CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIOUR IN LONG TERM FOSTER CARE: A REVIEW OF ATTACHMENT DIFFICULTIES WITHIN CARE GIVING RELATIONSHIPS AND PLACEMENT INSTABILITY

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ABSTRACT

The purpose of this theoretical study was to examine factors associated with the development of attachment relationships for children in long term foster care who were demonstrating problematic sexual behaviour. Due to the dearth in available research on this topic, it was necessary to draw from studies in three distinct areas (1) Attachment (2) Childhood Sexuality and (3) Placement Stability. In total, the present study examines 13 studies drawn from these three areas, and includes 11 quantitative and 2 mixed method studies.

These studies were chosen for their attention to the middle age child in foster care who was demonstrating problematic sexual behaviour. Due to the lack of attachment studies on fostered middle age children, two infant studies were included with the rationale that middle age children and foster parents engage in a similar attachment process and infant studies would provide direction and context for future studies with older children. In the area of childhood sexuality, clinical samples were also included as they contained large numbers of children who had experienced sexual abuse or who had contact with child protection agencies even if they did not reside in foster care.

Studies were examined along dimensions of sample, methods and findings. The results of this inquiry are then discussed, weaving together the three areas of study to answer two research questions: Is there a relationship between problematic childhood sexual behaviour and the development of a successful attachment relationship with a

foster parent? And secondly, is there a particular foster parent attachment profile that promotes attachment security with children who are in care?

Studies reviewed support the hypothesis that problematic childhood sexual behaviour presents challenges to foster parents significant enough to seriously impair the development of a secure attachment and that the foster parent's attachment state of mind will be an important factor in success. Results of the analysis of these questions contribute to an emerging hypothesis that the human sexual system may be intricately woven together with the attachment system, making an attachment analysis of problematic sexual behaviour in children particular relevant. A concluding discussion examines clinical issues which may be targets of intervention and the necessity of future research in this area is proposed.

RÉSUMÉ

Cette étude théorique avait pour but d'examiner les facteurs liés au développement de liens d'attachement des enfants placés à long terme en famille d'accueil et qui affichaient un comportement sexuel problématique. En raison du peu de recherches disponibles sur ce sujet, il s'avérait nécessaire de recourir à des études effectuées dans trois domaines différents : (1) Attachement (2) Sexualité infantile et (3) Placement stable. Au total, la présente étude examine 13 études puisées dans ces trois domaines, dont 11 sont des études quantitatives et 2, des études utilisant des méthodes mixtes.

L'intérêt accordé à l'enfant d'âge moyen placé en milieu familial et affichant un comportement sexuel problématique a motivé le choix de ces études. Comme les études sur l'attachement des enfants d'âge moyen placés en famille d'accueil se font plutôt rares, nous avons ajouté deux études chez les nourrissons en partant du principe que les enfants d'âge moyen et les parents de famille d'accueil s'engagent dans un processus d'attachement analogue, et que des études chez les nourrissons pourraient orienter et étoffer des études ultérieures portant sur des enfants plus âgés. Dans le domaine de la sexualité infantile, nous retrouvions également des échantillons cliniques puisqu'ils faisaient référence à un grand nombre d'enfants victimes de violence sexuelle ou qui avaient eu recours à des agences de protection de l'enfance même s'ils ne vivaient pas en famille d'accueil.

Dans l'examen des études, nous avons tenu compte de l'étendue de l'échantillonnage, des méthodes et des résultats. Nous avons donc examiné les résultats de cette enquête en intégrant les trois domaines d'étude afin de répondre aux deux questions de la recherche : Existe-t-il un lien entre un comportement sexuel problématique durant l'enfance et le développement de liens affectifs harmonieux avec un parent de famille d'accueil? Et en second lieu, existe-t-il un profil particulier du développement des liens d'attachement d'un parent de famille d'accueil, qui favorise un attachement sécurisant avec des enfants qui leur sont confiés?

Les études examinées entérinent l'hypothèse qu'un comportement sexuel problématique durant l'enfance pose des défis aux parents d'accueil, d'une importance suffisante pour nuire au développement d'un attachement sécurisant et que l'esprit d'attachement du parent d'accueil constituera un important facteur de réussite. L'âge de l'enfant au moment où il a été placé s'est aussi révélé être une cause d'attachement difficile, compte tenu que des enfants placés à un âge plus avancé courent un risque plus élevé de connaître des relations insécurisantes avec de nouveaux parents-substituts. Les résultats de l'analyse de ces questions suggèrent une nouvelle hypothèse selon laquelle le système sexuel de l'homme pourrait faire partie intégrante du système d'attachement, et de ce fait, une analyse de l'attachement dans le cas d'un comportement sexuel problématique chez les enfants semble tout à fait pertinente. En conclusion, nous examinons des questions cliniques qui pourraient faire l'objet d'une intervention et nous jugeons nécessaire de procéder à des recherches ultérieures dans ce domaine.

