punishment. They valued the well-being and self-concept of children. These individuals tended to be democratic in making rules and decisions for all family members, not just children.

Construct D: Appropriate Family Roles

The pre-test mean sten score was 9, and the post-test mean sten score was 8 with a range of 6 to 9. Although there was a small decrease in the mean score between pre-test and post-test, the high scores indicated that the foster parents accepted responsibility for their behaviour, felt worthwhile as individuals and held a clear understanding of the "parent" role. They tended to have their needs met appropriately through support, comfort and companionship from peers.

On review of the foster parents' pre-test sten scores, all respondents scored toward the high end of the range in all of the areas measured by the AAPI. Post-test scores showed a few average scores in the areas of appropriate empathy and appropriate family roles with most responses remaining at the high-end range for all areas. When these foster parents' scores are compared with the norms reported by Bavolek (1984), most responses were toward the high to extremely high end in all the areas measured by this instrument.

Implications for Group Two Training

In order to identify the changes I made to the second training group, I reviewed the tapes of the first group's sessions, relied on my observations of foster parent participation and comments, and consulted with my practicum supervisor.

The changes for the second group are as follows:

a) Reduction of Questionnaires:

Instead of having group members individually complete the Child Abuse Quiz and the true and false questionnaire regarding incest, I determined that the questionnaires could be completed in the group through general discussion. The general discussion regarding these questionnaires helped foster parents focus on a first group task and provided a forum of discussion and interaction, enhancing the development of group formation.

b) Facilitator Style:

In terms of group discussion, the foster parents readily discussed issues, respectfully listened, requested advice, and provided verbal and physical comfort to each other as the case may be. My facilitation style was focused on task and process while encouraging foster parents' participation. This was truly a balancing act to maintain a pace so that the agenda was met during the allotted time, to encourage participation and to ensure group members received sufficient time to discuss the material. This was a strong and assertive group of foster parents whose basic supports came from social workers and each other. Beyond their partners and each other there was no one else who shared a common language, value and belief system, and fostering experiences so that when they met in the group they were eager to discuss foster care and group content. They were also a well-organized group of individuals

whose time was valuable and who wished to accomplish the goals they set out to do.

On reviewing the video tapes, I saw that I adjusted the agenda to meet the needs of the group members, namely, a second viewing and discussion of "Disclosure: A Choice to Struggle Upward". In addition, there were a number of times the group provided me with their ideas and preferences about group processes and activities. However, there was room for me to provide more encouragement and validation to the group membership about sharing their experiences and knowledge. For example, on review of some of the video tape with my primary advisor, I saw that my verbal feedback to the group was not as strong as I believed it was before viewing the tape. I agreed to increase the quality of my verbal responses to the foster parents.

Therefore, the goal was to achieve a facilitator style which created a balance between process and task accomplishment, and to incorporate more validation of the group participants. For example, this might include letting foster parents know more often when they are on target with an issue, to acknowledge the times they have raised salient points and to promote greater member involvement.

CHAPTER SIX

NORTH FOSTER PARENT TRAINING GROUP

This chapter will present a report of the second Foster Parent Training Group organized for November and December, 1994 and January, 1995. The reporting format for this chapter is essentially the same as the previous chapter's report of the South Foster Parent Training Group. Thus, the purposes of this chapter are to:

- A. Identify the goals and agenda of the group;
- B. Summarize the various themes and issues which were raised by the Foster Parents through the group sessions;
- C. Present an evaluation of the second group utilizing participant self-reports, facilitator observations and results of the Session Evaluation Questionnaire;
- D. Provide an overall evaluation and comparison of the two groups; and
- E. Identify self-learning issues for this student.

Goals and Agenda

The goals of this group were consistent with those of the first group, focusing on:

- a) assisting group members with their own development of knowledge and enhancement of skills for being foster parents for children who have been sexually abused; and
- b) identifying or learning from foster parents about fostering concerns and issues related to caring for these children.

My goals regarding group facilitation were to:

- a) ensure the learning environment for group participants was emotionally safe and physically comfortable

so that they could explore various concepts and experiences in fostering sexually abused children;

b) assist the group to identify their own learning goals achievable by the end of the group sessions; and

c) provide stronger verbal validation to group members when a participant shared experiences and expressed concepts relevant to fostering sexually abused children.

The foster parents, through a discussion process, identified their own learning goals which were as follows:

a) To gain a better understanding of why sexual abuse occurs;

b) To identify the signs of sexual abuse;

c) To learn how to help the victim, family and offender; and

d) To learn how to help the child cope and learn - to find more approaches to take with a child.

The agenda for the group covered seven sessions. On reviewing the agenda for this group the foster parents reorganized the agenda time frame and the session topics. In terms of the time frame, sessions were scheduled every two weeks, some occurring in the morning, some in the afternoon. The last session included an extra three hours which occurred over one day. The Agency provided lunch for everyone on the last day's session. These changes were made to adjust to the foster parents' hectic schedules revolving around foster children's needs, such as: contact with family, children testifying in court, medical appointments, treatment issues (medical and emotional), school attendance, and children's activities such as music lessons, Aboriginal Dance Class in Winnipeg, Christmas plays and concerts at school and the various clubs to which the children belonged. Other issues requiring scheduling centred around case management needs,

such as appointments with the case social worker, foster parent worker, and at times, a larger service providers meeting. This was not a unique situation since foster parent activity levels increased or decreased, depending on care expectations of the child. In this particular case, a schedule to fit the small group developed easily through group consensus.

Topics to be addressed during the group were:

Session One:

This session was organized in the following way. First, there was an introduction to the group program and participants. This included receiving informed consent to video tape group sessions, defining group expectations about confidentiality, and identifying foster parent learning goals. The Adult-Adolescent Parent Inventory (AAPI) was administered as a pre-test measurement. In addition, the "Incest: Facts and Fallacies" and the "Child Abuse Quiz", two true and false questionnaires, were completed orally by the group rather than in writing by each group member as in the first group. This was one of the changes organized for the second training group so that less session time would be used to complete the forms.

The topic for discussion during this session was "Disclosure of Sexual Abuse - Consequences and Implications". This presentation included viewing the video: "Disclosure: The Choice to Struggle Upward".

Sessions Two and Three: Becoming aware of Sexual Abuse Experienced by Children. Content for these sessions included an identification of different types of sexual abuse, possible signs and symptoms of children's anxiety under these conditions, and the impact of such abuse upon the emotional, psychological and developmental growth of children.

Sessions Four and Five: Understanding Family Dynamics in Healthy Families and Families affected by Sexual Abuse. These sessions focused on a number of issues related to family structure which included:

a) boundaries, patterns of communication, functioning and problem-solving,

b) sexuality and transmission of values; and

c) family of origin issues related to the child's family, foster family and the interaction of these various groups.

Sessions Six and Seven: Strategies for Caring for the Sexually Abused Child: These sessions concentrated on ways to interpret and respond to behaviours of abused children. It included practical approaches that foster parents use to help children, such as role modelling, interpersonal relationships, positive regard, search for strength, communication and problem solving. There was also an opportunity to discuss foster parent issues related to self care, nurturance, and the development of social support networks.

Themes and Issues

There were a number of intricate themes identified throughout the duration of the group by the foster parent themselves. The most significant of these are summarized below.

a) The need to understand and respond to children's behaviour:

These foster parents reported that many children who have been abused, either sexually or physically, sometimes crave or hoard food or hide personal articles more than children who are in care due to behavioral management issues. The foster parents find it best to set limits for the child

(e.g., in terms of amounts to eat) and help the child organize a special place for their things or food. Some viewed this behaviour to be an expression of a child's insecurity and used it to gauge how a child was feeling or how well the child settled into the foster home. Most foster parents did not experience difficulty responding to this behaviour. They suggested that new foster parents may become too anxious about such behaviour if they were not taught to understand or how to respond. The foster parents indicated their best learning came from experimenting, that is, through the use of a variety of responses which were flexible to meet the needs of each child for whom they provided care.

b) The need to address difficult issues related to a child's family:

The foster parents reported that there were difficult and painful issues to deal with which related to a child's family. They included the following:

i) It was important that foster parents learn to handle their own feelings toward the child's parents. These foster parents experienced intense and angry feelings and emotions toward the child's parents for having sexually abused them, or for not protecting them from the abuse. They acknowledged that they were careful not to transmit these feelings to the foster children. They indicated that they work hard to separate these feelings from how they speak with the children about their family about what has happened to them. They stated that when children ask about their parents, they are also asking about themselves, and there was commonly expressed view that children face tremendous loyalty issues while in foster care.

ii) There were times when foster parents did not want children to return home. This reaction occurred most often when they did not see enough change in the parents to deserve the children's return, and developed out of their sense of protectiveness toward and attachment to foster children. These feelings were influenced by insufficient information from the Agency about changes made by the biological family or plans and process to return children to parents. The foster parents noted that conflict between themselves and the Agency often occurred during these times. The foster parents rarely had an opportunity to observe changes in a child's biological family. Contact with the child's family most often occurred during times when foster parents transported the children to the Agency for family visits. Usually the foster parents learned about changes or lack of changes through the case worker.

iii) Foster parents reported experiencing painful and angry emotions when receiving children who have been re-traumatized by returning to their families. Other emotional times occurred when visits between children and their parents met the parents' needs and not the children's.

c) The need to recognize that fostering children who have been sexually abused affects all parts of daily and social life:

Foster parents agreed that the foster mother and father need to be able to anticipate situations in which a child may approach them in a sexualized manner. In this way, the foster parent will have a plan to handle their own emotions, such as fear or anger, and be able to respond appropriately to the child. Group members concurred that both

foster parents need to be able to anticipate situations and address issues when a child is approaching them in a sexualized manner, and attempts to touch or indeed touches their genital area.

d) The need to understand the effects of fostering on children of the foster family:

Foster parents reported a variety of positive and negative implications that their own children experienced as a result of fostering special needs children. Some of the most serious effects were strained relationships with their own children due to the demands of the foster children. This resulted in their children withdrawing emotionally or "acting-out" in ways which redirected the parents' attention. Other consequences that were identified related to the possibility that their own children might be sexually molested or physically assaulted.