1 INTRODUCTION

A significant number of children in foster care experience repeated changes in caregivers. Statistics related to the prevalence of multiple placements for children in the regular foster care system range from 38-57% (Newton, Litrownik & Landsverk, 1999) with some studies examining specialized foster care citing a slightly lower overall disruption rate of up to 25% in the first twelve months of placement (Smith, Stormshak, Chamberlain & Whaley 2001).

Instability of placement is associated with additional negative emotional and social outcomes for these already vulnerable children. These outcomes include educational deficits, social difficulties, internal and externalizing behavioural problems, attachment difficulties and a wide array of psychological and adjustment difficulties through childhood and into adulthood (Smith et al., 2001). As the deleterious outcomes associated with multiple placements continue to be confirmed empirically there has been increased interest in the interplay of specific protective and risk factors related to placement stability.

Problematic sexual behaviour has been identified as posing a significant risk for placement disruption. Pollack & Farmer (1998) suggest that sexually abused or abusing foster children experience more placement instability and more attachment difficulties than their non sexually abused peers in care. In their mixed methods study of forty

sexually abused children in foster care they discovered that over two thirds were displaying sexual behaviour that the foster parents found problematic. Finch & Grundy (1990) suggest an association between problematic sexual behaviour and placement failure.

Finklehor and Browne (1985, 1986) provide a useful framework for understanding the possible effects of sexual abuse on young children, particularly those who reside in foster care. These researchers identify traumatic sexualization, powerlessness, betrayal and stigmatization as four themes that often impact children who have been sexually harmed. Sexually abused children experience stimulation they are not capable of understanding or processing. In addition, these children suffer confusion and shame and often display inappropriate sexual behaviours.

Problematic sexual behaviour differs from other childhood behaviour in a number of important ways. It is generally misunderstood, under reported, avoided or mismanaged due to a wide spectrum of challenges and barriers that exist within societal, systemic, family and individual domains (Kools & Kennedy, 2002). Despite the prevalence of the problem, issues related to sex, sexual health development and sexual trauma among fostered children are rarely proactively addressed in the child welfare system (Hoyle, 2000). The issue is further complicated because important information about a child's abuse or abusing behaviour is often withheld from foster parents (Farmer & Pollack, 1998). This contributes to a reduced likelihood of provision of appropriate clinical support and impedes the foster parents ability to provide adequate protection

for the child or potential victims. Additionally, when children sexually abuse other children their actions are rarely followed up with investigations or criminal justice proceedings. This lack of response results in a lack of supports to an offending child who does not understand the seriousness of their actions and is not helped to take responsibility which can contribute to the risk of re-offending in the future.

Studies have shown that a positive relationship with an alternative adult may provide protection against the negative outcomes associated with previous maltreatment and that the routine interactions occurring in the foster home may provide the best therapeutic environment for a maltreated child (Milan & Pinderhughs, 2000). This is supported by studies suggesting that the quality of the child's attachment relationships can progress when shifted to a secure home context (Silverman, 1994; Groze & Rosenthal, 1993). Removing a child from a seriously maltreating parent and placing them with a sensitive caregiver conceivably constitutes one such dramatic change.

Redding, Fried & Britner (2000) propose that foster parent-child interactions are a significant factor related to placement stability but point out that existing research has focused on the characteristics of the child, the parents or the family separately. This overlooks the potential intersections between each domain. Although the parent-child relationship is seen as predictive of placement success, little is known about the *particular* way in which adult-child interactions promote stability or pose risk of disruption. This represents a significant gap in the research literature.

Other research supports the notion that sensitive and nurturing care giving after the experience of maltreatment can be life-changing for a child. Morton & Browne (1998) studied the circumstances surrounding the discontinuity of transgenerational transmission of maltreatment. They found that mothers who were maltreated as children but went on to become sensitive parents shared common experiences; specifically the presence of a loving and supportive foster parent or other adult caregiver during their childhood years or early adulthood. Schoefield's (2002) qualitative study of adults who grew up in foster care also emphasized that the sensitive care of an alternative caregiver in middle childhood or adolescence sometimes provided the impetus necessary to redirect a previously disorganized child onto a more positive life course.

Attachment theory provides a framework for examining problematic sexual behaviour in the context of the foster parent-child relationship as opposed to examining isolated risk factors residing in either individual or the environment alone. Attachment theory is relevant because it addresses both the internal and behavioural components of attachment manifesting in the foster parent-child relationship, which enlarges the range potential 'targets' for social work interventions. Thus, educational interventions examining childhood sexual behaviour from an attachment framework may help caregivers understand their foster child's sexual behaviour as one manifestation of the attachment system. This may serve to stimulate compassion and reduce caregiver fear and shame responses.

Assisting the child to recognize and accept their need for appropriate physical comfort and affection and helping them to find socially acceptable ways of having this need met would be another example of a potential intervention anchored in attachment theory.

There is an urgent need for a paradigm shift so that the sexual development of children and associated difficulties can be addressed from a developmental perspective. At this time, sexuality and sexual behaviour of children is generally discussed only in the context of risk. The result of these interwoven challenges and silence is discomfort, isolation and suffering for everyone concerned: the child, the foster parents, the social worker, the mental health service providers, teachers, biological family and friends. Raising awareness about the normal and problematic sexual development of children will reduce the stigma and fear associated with this issue.

THE PRESENT STUDY

There is a dearth of quantitative or qualitative research about childhood sexual behaviour problems within the context of foster care (Farmer & Pollack, 1998; Kools & Kennedy, 2002). It may be argued that because foster children experience some of the most severe attachment and sexual behaviour difficulties, it is ethically imperative to integrate emerging research into the existing child protection system (Levy & Orleans, 1998). Due to its position of authority it may be argued that the child protection system

is also in the most practical position to implement effective policy and procedures to address both expected and problematic childhood sexual development.

Although there is an emerging trend toward the standardization of assessment tools that evaluate the growth and development of foster children in the child protection system, sexual development is currently included only if individual agencies recognize the need and respond with local initiatives. It is imperative that sexual development be integrated into system-wide initiatives as an integral aspect of healthy development in foster children. This level of application will be necessary to positively impact the quality of care provided to foster children throughout the system.

The number of fostered children who exhibit severe developmental and behavioural disturbances is increasing, changing the skill set necessary to meet their multiple needs. This impacts how training and support resources are allocated to foster families (Hoyle, 2000). Process variables associated with the development of the foster parent-child relationships are largely under researched as well. The dissemination of research findings in this area will increase awareness about the precursors and outcomes of problematic sexual behaviour. A heightened understanding of the importance of a foster parent's attachment classification can positively influence screening and assessment of potential foster parents thereby empowering child care teams to make better placement decisions based on evidence- based research.

Increased training addressing the intersection of attachment and sexual drive theories could contribute to reduced aversion among professional team members with the potential to increase compassion and understanding available to children in their day to day care.

This paper will review the research literature on childhood sexual behaviour, attachment organization and the foster placement experience. It will explore the impact of childhood sexual behaviour on the attachment care giving relationship and specifically examine how the foster parent's attachment state of mind influences the development of their relationship. The impact of sexual behaviour on psychological and social risk factors associated with placement breakdown will also be examined. Attachment theory will provide the anchoring theoretical modality to explore the interactive child – caregiver attachment relationship.

RESEARCH QUESTIONS

This study poses two research questions. Is there a relationship between problematic childhood sexual behaviour and the development of a successful attachment relationship with a foster parent? And secondly, is there a particular foster parent attachment profile that promotes attachment security with children who are in care?

The examination of problematic sexual behaviour in fostered children is important because it accomplishes three important goals: (1) it highlights the importance

of addressing attachment issues for both the foster parent and the child from an interactional perspective (2) it raises awareness about the therapeutic needs of this group of children and the social work interventions required to help them develop more adaptive attachment styles with their caregivers and later their peers (3) it highlights the need for future study in this area.

2 METHOD

STUDY DESIGN

This theoretical study reviews 13 research studies which contribute to the analysis of problematic sexual behaviour of middle aged children in foster care. For the purpose of this analysis it was necessary to draw from three bodies of overlapping knowledge; attachment (4 studies), childhood sexual behaviour (4 studies) and placement disruption (5 studies). This review includes 11 quantitative and 2 mixed method studies. The dearth of research in the area of childhood sexual behaviour specifically in the context of foster care necessitated the inclusion of related studies.