In order to prevent these effects, all the foster parents indicated that they had protected special time with their own children. Additionally, they involved their children in the decision process when deciding to provide foster family care.

However, foster parents also indicated that all effects were not negative and that the foster children and their children influenced each other positively. They reported that their children gained a wide range of life experiences and once in a while a long-term friendship with a foster sibling. These foster parents concluded that their children ought to be part of the orientation process to the Agency. Further, they recommended that their children ought to have a peer support group with whom they can share positive and negative experiences.

Some group members reported that they were unprepared for negative reactions about fostering children from some of their extended family members. These foster parents advised that it was important to educate their extended family about fostering children, and identify what fostering meant to the foster parents and how it might affect family life. In addition, they needed to be educated about how to interact with sexually abused children, specifically, with respect to appropriate boundaries with them and responses to some foster children's sexualized behaviour.

e) The need for treatment for families where child sexual abuse occurs:

This foster parent group believed that there should be education, training and counselling for troubled parents to raise their children, if at all possible. If it is not possible, according to the foster parents, then children should never remain with family who abuse them. However, once children are returned to family of origin then the need for agency follow up is great.

Some foster parents expressed an interest in being part of helping the foster children's family, through support, teaching, role-modelling, providing respite for parents or being a part of counselling sessions. Some had taken part in such activity and found it quite exciting.

The foster parents indicated that children need to be shown accountability by the offender for what has happened to them. They expressed that they hoped that what they were doing was helping the foster child at that time as well as in the future.

f) The need for realistic training:

Consistently, foster parents identified the need for training to assist them in handling the daily aspect of care for sexually abused children. Several aspects of training were identified.

i) First time foster parents need to be prepared to care for sexually abused children; otherwise, there may be a high risk for some foster children to victimize other children. For example, the foster children's experiences and trauma of being sexually abused may be re-enacted upon other young children in the family or community. These group members have learned how to address these kind of issues through experience and mistakes.

ii) The foster parents reported that sexualized behaviours and emotional reactions of some sexually abused children were triggered by internal (memory and experiences) and external (television, books, animals, people, etc.) stimulation. They stressed the importance of foster parents being trained about children's possible behaviours and reactions while in foster care.

iii) A number of these foster parents reported receiving unrealistic direction during training sessions at the Agency. For example they had been advised that a foster father should never be alone with teenage girls, whether or not they have been sexually abused. The reason was to protect the foster father from possible allegations of abuse. These foster parents found this suggestion to be ludicrous, indicating that if this was the rule for all foster fathers of all teenage foster daughters then family life would disintegrate. However, all of the foster parents concluded that without adequate training for foster parents, the placement of a teenage girl should not occur.

iv) The foster parents indicated that training ought to include information about cultural and ethnic issues so that they could use the information to build bridges with the children and respect their heritage. They reported that more than half of the children placed with them were of Aboriginal descent. Less than half of the children had ethnic backgrounds from other cultures such as French-Canadian, Asian, and German. A good many foster children used their mother-tongue. They had experienced a variety of lifestyles living in a reserve community, small rural town or large urban city. The foster parents realized that a wide range of cultural differences exist within the Aboriginal population. They reported that training does not often include in-depth information about the issue of culture in relation to the foster child in foster care, and they requested that training (and casework) include methods of assisting them to learn about the child's culture and blend it, as much as possible, into the foster home environment. For example, they were interested in learning about Aboriginal spirituality and family structure, and the roles and responsibilities of different family members in relation to child. Most importantly foster parents were interested in maintaining a continuity in the child's life with respect to their family and culture.

g) The need to identify trends in the placement of children in foster care:

All the foster parents noted that over the last five years the type of children coming into care has remained constant. These children have experienced severe neglect, physical or sexual abuse, or have lived with parents who were addicted to drugs and alcohol. They had seen a decrease in children coming into care due to parent-child/adolescent

conflict. A few children with complex medical needs came into care periodically, but these children were usually placed in specialized foster homes, or with foster parents who were quickly trained by health and other children's service providers. They also reported that children were placed in foster care on an emergency basis usually at the time the child disclosed sexual abuse.

The foster parents concluded that identifying trends in foster care ought to tie directly to children's needs in care and training and support for the foster care providers.

h) The need for support:

Throughout the group sessions the foster parents stated that fostering sexually abused children can be so overwhelming that it is important for support as well as education. Indeed, education about the issue of child sexual abuse was viewed by this group as an element of support provided by an agency.

Support was described as having someone available with whom the foster parent could: a) share feelings, thoughts and experiences about a situation; and b) receive feedback and validation. This individual ought to be someone who understands issues related to fostering sexually abused children, and the realm of child sexual abuse itself, like the child's worker, foster care worker, or another foster parent.

However, one of the most important issues for these foster parents was that they had time to consider the educational material. They shared their appreciation for this group since it offered the two elements - educational information and time in which to reflect on their fostering experience and knowledge about caring for sexual abused children.

i) The need for developing teamwork:

The foster parents advocated for more of a "team approach" with the caseworker and believed that it should be the regular method to plan and provide intervention for children in foster care.

They identified a number of inter-related factors required to ensure that this approach meets the needs of children in care. The foster parents prioritized these factors in the following way:

a) Both agency social workers and foster parents need to develop a trusting relationship. For example, most foster parents reported that even with all of their experience, one of the hardest things to do was to tell social workers their worries. They feared they would be viewed as being unable, emotionally, to handle problems.

b) The agency ought to involve the foster parents in procedures designed to assess and develop interventions to respond to the needs of foster children, which include:

i) full disclosure of information about a foster child's social history, life experiences and "acting out" behaviours;

ii) sharing reports of the child's psychological and emotional developmental assessments;

iii) sharing information pertaining to events in the case, and the child's family; and

iv) a commitment that foster parents be part of the agency's decision-making system regarding policy development affecting foster care services and practices with respect to children in care.

j) Self-Care for Foster Parents:

The foster parents identified a number of factors and personal characteristics which contributed to their emotional well-being during their fostering career. These included the following:

i) a "great sense of humour" and patience, together with a wide range of ability to resolve problems;

ii) a realistic understanding of their strengths and limitations regarding the type of child they can help; and

iii) a strategy for self-care which included assertive ways to protect themselves from "burn-out" in foster care.

Other Issues

There are times during group programs when unexpected issues arise. It is important that a group facilitator respond to the issues as they arise, and provide guidance which respects group members' self-determination and group integrity. What follows is a brief summary of some issues which occurred during sessions with this group:

i) One foster parent disclosed about the history of sexual abuse in her family of origin, and identified personal issues which did not fit into the context of the group. She advised that she had planned intervention approaches to use with the adult offender in response to conflict within her own extended family. She indicated that this information was well known to many group members and had been reported to the Agency foster care coordinator and other appropriate Agency staff.

This foster parent requested that she receive "some counselling" and have a quick discussion with me about the situation and that the group provide her with feedback about her plans. Moreover, she requested to meet with me after group to receive additional counselling "to talk about it" and "learn how to handle it".

I offered empathy with regard to her immediate feelings of vulnerability, anxiety and fear. It appeared that once I responded to the foster parent, the other group members joined me in providing validation and emotional support. In addition, the group indicated that they did not feel they had enough information or were sufficiently qualified to assist her in the way she had requested. I indicated that this still required individual attention outside group and explained why it would be unethical and inappropriate for me to agree to her request to discuss it within the group.

In summary, my role with respect to the disclosing foster parent was to offer initial support and empathy, and to ensure she had appropriate emotional support and information about and access to adequate resources. In addition, with the knowledge of the foster parent, I contacted the appropriate Agency staff and received confirmation of their attention to the matter.