For the purposes of this study, problematic childhood sexual behaviour is defined as behaviour which is developmentally unexpected, injurious to the self or others and resistant to change even when negative consequences for the child are attached. Studies were classified allong the following dimensions: sample size, socio-demographic data, study design, measures, research focus and results.

SAMPLE CHARACTERISTICS

Samples in this review varied considerably. Studies chosen included middle age children who were either (a) fostered or adopted or (b) demonstrating problematic sexual behaviour. The only exception was in the area of attachment, where infant studies

involving fostered babies were also included. Attachment study samples included both fostered and adopted children. There was a mix of clinical and non-clinical children in the sexual behaviour studies, with some studies including only children for whom sexual abuse had been verified and other studies using the presense of problematic sexual behaviour as criteria for inclusion. Placement studies chosen for inclusion in this review included only fostered children, with some incluidng information about foster parents, and others focused on care giver-child interactions or the child alone as factors influencing placement stability. Most studies across all three areas examined extensive demographic information as well as the experiences of both the child and their respective caregivers.

The sample sizes found in these studies ranged from 50 to 415. The sample as a whole was relatively ethnically mixed, primarily due to the inclusion of infant attachment studies. In two of the infant studies, over half of the participants were African American foster mothers and their African American fostered infants (Bates and Dozier, 2002; Dozier, Stoval, Albus & Bates, 2001). Another study of infant attachment included 130 adopted infants from Sri Lanka, Cambodia and Columbia who were adopted by Caucasian families (Juffer, Backernmans-Kranenburg & van IJzendoorn, 2005). The remaining studies were primarily Caucasian participants with a small number of African American and Hispanic participants identified. There was a relatively equal distribution of male and female children in the studies, with the vast majority of caregivers identified as female.

Aside from the infant study samples, the vast majority of children surveyed experienced some form of historical abuse or neglect in their families of origin. This was identified in fostered samples as well as in the clinical samples in which the children continued to reside with biological families. Common background information included physical abuse, emotional abuse and exposure to domestic violence.

Income information related to families of origin for the fostered and adopted children sampled was not provided. In one clinical study, 49% of the participants were identified as having a low income or being on public assistance (Hall, Matthews & Pearce,1998). In the clinical study by Gray and colleagues (Gray, Pithers, Busconi & Houchins, 1999) the average income of households was $19,643 per annum.

Where problematic sexual behaviour was an identified issue, sexual abuse was often verified or suspected to have occurred in the child's history. When sexual abuse was not a primary reason for placement in foster care other issues such as violence in the home, mental illness in the parent or gross neglect were identified.

PROCEDURES FOR SELECTING STUDIES

Studies were included if they specifically examined sexual behaviour during middle childhood. Of the identified studies, one focused solely on middle aged children in foster care, one on adopted children only and the remaining two examined clinical

samples of young people demonstrating problematic sexual behaviour. Many of the children in the clinical samples had experienced contact with child protection agencies but were not in foster care at the time of the studies. Studies related to placement breakdown were included if they examined middle aged children in foster care.

There were no studies addressing the attachment patterns of middle aged children in foster care identified. Thus, two quantitative studies examining infant attachment to foster parents were included. Although sexual behaviour is rarely identified as a difficulty impacting the infant-care giver relationship, these infant studies examined factors impacting the development of secure attachments with a new caregiver, making them potentially relevant to the examination of middle aged children in care engaging in the same task.

Two quantitative studies examining attachment patterns of older adopted children were also included on the premise that adopted children must navigate new attachment relationships under circumstances similar to those of fostered children.

Studies related to late adolescent sexuality were examined but not integrated into this study as adolescent sexual development appears to have more in common with adult sexuality than with childhood sexual development. This is due to the physical and emotional maturation of the child during that developmental stage.

OVERVIEW OF STUDY MEASURES

Measures used in the attachment studies section include the Adult Attachment Interview (AAI) (George et al., 1984, 1986,1996), Maternal Sensitivity Scales (Ainsworth, 1974), the Strange Situation (SS) (Ainsworth et al., 1978) and the McCarthy Scales of Children's Ability (MSCA) (McCarthy, 1972). These are widely accepted, validated measures commonly used in the area of attachment research.