In regard to the other foster parents, I engaged the entire group in sharing their feelings and ideas with the disclosing foster parent. Finally, I maintained strong boundaries around the training program. All of the foster parents reported feeling satisfied with how the matter was handled.

ii) A second issue arose when one foster parent brought along her six-month old baby to the group session, due to inadequate child care arrangements. Group members did not object to the baby's presence, as foster parents did not want to lose the group member from the training program. This resulted in minor adjustments within the group. For example, during the time group was in session a small child area was set up for the baby. As well, everyone took turns assisting with child care. This activity occurred without disruption to the group's work and processes.

iii) A foster parent shared her belief that her own child may have been involved sexually with a former foster child. She indicated that after attending the sessions so far she had been recalling events and seeing them in different ways. The group was extremely supportive and understanding with their co-member. My role was to assist the group members to offer support, and with respect to her emotional state, identify a plan to respond to the issue. Additionally, with the foster parent's knowledge, I informed appropriate staff of the Agency so that she and her family received support and assistance.

iv) A situation occurred where a foster parent was delayed from attending the group due to the fact that a planned visit for a foster child did not proceed, as the parents did not arrive. The delay occurred for two reasons: first, the foster parent provided comfort to the child and second, arranged child care, with someone with whom the child was comfortable. The issue for the group was to respond and support their colleague.

v) During the last group session, a foster parent expressed her anger due to a recent experience involving the Agency. She indicated that she almost did not come to the group session due to her feelings of anger for how the Agency responded to a report of alleged child abuse. She shared with the group her emotions about the impact of the Agency's response to her and her family. While this was a personal issue for one individual, it was an important issue for all foster parents to consider. The group discussed the problem, drawing into it all of the issues we had reviewed in the group such as: 1) signs and symptoms and identification of possible abuse; 2) interpreting young children's behaviour; 3) methods of investigation and its impact on everyone; 4) communication issues, roles and responsibilities of the Agency and foster parents; 5) supervision of children; and 6) team approach to assessment and planning. Although working out this problem took a bit of time all of the group was actively involved in supporting the co-member who was able to resolve the problem during the group session. The group member who raised the issue reported experiencing support and feeling better after having talked it through. In the end, the foster parents concluded that the discussion felt like successful teamwork.

vi) Throughout the group program, another issue to which I consistently responded was that of returning the role of "expert" to the group membership. The foster parents often regarded me as the "expert" while minimizing their knowledge and experiences within the child welfare system and caring for children who have been sexually abused.

Facilitator Observation

Throughout the group program these foster parents remained committed to dealing with situations as they arose. They were respectful of others' feelings and empathetic; as well, they shared different opinions, listened carefully to others, and formed conclusions via consensus. The group appreciated that the sessions provided time to consider issues. Time is a luxury, they often commented, that they did not have.

From their discussions I observed that most often the group members searched for the meaning and context of a situation, and focused on children's needs. Development of interventions to respond to foster children were most often frustrating when foster parents set unrealistic plans.

In respect to the Video "Disclosure: A Choice to Struggle Upward" the group's reaction was subdued. Some were defensive of the foster parent role, at first. However, after discussion of a number of the issues highlighted by the video, group members could understand quite easily the film's message. None of the issues were unheard of by any of the foster parents. However, the foster parents moved beyond defensiveness, finding empathy and understanding for the youth in the film.

One of the exercises this group did to increase empathy, for the non-offending parent, or for someone who hears a disclosure and who may not believe it occurred, was to imagine such an allegation against someone they loved or trusted. Through this discussion they discovered the loyalty conflicts which might be experienced and identified the emotional strength required to address the issue.

Description of Group Membership:

The foster parents in the group were all acquainted with each other. Five of the foster parents had attended other training groups together. Some foster parents provided care for the same children, which increased the number of times they had consulted with each other about the children's issues and shared experiences. One foster parent dropped out of the group due to the fact that she provided care on an emergency basis. She received a sibling group, which made it impossible for her to attend the group.

Group cohesion solidified during the second group session. The foster parents joined well with each other, formed a car pool for the rural participants and organized treats for the coffee break. All of the group members were voluntary participants with no absences from the group. They were extremely organized with unbelievably hectic schedules. They were able to cope with the process required to develop a schedule to meet the needs of all group members. None became impatient or angry at the complexity of scheduling; instead, humour was used to cope with this and other issues.

Throughout the group's sessions, members often disclosed personal stories, life experiences, and experiences in fostering children who have been sexually abused. The foster parents showed tremendous emotion at times when foster children's experiences were discussed. Strong emotions also came from feelings of helplessness for the tremendous burden children bear.

The agenda for the group included a wide range of issues (see Appendix E for list of issues). The foster parents were knowledgeable about the topics in each session, and they transferred learning about the issues and their experiences from past sessions to later sessions throughout the program.

However, it must be noted that the majority of these foster parents had a lot of experiences in fostering sexually abused children. The newest concept for this group was the material on "Typologies of Incestuous Families" by Larson and Maddock (1985), which identified ranges of behaviour linked to specific treatment modality. This discussion about ranges of perpetrating behaviours and matching treatment options made sense to this group.

Group Evaluation

Verbal feedback from the members consistently identified their appreciation for having group time to reflect on new information and discuss ideas. They reported that the group felt like a team and that they wanted to have their work with the Agency take the same process.

The evaluation of the group consisted of four questions which were completed by the foster parents at the end of the last group session. Detailed responses are contained in Appendix K.

In summary the Northern group members reported that it was most useful to learn factual information about child sexual abuse. They gained understanding and developed empathy for children's experiences and their need for emotional support. The foster parents reported reduced fears about caring for sexually abused children. They gained knowledge about matching treatment to children's individual needs. In addition, they appreciated learning from other group members, sharing experiences and knowledge and having the time to consider issues.

The Northern Foster Parent Training Group expressed interest in expanding their role to help foster children and their biological family. They expressed interest in an

inclusive approach (Kufeldt, 1994) to foster care services, which would include the biological family in all facets of children's placement in foster care and which emphasizes children's continuity with biological family as a central focus in the continuum of foster care services.

Student's Self-Evaluation Regarding Changes in the Second Group:

The adjustment to my facilitation style was to increase verbal validation responses to group members, and to encourage foster parents to express themselves about their knowledge, skill and experiences. Additionally, validation was offered on significant issues or questions raised by foster parents. The foster parents' response to me indicated that it was important to them to know when they were correct about information or when their instincts and problem-solving approaches were on target.

Questionnaires - "Child Abuse Quiz" and "Incest: Facts and Fallacies:

These questionnaires were completed by the group in discussion format. Half of the Northern group reported completing these questionnaires at past training events. This group preferred finding solutions to the questions through group discussion of the issues.

Responses to the sixteen questions of "Incest: Facts and Fallacies" showed that group participants determined the correct answer for all of them except for questions four, nine and eleven (see Appendix G). The three questions where different responses occurred, including foster parents' comments, are summarized below.

1. "Incest is more prevalent between brother-sister than father-daughter" (Question 4: correct response = true).

The foster parents provided five true and one false responses. The majority of the foster parents indicated learning the information at previous training events while the foster parent with a false reply indicated that she lacked information.

2. "Fathers who commit incest are mentally ill" (Question 9: correct response = false).

Respondents indicated four false and two true answers. The foster parents who provided false responses indicated that they had learned at previous training workshops that incestuous behaviour is not recognized as a mental illness. The other two foster parents having attended the training workshop still selected a true response based upon their own beliefs and values.

3. "There are as many male victims of incest as female victims" (Question 11: correct response = false).

The foster parents indicated one false and five true responses. Again the majority of responses came from foster parents who had received the information at previous training events.

The "Child Abuse Quiz" was completed through group discussion. The foster parents were interested in identifying in-depth issues involved in the questions. Discussion focused on the complexity involved in questions, so that the group developed case examples to which they selected appropriate responses. For example, in relation to question 23, "The police and the courts are the agencies best equipped to deal with child abuse", the foster parents identified a variety of

ways society ought to respond. They indicated that community responses ought to occur according to the individual case based on the nature of perpetration, and the degree of harm and violence done to children.

The format adopted for these questionnaires meant that less time was used to complete them which allowed more time for discussion focused on the sessions' topics. However, the "Child Abuse Quiz", and "Myths: Incest and Sexual Abuse" questionnaires remained interesting to the participants, and provided an initial forum for discussion of a variety of elements inherent in child abuse, both physical and sexual.

Adult-Adolescent Parent Inventory

The Adolescent/Adult Parenting Inventory (AAPI) Form A was used pre- and post-group to measure foster parent attitudes about child-rearing and to assess parenting behaviours. This inventory was reviewed in detail in Chapter Four, therefore a description of the Inventory and information about interpretation is not repeated here. Results outlined here are limited to a brief description of the group population, pre-test and post-test results, and interpretation and comparison of the results of both groups.

Description of group population:

The North training group consisted of six moderate to highly experienced foster parents whose ages ranged from thirty-four to sixty years. Two were of Aboriginal descent and four were of German-Mennonite heritage. The group was comprised of seven females and one male. At least half of the group had completed the AAPI during previous training groups at the Agency.

Errors in application of the AAPI:

My error in the application of the measurement resulted in most foster parents completing it anonymously in both pre-test and post-test components of the group. This limits case-by-case comparisons of pre-and post-test scores. As noted in the next section, there were a few differences between pre-test and post-test scores for the group. While this does not preclude some individual differences it is unlikely that there were major individual differences in scores between the two time periods.