In the area of childhood sexuality, measures utilized included validated psychometric tests such as the Child Behaviour Check List (CBCL) (Achenbach, 1991a), the Child Sexual Behaivour Inventory (CSB) (Friedich, 1995a) and the Child Sexual Abuse Inventory (CSAI) (Friedich et. al, 2001) to measure and classify childhood behaviour. Customized interview schedules were also used.

Placement studies utilized the Child Behaviour Checklist (CBCL) (Achenbach, 1991a) and Goodman's Strength & Difficulty Scale (Goodman, 1997) to measure and categorize childhood behaviour. Both are validated psychometric tests. Chart review and semi-structured interviews also captured information related to the frequency and causes of placement breakdown for middle aged foster children.

Measures will be presented within each section of analysed studies: attachment; childhood sexuality and placement disruption.

DIVISION OF THE STUDY

Chapter Three: Attachment

Four (4) quantitative studies related to attachment in maltreated infants or children were selected from research targeting children who had been maltreated, were in long term foster care or had been adopted. A review of significant literature was conducted utilizing electronic searches of the keywords "attachment", "foster care" and "maltreatment".

This section will provide an overview of the attachment classifications and examine methodology used to examine the relationship between child maltreatment and attachment disorganization. The nature of disorganized attachment will be overviewed as well as behavioural difficulties and symptoms associated with this classification in infancy and middle childhood. The phenomenon of attachment reorganization in the presence of a new caregiver will also be explored in this chapter.

Chapter Four: Childhood Sexuality

Four (4) quantitative or mixed method studies related to childhood sexual behaviour were identified using the keywords "childhood sexuality", "childhood sexual behaviour" , "problematic sexual behaviour" and "sexual abusing children". A review of significant literature related to middle age children was undertaken.

In this chapter the largely unexplored links between attachment theory and sexual drive theory will be presented as rationale for this exploration. A brief discussion of the literature pertaining to normative sexual development in children will be reviewed along with an overview of the cultural, structural and emotional barriers to addressing this issue. Existing research measures will be reviewed that were used to examine childhood sexual behaviours in these studies.

Chapter Five: Foster Care Stability

Five (5) quantitative studies related to foster care stability were located using the key words "foster care", "placement stability" and "placement breakdown". Significant literature was overviewed and studies were specifically selected that addressed key risk factors or sexual behaviour. Two studies were included that addressed attachment between foster parents and infants.

Many of the middle age child's developmental tasks are intricately connected to attachment needs. This chapter will overview how the foster parent's attachment state of mind impacts their ability to assist the middle aged child achieve these milestones. The importance of the foster parent's ability to decipher the child's confused attachment cues and support the child in constructing a coherent narrative about their abuse experiences will be specifically highlighted.

Chapter Six: Results

This chapter presents the results from each of three sections: attachment, childhood sexuality and placement stability.

Chapter Seven: Discussion

Results across the section are examined for intertwining themes and clinical relevance and application. The way in which problematic sexual behaviour may impact a developing attachment relationship is examined in the context of developmental tasks middle childhood. The importance of the caregivers attachment status is described and limitations of existing research and potential for future research is outlined.

3 ATTACHMENT

OVERVIEW OF ATTACHMENT THEORY

Attachment theory exists within an object relations framework and conceptualizes and describes the human experience of separation, loss and grief across the life span. Attachment theory was predicated on the belief that infants interactions with their mothers were motivated by an innate biological/psychological need to experience real and felt safety, security and comfort in times of distress or danger (Bowlby, 1974; Silverman, 1994). This is rooted in an ethological-evolutionary framework as a survival method of human functioning.

As infants grow and develop in the context of a primary attachment relationship they develop an "Internal Working Model" (IWM) of themselves and of others. This representational "schema" is related to self worth and developing ideas about the predictability of physical and emotional safety in the world. It is borne of the child's actual experiences with their primary caregiver. Parents also have an internal working model of their child which is believed to directly impact their care giving behaviours with the child (Bowlby, 1969; George, 1996).

Although flexible, the infant's internal working model can be difficult to change once firmly established. This is particularly true for children who have experienced severe maltreatment over time. This schema is carried through childhood, adolescence and further into adulthood. Facilitating the shift from a maladaptive attachment pattern to

a more adaptive one is often a clinical goal related to foster children. This requires careful assessment of attachment interactions and the mental representations of both the child and the foster parent.