Group results: Pre-test and post-test comparisons:

Construct A: Appropriate Expectations

The pre-test mean sten score was 8.33 which differed from the post-test mean sten score of 8. Responses ranged between 7 and 9 at both pre-test and post-test. The pre-test and post-test responses were located in the high range for this area. This indicated that foster parents tended to be realistic, understood children's developmental capabilities and supported self-growth. In addition, the respondents held high self-esteem and held positive attitudes about their capabilities.

Construct B: Appropriate Empathy

The pre-test mean sten score was 8.16 and the post-test mean sten score was 8.5. Both pre-test, and post-test sten scores ranged from 7 to 9; thus all scores were located at the high end range for this area. These scores indicated that the respondents understood and valued children's needs for individual development, acceptance and comfort. Moreover, they tended to be highly sensitive to children's needs for nurturance and encouraged positive growth.

Construct C: Parents' Value Alternatives to Corporal Punishment

The pre-test mean sten score was 8.5, and scores ranged from 7 to 10. The post-test mean sten score was 9.66 with scores which ranged from 8 to 10. Although the mean slightly increased, the respondents remained within the same scoring range for this construct. These high scores indicated that the foster parents understood and used alternatives to physical force or corporal punishment. They tended to be democratic in making rules and decisions for all family members, including children.

Construct D: Appropriate Family Roles

The pre-test mean sten score was 7.5, with scores which ranged from 6 to 9. The post-test mean sten score was 8.33, and scores ranged from 5 to 9. The pre-test and post-test mean scores were slightly different with a small shift upward at post-test. However, both mean sten scores remained within the same rating category for this construct area.

On review of the pre-test and post-test sten scores, most of the respondents scored toward the high end of the range in all of the areas, except for Construct D which fell in the average to high range. Comparing the foster parents' scores with the norms reported by Bavolek (1984), most responses were toward the high to extremely high end in three areas: appropriate expectations, appropriate empathy, and parents' value alternatives to corporal punishment. Construct D, regarding appropriate family roles, reflected the same average to high score pre-test and post-test.

Comparison of the AAPI results of the South and North Training Groups:

Comparison of the South and North group test results showed a high level similarity. Most of the pre-test and

post-test scores of both groups were located at the high-end range for all areas, with a few average scores in different areas. Both groups showed scores at the high-end range in the areas of appropriate expectations and parents' value and alternatives to corporal punishment and showed similar scores from the average to high end range in the area of family roles. A small difference is seen in the area of appropriate empathy where the North group scores are located at the high end range while the South group are at the average to high end range.

Conclusions:

It appeared from these results that these two groups of foster parents had a high overall level of functioning in the four construct areas. In comparing these scores to the norms reported by Bavolek (1984), most responses from both groups were located at the high end of the range. No conclusions can be drawn about case-by-case results since the individual responses were not identified.

Comparison of the South and the North Groups

Development of both Training Groups occurred with the agreement of the Agency and support from the foster care coordinators. Initial group formation tasks within the Agency included gaining permission to operate the Training Program, developing a clear agreement about training needs, group composition, timing, structure, and member selection. All group members were active foster parents interested in participating in the groups. With respect to participation within the program, attendance remained stable except for one absence for one South group session due to the death of a close friend. Two foster parents dropped out of the North training group: one foster parent was constrained from

attending due to emergency placement responsibilities, the other foster parent did not attend due to lack of interest.

Foster parents in the Southern area had formed a support group which had been in existence for at least one year prior to this foster training program. The Northern group of foster parents all had prior relationships with each other. All of these elements assisted in the development of cohesive relationships between the foster parents within the group structure.

For the most part, group members were long-time experienced foster parents and all had provided foster care for sexually abused children. All of the participants acted responsibly and compassionately with respect to colleagues and foster children. Confidentiality issues regarding Agency cases, children, and families were respected. Both groups had a sense of humour about themselves and the Agency. Both groups enjoyed getting together for support, sharing information, consulting with and learning from each other. One observed difference was that the North group did appear to take more personal risks sharing personal information from family of origin, life experiences and current issues they were facing in their foster homes.

From both the foster parent verbal responses during the group and written evaluations, it appears that some foster parents developed increased understanding and empathy for the foster child and her/his biological family. Foster parents reported that gained understanding and empathy would assist them in developing reasonable expectations about the child's behaviour and lessen the stress experienced by some in teaching the child new coping strategies quickly.

For the most part, the two groups identified several similar themes about caring for sexually abused children.

Group members in both groups focused primarily on children's needs for safety and reduction of trauma and stress. They recommended treatment for the child and the family, with separation of the child from the family if necessary, and re-unification of the child with family if possible. Education and training issues for foster parents focused on preparing the foster family to: a) provide a safe and sensitized environment for a foster child who has been sexually abused; and b) nurture and intervene with post-traumatic behaviour caused by sexual abuse.

There were several suggestions about how to enhance support for foster parents. This included a "team approach" to policy development and casework between the agency and foster parents.

Common themes in the groups' evaluations related to increased empathy and sensitivity for children's experiences and tolerance with some altered expectations related to the child's behaviour. In addition, foster parents experienced higher confidence levels and lowered fears for caring for a sexually abused child. Finally, they reported appreciation for peer support and consultation. The South group evaluation indicated that the session on Family Structure was least useful. Comments from the North group's evaluation indicated the whole area dealing with the abuse was less useful. Members in both groups became more actively involved in sessions when discussion focused on actual fostering situations and when I provided encouragement and validation regarding their knowledge and experience about fostering.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a brief review of the practicum. Included in the review is comment on which goals were achieved and which were not. As well, this student summarizes the major themes, identifies self-learning, and offers conclusions and recommendations relevant to the topic addressed in this practicum.

The intent of this practicum was to develop a group training program for Foster Parents of Sexually Abused Children. The goals of the program were:

a) to strengthen the competence of foster parents by increasing skills and knowledge in caring for children who have been sexually abused; and

b) to assist foster parents to address family-of-origin issues which might be triggered by behaviours or issues presented by a foster child.

In the education and training of adults, it is essential to consider the major factors on which any training program is based. These factors include understanding the motivation to learn and developing curriculum concepts relevant to training issues or problems. Further, it is important to integrate new information with the learner's current knowledge and to provide a learning environment which is physically and emotionally comfortable (Zemke, 1981).

With the above in mind, I considered the variety of ways in which foster parents can receive training, including experiential and shared learning, a non-directive approach, the case-study method, or individualized coaching from social workers and therapists. The group format was selected after weighing the pros and cons of training goals and the various training approaches described in the literature (Daly, 1989;

Hampson, 1984; McFadden, 1982; Meadowcroft, 1990). The development of the group structure, content and process were guided by foster parent feedback and by this student's experiences in child welfare work. Additional guidance was derived from a review of the literature related to issues and approaches in training foster parents, group organization and dynamics, adult-education issues, child development, and child sexual abuse investigation and treatment.

Group processes in this training program included the use of video tape, group activities such as small discussion groups, role play, case discussions, and problem solving. For example, in a number of sessions, foster parents identified problems they experienced intervening with foster children's negative behaviours. The problems ranged from specific acting-out behaviours to foster parents feeling overwhelmed, frustrated and sometimes quite helpless to make changes. Group discussion format was used to assist the foster parents. I guided the problem-solving process by having the group follow a systematic approach to problem assessment and developing and evaluating interventions. During training, the groups' natural system of communication and existing and emerging leadership were respected and encouraged. This helped to validate their existing support network.

The two training groups occurred consecutively. The South Training Group took place in the spring of 1994, followed by the North Training Group in the winter of 1994, concluding in January, 1995. Changes were made to the second group based on the experience of the first group. The Family of Origin group was to be offered subsequent to the training group for those foster parents who volunteered to participate. This group was considered to be an "extra" event that could be

added onto the training group if there was sufficient interest.

The Family of Origin Group did not occur due to lack of volunteer participants. The barriers to participation were related to time and organizational concerns regarding travelling to Winnipeg, child care and existing family activities. Perhaps the foster parents would have been more likely to be part of the Family of Origin Group if it were located in their geographical area rather than in Winnipeg.

Measurements used to Assess Success

In order to assess whether the goals of increasing foster parent skills and knowledge were achieved, the following measurements were selected to evaluate the Training Groups:

1) The Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984), consisted of thirty-two questions designed to assess beliefs about parenting and child rearing. This Inventory was applied pre- and post-group.

2) Two true and false questionnaires (Authors unknown), namely, "Incest: Facts and Fallacies" and "Child Abuse Quiz", were to be used pre- and post-group. The "Child Abuse Quiz" is comprised of twenty-three questions and was used to gauge general knowledge about child abuse. The "Incest: Facts and Fallacies" questionnaire, made up of sixteen questions, was used to identify knowledge about child sexual abuse.

3) An Evaluation Questionnaire comprised of four questions, was developed by this student, and this evaluation was completed by group members at the end of the group program.

Outcomes and Observations

A. Questionnaires and Measurements:

1. The "Adult-Adolescent Parenting Inventory" (Bavolek, 1984) was used pre- and post-group as planned with each of the two training programs. Test results for both the South and North Training Groups indicated an overall high level of parental functioning at both pre-test and post-test in the following four areas: 1) appropriate expectations of children, 2) empathy for children's needs, 3) beliefs and values about corporal punishment, and 4) parent-child roles. Compared to the norms reported by Bavolek (1984), most responses from both groups were located at the high end of the scale.

These results indicated that foster parents in both training groups held expectations of children which were realistic and showed that they understood children's developmental capabilities. In addition, they tended to have high self-concepts and positive attitudes about their abilities. Moreover, they were apt to be supportive of children's self-growth and exploration of their environment.

With respect to empathy regarding children's needs, these high scores signified that respondents were inclined to be highly sensitive to children's needs and tended to nurture and encourage positive growth.

High scores in the area of beliefs and values about physical punishment indicated that both groups of foster parents understood and used alternatives to corporal punishment. In addition, it showed that these individuals were prone to be democratic in making rules and decisions for all family members, including children.

2. Questionnaires: The authors of these questionnaires are unknown, and there is no known information on their

validity or reliability. The "Child Abuse Quiz" and the "Incest: Facts and Fallacies" questionnaires were completed by the South Training group prior to its commencement, but as reported earlier group members were not enthusiastic about completing the questionnaires. This was due to the fact that at least half of the participants in the South group had previously used the questionnaires in workshops or other training events. Some of the group members had completed the questionnaires more than twice, and did not see the value of repeating them. Additionally, South foster parents grew frustrated about the amount of group training time in the initial session which was used to complete the questionnaires along with other pre-training activities. Pre-training activities were the provision of foster parents' informed consent to video tape group sessions, the development of a confidentiality contract between group members and completion of the AAPI. Because of concerns about the questionnaires, they were not applied at the end of the South training program. Since there was a lack of confidence in the questionnaires and in order to minimize frustration, I changed the method in which the questionnaires would be used for the second group. Instead of using the questionnaires case by case and pre- and post-group, they were used once during the first session of the North Foster Parent Training Group. The questionnaires were answered orally within a group discussion format.

Although the decision to utilize these questionnaires only at the front end of the groups eliminated their value in terms of measuring change, the questionnaires were of interest to group members in that they identified issues for learning during training. Both groups were anxious to discuss the complexity of the issues inherent in the statements. Group

discussion of the questionnaires provided a valuable process in assisting the first stages of group formation and interaction. In addition, it offered me an opportunity to briefly assess foster parent knowledge about child sexual abuse.

In retrospect, I could have done some things differently with regard to the questionnaires. First of all, a pre-group meeting with group participants could have included an assessment to determine if these questionnaires would be useful, or if a new set of questions should be developed to properly assess knowledge and attitude within the context of these particular groups of experienced foster parents. Second, I could have requested that foster parents complete the questionnaires at the end of the group, so that the information could be evaluated along with the foster parents' opinion about the questionnaires.

3. In the group evaluations, foster parents indicated that due to increased understanding about the dynamics and impact of child sexual abuse, they had developed a deeper empathy and sensitivity to children's needs. Furthermore, the foster parents reported that they received meaningful information which could be translated into interventions with children. They learned how to be more understanding about child sexual abuse and more sensitive to its impact on children. They gained empathy and tolerance regarding the children's attitudes and behaviours. Foster parents reported that increased tolerance resulted in lower anxiety and stress related to difficult problems presented by the children. They appreciated group time allotted to considering problems and searching for alternatives. They also valued experiencing validation, peer support and shared learning.

B. Student Observations:

From observations throughout the operation of these two groups this student learned the following things about training foster parents:

1. **Competence is important.** The foster parents expected that the trainer or group facilitator would be knowledgeable, experienced and skilled with respect to the training topic. They expected the trainer to ensure group time was used effectively and efficiently. This entailed organizing the education material to be completed by the end of the program. Moreover, they expected education material to be presented and linked to the reality of fostering sexually abused children.

2. **Validation is important.** Foster parents wanted to know that what they were doing was correct and helpful to children in their care. They wanted to receive validation for good work, and they wanted to have confidence about their current abilities to care for sexually abused children. They also wanted to receive training to enhance present knowledge and skills.

3. **Respect is important.** These foster parents appreciated privacy, confidentiality and being treated respectfully and with sensitivity throughout the group process.

4. **Program content and process are important.** The foster parents appreciated that:

- a) information was provided about fostering the sexually abused child in a comprehensive manner;
- b) they were allowed sufficient time to understand and think about the information and

reflect on their knowledge and experiences of fostering sexually abused children; and

- c) there was enough time allowed to interact with each other, share information about their successes and failures, and strengthen their supportive relationships;

5. **Directed self-learning is important.** Foster parents commented that group facilitation occurred in a sensitive and collegial manner which provided them with the opportunity to influence program development, curriculum content and self-learning. While this is an important issue with any training group, the special nature of these two foster parent groups had to be considered during the training process. These groups consisted of experienced foster parents who had already completed special training events related to caring for sexually abused children. A large percentage of their foster care experiences included children who had been sexually abused. Further, group members were involved in foster parent support networks. All of these factors demand that a partnership develop between group facilitator and participants.

6. **Mandatory training is important.** The foster parents believed that training ought to be mandatory throughout a foster parent's career, particularly in respect to the inclusion of their marital partners in the training. This was particularly important to both groups of foster parents who reported that increasingly complex workloads for social workers seriously affected foster care services for children and training issues for foster parents. These circumstances have resulted in reduced social worker availability to the child in care and foster parents, and lowered the capacity of agencies to launch recruitment efforts to obtain and train

appropriate foster homes. Foster parents pointed out that current foster homes are usually filled to capacity, and at times beyond capacity with children who required maximum interventions. Furthermore, social workers relied on foster parents to begin their involvement with children earlier, often during the investigation stages of a sexual abuse assessment. For some foster parents this entailed additional interviewing of the child in the foster home, or taking the child to the medical exam and speaking with the medical practitioners about the nature of the sexual abuse. Moreover, foster parents were involved in emotional assessments, therapeutic interventions and evaluations of children in their care, assisting the child through the court process, and on a few occasions providing emotional support to some of the child's biological family members.

7. Specialization and advanced educational experiences are important. The foster parents confirmed what the literature says about training foster parents for care of sexually abused children. They reiterated the importance of having special knowledge and skill in order to provide appropriate responses to sexually abused children. Additionally, they emphasized the importance of maintaining connections for the child to her/his biological family, if at all possible. The challenge for the foster parents related to responding appropriately to the child about her/his biological family so that the child would not be emotionally isolated within the foster home.

8. The opportunity to know oneself is important. Family of origin issues did receive attention in the training groups when foster parents identified how their emotions, memories, and experiences were triggered by foster children. Without question, foster parents were aware of the dire

consequences to relationships with their spouses, own children and foster children if personal conflicts about child sexual abuse in their family of origin remain unresolved. Negative consequences of these feelings or issues could be demonstrated in conflicts about control between the agency, the foster child and her/his family, or through instinctual responses to children's sexualized behaviour in ways that shame, punish and reinforce victimization. Although the family of origin group did not proceed as planned, both Training Groups focused on family of origin issues relating to how foster parent emotions, memories, and experiences were triggered by foster children. Foster parents often raised issues related to life experiences in their family of origin. They understood how their childhood experiences influenced how they reared their children and reacted to certain kinds of issues triggered by foster children or their families. If this student were to make further adjustments to these training groups it would be in the area of family of origin. Group activities and homework could be organized to assist foster parents to consider a number of factors such as identifying unresolved issues and understanding how their family of origin experiences impact on and are impacted on by fostering sexually abused children. An educational tool for foster parents could be Dr. Richardson's (1987) self-help guide Family Ties that Bind. These additions would most likely increase the number of sessions by at least one.

9. **Training to develop a therapeutic context in the foster home is important.** Boat (1991) describes the foster parent as a surrogate therapist. In the course of talking with foster parents, I learned that they provided therapeutic responses to sexually abused children on a daily basis. In order to provide such responses foster parents require

training and skill development reinforced through group support and individualized coaching. Foster parents described instances of their interaction with children and provided examples of questions which, to me, were therapeutic. For example, one foster parent, in a discussion with the foster child, asked the child how she was different from or the same as some of her family members. Clearly, this is a question which elicits issues of, among other things, self-image and identity. The answer can provide much information about the child's thinking and feelings about herself and her family, offering a number of therapeutic paths to follow. A foster parent engaging with the child around such a question, provides emotional support and validation within a nurturing environment. The concept of therapeutic foster parents demands that agencies provide special training, ongoing coaching and support with clear definitions about role differences between the foster parent and the child's therapist.

10. **Teamwork is important.** A collaborative working relationship between the foster parents and the agency is identified as necessary in the literature and was reaffirmed by these foster parents. This partnership entails a shared overall vision of the intervention plan which includes foster parents in assessment, intervention and decision making. Boat (1991) presents a case example with a description of therapeutic management which includes role and task identification, responsible coordination with the child's agency, coaching, and providing support for the therapeutic foster parent.

Self-Learning

Learning about myself as a practitioner and a change-agent, which resulted from the practicum experience, occurred in a number of ways.

1. Through this experience I confirmed my ability to develop a well-organized group program to facilitate the group process, and develop a trustful group atmosphere. In addition, evaluation questionnaires indicated that I related to group members in ways which demonstrated respect and sensitivity, both through role modelling and direct interaction. I remained flexible enough to adapt to the organizational issues of the group and its members.

2. The South group was particularly helpful during one session when they indicated that issues were not being addressed in the group in the most helpful way possible. The topics were family functioning and human sexuality. On observing the group's ambivalence and inactivity I asked them for their opinion about the material and about how the session was proceeding. They reported that the issues were useful and interesting, but being addressed in an academic way, far from their reality. In response to their comments I adapted the manner in which the issues were discussed. This change made sense and resulted in improved foster parent participation and involvement during those sessions. The simple change was to discuss the issues of family structure and functioning in ways which incorporated foster parent experiences within their own families, and when sexually abused children join their foster family. This adaptation continued into the second group.

3. I made some improvements in my use of self by asking therapeutic questions of foster parents. This resulted in having them think about an issue and experience a shift in their beliefs. The purpose of such questions is to challenge

the foster parents to explore ideas, values, and feelings about themselves, family and foster child. When such questions were asked during group, it confronted foster parents about their assumptions regarding how the foster child experiences foster care. In terms of my own learning, this process resulted in the same challenges to me about foster parents. Transfer of learning between the foster parents and myself occurred as a function of the process, offering me opportunities to gain sensitivity for the foster parent context.

If I were to do this group again I would do the following:

1. Resolve the problems which prevent both marital partners from attending the training.

2. Complete an assessment of foster parent knowledge, skill levels and experience prior to starting the group. The goal of the assessment would be to determine the stages of the foster parents' development. The outcome of the assessment would be helpful to identify training needs and assist in decision making with regard to curriculum development and group structure. The more experienced foster parents may also be interested in assisting in or providing the training.

3. Utilize the existing foster parent support group or support network as a resource base to assist in the development or provision of the training program. The benefits of using these resources include credible and effective development and delivery of a training program which meets training needs and reinforces existing supportive relationships. For example, new and inexperienced foster parents can gain knowledge and insight from experienced foster parents.

4. Organize a pre-group meeting with the participants to provide information about the group, and to receive guidance and feedback about the group curriculum and process. Additionally, such a meeting would be a time to complete consents to video, address confidentiality issues, and do any pre-group measurements or questionnaires.

5. Prepare a series of questions for each session which would elevate the level of therapeutic intervention and changes in thinking within the group. Patricia Minuchin's (1990) Foster Parent Training Manual could be used to help formulate questions related to the impact of fostering a sexually abused child. Dr. Richardson's (1987) text, Family Ties That Bind could be useful to assist the foster family in addressing family of origin concepts. Meaningful questions addressed to the group might challenge foster parent thinking regarding a number of issues related to how children experience life in foster care.

Conclusions and Recommendations

This practicum achieved its overall goal, that being the development of a specialized training program for foster parents who provide care for sexually abused children. An outline of the training program is contained in Appendix E. The program provided a balance between presentation of education material with an opportunity for members to reflect on past experiences, and to develop or enhance reciprocal supportive relationships. The group approach and session topics provided a format through which two major issues were addressed, namely:

a) education and training related to the aspects of child sexual abuse, foster family care and treatment services for these children and their families; and

b) support and validation for foster parents.

As reported earlier in this chapter there are a number of things which, if repeating the experience, would be done differently. Those changes are directly related to the learning that has taken place.

While the goal of developing a training group has been achieved, there is a need for reliable measurement tools to determine if group training has been effective. Unfortunately, measurements employed in this study failed to show significant changes in knowledge levels or were regarded by foster parents as interesting but of limited use in measuring changes. The report does contain important descriptive information from the foster parents' perspective about their experiences and requirements to foster sexually abused children.

The overall recommendation regarding training for foster parents who provide care for sexually abused children is that training is useful, necessary and ought to be mandatory throughout the foster care continuum. History has shown that while there are strong recommendations that foster parents receive training and education, it occurs most often when foster parents receive an orientation to the role of the foster parent or when they receive periodic workshops about special issues facing children in care today : child sexual abuse, FAE/FAS, attachment and separation, etc. Most often foster parents initiate their own training by taking other courses related to child care, by seeking certification in the day-care system, attending workshops related to youth in group-home care, and attending courses in human psychology and child development at local community colleges. While all of these efforts strengthen foster parent knowledge, training is not mandatory, and certification is not required. This

results in a few foster parents having some specialized education while most foster parents do not. Mandatory training would ensure that prospective and licenced foster parents receive training at all stages in their careers. If such a training policy existed and was supported by appropriate resources, then problems which influenced foster parents' attendance in this training program might have been eliminated. For example, a) both foster parent members of the parenting unit would attend training; and b) foster parents involved in the training groups would be free of child care responsibility during the training time.

For anyone who considers development of this type of specialized training group, a number of factors need to be considered. First, the training needs of the participants ought to be identified so that the program can be adapted to the training requirements. Second, the trainer/group facilitator ought to have considerable knowledge regarding child sexual abuse, group dynamics, and organizational and interpersonal communication skills.

This practicum also presents a strong argument for a group approach to training which combines dissemination of information and opportunities to process that information within a context that provides validation and support. In the face of high workloads and inadequate resources in child welfare agencies, it is an efficient way to provide education, develop and enhance foster parent support networks and build an agency's resource base in the speciality area of fostering sexually abused children.

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APPENDIX A

**List of Foster Parent
Training Programs**

**OTHER TRAINING RESOURCES FOR FOSTER PARENTS
WHO FOSTER THE SEXUALLY ABUSED CHILD**

TRAINING NEEDS ASSESSMENT TOOL:

1. "Individual Training Needs Assessment for Individual Caregivers in Child Welfare Including Caring for Children and Youth who have been Sexually Abused"
 - Institute for Human Resources
Toronto, Ontario

TRAINING MANUALS:

- 1.a) CARING FOR CHILDREN AND YOUTH WHO HAVE BEEN SEXUALLY ABUSED
 - Linda Croll, B.S.W., R.S.W. (1992)
(for Naturas Inc.)
143 Sherbrook Street
Winnipeg MB R3C 2B5
- b) ADDRESS: OTHER TRAINING RESOURCES
 - Institute for Human Resources
1706 East Broad Street
Columbus OH 43203
FAX: (614)251-6005
2. CHILD SEXUAL ABUSE
 - National Indian Justice Center
7 Fourth Street, Suite 28
Petaluma CA 94952

3. TRAINING FOSTER PARENTS OF SEXUALLY ABUSED CHILDREN: A GROUP APPROACH
 - N. Winterfelt, 1990
(for Children's Hospital
Oakland CA

4. THE SEXUALLY ABUSED CHILD IN FOSTER CARE
PART I: FOSTERING THE SEXUALLY ABUSED CHILD
 - (for Tennessee State Department of Human Services)
Publication Services
University of Tennessee College of Social Work
Office of Research and Public Service
1618 Cumerland Avenue, H.H. 319
Knoxville TN 37996-3350

5. IDENTIFYING AND MANAGING THE BEHAVIOURS OF THE SEXUALLY ABUSED CHILD 1989
 - B. Garcia de la Rocha
(for Office of Human Development Service, Washington DC)
Clearinghouse on Child Abuse and Neglect Information
P. O. Box 1182
Washington DC 20013

6. RESOURCE MATERIALS FOR "FOSTER PARENTING THE SEXUALLY ABUSED CHILD"
 - Child Protection Team
Clearinghouse on Child Abuse and Neglect Information
P. O. Box 1182
Washington DC 20013

FOSTER PARENT HANDBOOK:

1. FOSTER HOME CARE OF SEXUALLY ABUSED CHILDREN

- J. M. Ford
(Master's Thesis)
California State University
Sacramento CA

FILM RESOURCES:

1. IDENTIFYING AND MANAGING THE BEHAVIOURS OF THE SEXUALLY ABUSED CHILD

- B. Carcia de la Rocha
(for Office of Human Development Services,
Washington DC)
Clearinghouse on Child Abuse and Neglect Information
P. O. Box 1182
Washington DC 20013

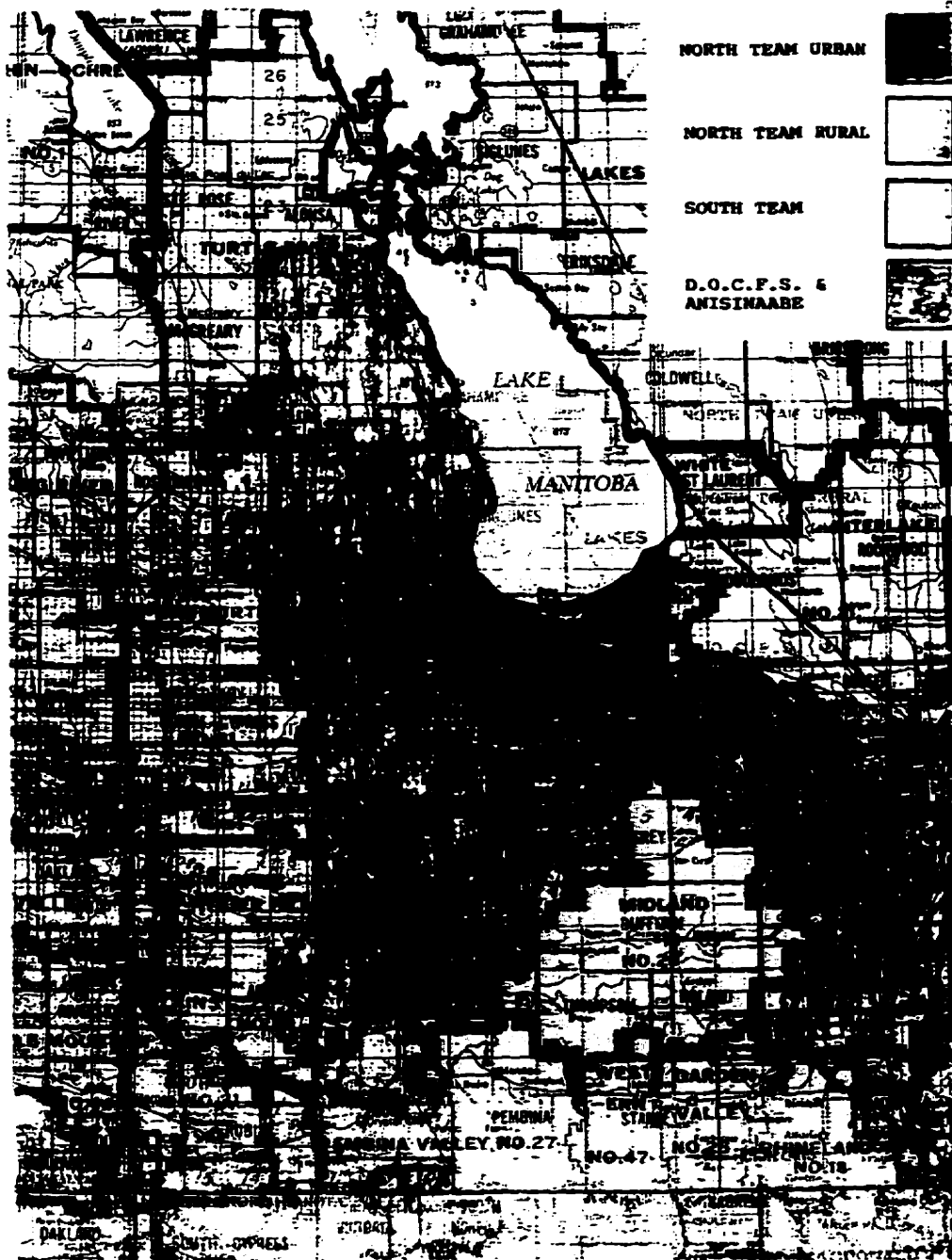
2. PAIN BENEATH THE RAGE (THE ULTIMATE CHALLENGE - FOSTER PARENTING IN THE 1990'S)

- Child Welfare League of America
c/o CSSC
P. O. Box 7816
Raritan Center Parkway
Edison NJ 08818

APPENDIX B

Map

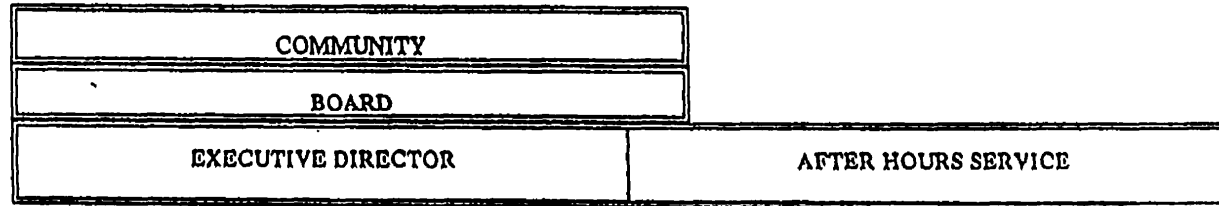
MAP



APPENDIX C

AGENCY ORGANIZATIONAL CHART

CHILD AND FAMILY SERVICES OF CENTRAL MANITOBA



	NORTH TEAM URBAN	NORTH TEAM RURAL	SOUTH TEAM	CLERICAL	ACCOUNTING
SUPERVISORS	SOCIAL WORK SUPERVISOR - Family Service - Adoption - Young Parents	SOCIAL WORK SUPERVISOR - Permanent Ward - Foster Care - Acting E.D.	SOCIAL WORK SUPERVISOR - Child Abuse - Family Service	SUPERVISOR - Management Support - Board Secretary	SUPERVISOR - Office Manager - Senior Accountant
ABUSE	2 Child Abuse Investigators	2 Child Abuse Investigators	2 Child Abuse Investigators	1 Clerical Support Staff	Junior Accountant
FAMILY SERVICE	3 Family Service Workers	3 Family Service Workers 1 Early Intervention	3 Family Service Workers	1 Clerical Support Staff	Custodian
IN HOME SUPPORT	1 In-Home Support Worker**		1 In-Home Support Coordinator 1 In-Home Support Worker**		
YOUNG PARENTS	1 Young Parent Worker**		1 Young Parent Worker**	1 Clerical Support Staff	
PERMANENT WARDS		1 Permanent Ward Worker**	1 Permanent Ward Worker**		
ADOPTION	1 Adoption Worker				
FOSTER CARE		1 Foster Home Coordinator**	1 Foster Home Coordinator**		
STAFF SUPPORT		1 Staff Support Worker	1 Staff Support Worker	1 Clerical Support Staff - Postage Reception - Data Clerk	

AGENCY ORGANIZATIONAL CHART

9/9/96 **Due to the program areas of these workers including only two staff, boundaries for these workers differ from other staff. North and South areas are divided by Highway #2.

APPENDIX D

CONSENT TO VIDEO-TAPE

CONSENT TO VIDEO-TAPE

I, _____, consent to Diane de Lucia, of Child and Family Services of Central Manitoba, 25 - 3rd Street S. E., Portage la Prairie, Manitoba, to video-tape the Foster Parent Training sessions in which I am participating.

I understand that Diane de Lucia will use the video-tapes for the sole purpose of review, supervision, and consultation with her Advisory Committee during the completion of her M.S.W. Practicum at the University of Manitoba. The Advisory Committee is comprised of Dr. Barry Trute, Diane Hiebert-Murphy, M.S.W., and David Charabin, M.S.W.

I understand that my further consent will be required if the tapes are to be used for other purposes.

I understand that this consent may be revoked at any time.

Signed at _____ this _____ day of April, 1994.

Signature of Participant

_____ Original to Group record.

_____ Copy to Participant.

APPENDIX E

TRAINING PROGRAM AGENDA

TRAINING PROGRAM AGENDA

Below is an outline of the final training program. It identifies the topics addressed in the group sessions.

"Fostering the sexually abused child: training for foster parents."

1. **Introduction to the training program and participants.**
 - a)
 - i develop the group's confidentiality contract
 - ii receive the group's informed consent to video sessions
 - b) Pre-group measurement and questionnaires
 - Adult/Adolescent Parent Inventory (AAPI)
 - "Incest: Facts and Fallacies"
 - "Child Abuse Quiz"
 - c)
 - i Overview of Training Sessions' content
 - ii Identification of foster parents' learning goals
 - d) Session Topic: "Disclosure of sexual abuse by a child, consequences and implications."
Video Presentation: Disclosure: A Choice to Struggle Upward"
 - e) Debriefing segment
2. **Becoming aware of sexual abuse experienced by children:**
 - types of sexual abuse
 - identifying signs of trauma and indicators of possible sexual effects of childhood sexual abuse
 - impact of sexual abuse to the emotional, psychological and developmental growth of children
 - debriefing segment

3. **Strategies for caring for the sexually abused child:**
 - behavioural observations
 - strategies for intervention with negative behaviour and supporting positive behaviour
 - identifying appropriate foster parent behaviour in inter-personal relationships and communication; affection and positive regard; and search for strength
 - debriefing segment

4. **Understanding Family Dynamics**
 - family structure (e.g., boundaries, patterns of communication and nurturance, reciprocity, etc.)
 - family of origin issues of the foster family
 - self-awareness
 - debriefing segment

5. **Understanding Family Dynamics in Intra-familial child sexual abuse:**
 - family structure
 - four typologies of incestuous families
 - internal and external inhibitors
 - intervention and treatment for sexually abused children and their families
 - debriefing segment

6. **Foster Parent issues:**

- the practice of foster parenting - self-care and nurturance
- development of supportive networks
- resource development and ongoing training
- debriefing segment and identifying outstanding issues
- complete AAPI post-group
- group evaluation

APPENDIX F

LIST OF ARTICLES PROVIDED

DURING EACH SESSION

LIST OF ARTICLES PROVIDED DURING EACH SESSION

For more information about these articles, please see references.

Session 1:

1. Manitoba guidelines on identifying and reporting a child in need of protection, Manitoba (1989).
2. "The crisis of disclosure" in Father-daughter incest, Herman (1981).
3. Video: "Disclosure: A choice to struggle upward", VICOM Inc. (1992).

Session 2:

1. "Behavioural observations of abused children", Martin and Beezley (1977).
2. "Developmental issues of children", Naturas, Inc. (1992a).
3. "A review of the behavioural and developmental manifestations of child abuse", McLaren and Brown (1989).
4. "How can I tell if my child was sexually abused? Some indicators of possible abuse", Naturas, Inc. (1992b).
5. "The effects of childhood sexual abuse: A review of the issues and evidence", Asher (1988).

Session 3:

1. "The role of the caregiver with the young person who has been sexually abused", Naturas, Inc. (1992c).
2. "The caring response", Austin and Halpin (1989).

Session 4:

1. "A family model", Minuchin (1974).

Session 5:

1. "Common features of family abuse", Finklehor (1983).
2. "The mothers" in Conspiracy of silence, the trauma of incest, Butler (1978).
3. Table I "Incest family typology", Larsen and Maddock (1985).
4. Table II "Incest family typology treatment considerations", Larsen and Maddock (1985).
5. "Decision-making in cases of intrafamilial child sexual abuse", Faller (1988).

Session 6:

1. "Preventing burnout", Maslach (1982).
2. "Self-awareness and self-care for caregivers", Naturas, Inc. (1992d).

APPENDIX G

**QUESTIONNAIRE - "INCEST: FACTS
AND FALLACIES"**

INCEST: FACTS & FALLACIES

Mark a T after a statement which you believe to be true.

Mark an F after a statement which you believe to be false.

(Correct answer is identified in parentheses after each question.)

1. Incest is intergenerational (T).
2. Incest occurs most frequently in low-income families (F).
3. Incest usually occurs in a broken home; i.e. the mother is not present (F).
4. Incest is more prevalent between brother-sister than father-daughter (T).
5. In father-daughter incest, the victim is usually a teenage female (F).
6. The incest usually involves only one child in the family unit (F).
7. The offending father is usually a weak, passive individual (F).
8. Other family members rarely know that the incest is happening (F).
9. Fathers who commit incest are mentally ill (F).
10. Incest is a rare occurrence (F).
11. There are as many male victims of incest as female victims (F).
12. In Canada, incest is defined as any sexual contact between family members (T - if related by blood).
13. Incest occurs because the mother denies the father sex (F).
14. Incest usually involves an isolated, single incident (F).

15. Incest is an expression of love between the father and the daughter (F).
16. 90% of children sexually molested are female (F).

Source: Anonymous

APPENDIX H

QUESTIONNAIRE -

"CHILD ABUSE QUIZ"

CHILD ABUSE QUIZ

Do I Understand the Problem?

Mark a T after a statement which you believe to be true.

Mark an F after a statement which you believe to be false.

(Correct answer is identified in parentheses after each question.)

1. The abuse and neglect of children is a fairly recent development caused by the complexities of twentieth-century living (F).
2. A child is the personal property of its parents (F).
3. It is easy to determine whether a child has been physically abused (F).
4. Very little actual abuse of children occurs in this community (F).
5. Child neglect is more prevalent than child abuse (T).
6. Most child abusers are men (T).
7. Child abuse is a crime punishable by fine or jail sentence (T).
8. Abused children should be taken from parents and placed with other persons (T or F response is dependent on context of each case).
9. In Manitoba, spanking is considered child abuse (F).
10. Legislators are trying to take away parents' rights to discipline their children (F).
11. Most abusive parents were themselves abused as children (T).
12. Child abuse may be verbal, mental, or emotional, as well as physical (T).

13. Hundreds of thousands of Canadian children under the age of six are left alone or with inadequate supervision while parents work (T).
14. A child abuser is usually a troubled, rather than a cruel person (T).
15. Delinquent children have often been abused or neglected prior to their becoming delinquent (T).
16. Child abuse occurs almost entirely in lower-class families (F).
17. Agencies to protect animals existed before agencies to protect children (T).
18. The fear of punishment deters parents from mistreating their children (F).
19. Adequate punishment cures parents of abusive tendencies (F).
20. If you suspect a child is being abused, Manitoba law requires you to report the situation (T).
21. If you report a child abuse case, the accused parents may sue you (F).
22. Most child abuse consists of hard spankings. Very little serious injury is found (F).
23. The police and the courts are the agencies best equipped to deal with child abuse (F).

Source: Anonymous

APPENDIX I

GROUP EVALUATION FORM

GROUP EVALUATION FORM

Briefly, answer the following questions.

1. What were the most useful things you learned in this group?
2. How will you be able to use this information to help you care for sexually abused children?
3. What were the least useful things you learned in this group?
4. Other comments or suggestions.

APPENDIX J

GROUP EVALUATION RESPONSES FOR THE

SOUTH TRAINING GROUP

GROUP EVALUATION RESPONSES

SOUTH TRAINING GROUP

1. What were the most useful things you learned in this group?

- "frustrations encountered by other foster parents are the same as I've met with"
- "very informative six sessions, for myself. I like to attend sessions where I can listen for myself and there is very little homework/written work. I learn best by listening to others"
- "getting to know some other foster parents"
- "the information was helpful"
- "the support of other foster parents was as helpful as the content of the course"
- "helpful in re-examining myself, and a higher tolerance level gained"
- "a better understanding of the backgrounds and effects of sexual abuse and the families it happens in"
- "the handouts were great"
- "not to get too frustrated when a child doesn't show a lot of change when they are getting close to the age of eighteen years and you feel your time is running out"
- "a deeper understanding of why the child has the behaviour they do"
- "the discussion was most helpful"

2. How will you be able to use this information to help you care for sexually abused children?

- "the handouts will be helpful to refer back to when I meet up with certain situations I need help with"
- "knowing the signs is helpful"

- "don't expect too much too soon from the kids"
 - "a higher tolerance level"
 - "a lot of information - handouts - to help me in situations in the future"
 - "better understanding leads to better care. I also became familiar with treatment plans"
 - "Try not to have your expectations too high"
 - "To know and to understand why they don't have proper limits"
 - "Just being aware of what a child has been through and what that does to a person will help me to react or not to react to behaviour"
3. What were the least useful things you learned in this group?
- "Can't think of any right now"
 - "Most information was or will be helpful"
 - "A lot of this information was repeat of previous courses, but was presented in a way that was not boring, but very refreshing"
 - "Can't think of any"
 - "Session in functional family"
 - "Sorry everything I learn is useful"
 - "Everything was useful"
4. Other comments?
- "Enjoyable six sessions; informative and educational, good work Diane!"
 - "Enjoyed the course and appreciated Diane's approach and opinions"
 - "Really enjoyed the sessions. Workshops should be mandatory for foster parents"
 - "The course was very well presented"

APPENDIX K

GROUP EVALUATION RESPONSES FOR THE

NORTH TRAINING GROUP

GROUP EVALUATION RESPONSES

NORTH TRAINING GROUP

1. What were the most useful things you learned in this group?
 - "Understand the Why's. Both Victims and Abusers. Not meaning to dwell on the whys but to be able to better help the road of recovery, realizing the trauma as they go through. The importance of being there for the victim."
 - "To be able to identify abusive situations. How to help build self-esteem for abused kids."
 - "The signs, and learning to understand what the child goes through before they come to your home and what they might need."
 - "To know how to be an assertive foster parent"
 - "To understand how sexual abuse happens in families and how parents can hurt their children."
 - "How complex the child welfare system is, and to see how it affects a child in care"
 - "How to care for a sexually abused child and not be afraid."
2. How will you be able to use this information to help you care for sexually abused children?
 - "Taught me to be more sensitive"
 - "More aware of behaviors"
 - "Because of the information of how to deal with behaviors, feelings, and traumas, and the steps to take to make it easier to deal with"
 - "We were shown how an adult shouldn't draw emotional support from a child. We did find ourselves in the middle of such a situation."

- "Gives more understanding to the behaviour you might encounter."
- "To understand how my feelings affect how I treat the children or my expectations"
- "To be realistic and accepting of the child - no matter what!"
- "To be more understanding and to take time to figure out the problem instead of wanting a quick fix."

3. What were the least useful things you learned in this group?

- "Everything was very interesting - I can't think of a thing that was discussed that wasn't useful."
- "Since we are relating primarily to abused children, the whole area of dealing with the abuser was less useful to us - especially when you begin to categorize and where families are at in treatment consideration."
- "I think it was all equally valuable."
- "I would have liked double the time - everything helps me"

4. Other comments or suggestions?

- "You did a great job Diane. I enjoyed the discussion's we had, everyone really participated well and shared a lot of good information. For me it was very educational. I'm not very good expressing myself on paper, but thanks for a job well done."
- "Very significant at this workshop was the willingness of care givers to share their experiences - especially those methods that they had found helpful in dealing with abuse victims. Also the instructor showed me that she was a caring and

understanding person. She received input with respect and consideration."

- "Thanks. I just wish it was easier to arrange our lives to be able to attend more."
- "Thanks Diane I really enjoyed it!"
- "The group gave me a time to focus and think about so many things without having life's interruptions."