ATTACHMENT CLASSIFICATION

Early attachment studies focused primarily on biologically related infants and mothers. These studies identified that the infant's attachment system is activated when they are emotionally distressed, physically hurt or ill (Cassidy, 1999). Findings from these studies identified that infants react in predictable ways when their attachment system is activated which often corresponds to a predictable attachment classification in their caregivers, categorized through the Adult Attachment Interview (AAI).
Bowlby asserted, and subsequent researchers have concurred that early caregiver-infant relations comprise the mechanism by which a trans generational attachment status is transmitted from parent to child (Bowlby, 1974; Morton & Brown, 2002; George, 1996).

The initial classification of infant attachment styles as defined by Mary Ainsworth (1979) produced the categorical model of three attachment classifications: Group A-Avoidant, Group B-Secure and Group C- ambivalent/resistant. Although A and C Infants are considered "insecurely attached" these states are not considered pathological, although in their extreme manifestations these classifications are identified as precursors to later difficulties (Thompson, 1999).

Historically, most attachment studies have examined intact and biologically related dyads, and focused primarily on the mother and child. Because of this, attachment theory is sometimes implicated as contributing to the phenomenon of "mother blaming" when children do not develop optimally (Birns, B., 1999). More recently, attachment studies have expanded to examine the attachment relationships of infants and fathers, grandparents and day care providers. This is an important shift that addresses the diversity of relational experiences across different manifestations of "family" and the importance of a holistic perspective on childhood development that addresses gender and role assumptions. The use of "her" or "him" in reference to any caregiver or infant in this study will be understood to include either gender unless specified otherwise.

A small number of these more recent studies have examined the impact of a foster mother's attachment classification on their foster infant's attachment status. None have specifically examined the correlation for older children and their foster parents but findings suggest an association between their attachment styles during the infant years (Dozier et. al, 2002).

Corresponding Infant-Parent Attachment Classifications

During the Strange Situation (SS) procedure a secure baby will display observable relief and joy when reunited with his caregiver, along with a willingness to be comforted by her. The returning caregiver is thus able to effectively reduce her infant's

stress and free him to continue exploration of his environment. The infant's motivation and ability to explore his surroundings is considered an essential contributor to healthy child development (George, 1996; Ainsworth et al. 1971). A secure baby most often corresponds with an autonomous/secure caregiver as classified by the Adult Attachment Interview (AAI). An autonomous or secure caregiver identified using the AAI values attachment, has a coherent narrative about her own childhood and appears objective in her perceptions. Her discourse about attachment relationships is easily understood by others (Hesse,1999).

An avoidant infant tends to ignore his caregiver upon reunion and minimize the expression of emotional need and proximity seeking. The caregiver of an avoidant infant is typically unresponsive to her infant's negative affect and is most often classified as dismissing using the Adult Attachment Interview (AAI). A dismissing caregiver, as classified by the AAI, downplays the importance of attachment relationships with her own parents and has a tendency to portray those relationships in excessively simplistic or brief terms (Hesse, 1999).

An ambivalent /resistant infant will make contact with his caregiver upon reunion but will not be comforted by her efforts to soothe him. This infant maximizes his expression of attachment behaviours during both separation and reunion, hypothetically to gain the attention of a care giver who is often unavailable to him. This category is associated with care giving behaviours that are rejecting, insensitive or intrusive. The ambivalent/resistant infant most often has a caregiver classified as preoccupied. The

preoccupied caregiver has a narrative that is overly concerned with historical relationships to attachment figures, lacks coherence and is excessively angry or fearful with a personal discourse often characterized by long rambling sentences (Hesse, 1999).

The disorganized infant displays unusual behaviours upon reunion with his caregiver which may include freezing, backing away, crying or huddling on the floor. The etiology of these behaviours are associated with unpredictable, frightened or frightening care giving behaviour. This infant typically has a caregiver categorized as unresolved using the adult attachment interview (AAI). Empirical studies identify marked lapses in reason or self monitoring, dissociation or by unusual thoughts about the past in discourse when discussing attachment issues. (Hesse, 1999).

DISORGANIZED ATTACHMENT AND MALTREATMENT

Disorganized attachment is the most recently "discovered" attachment classification and arose from studies by Mary Main (Main and Solomon, 1990). The conflicted responses of some infants during the Strange Situation (SS) were at first thought to be anomalies, but it was later discovered that they were highly represented in groups of maltreated infants (George, 1996).

The infant classified as disorganized appears to experience a non-resolvable dilemma because his caregiver is both his potential source of comfort and the cause of his anxiety (Van IJzendoorn et al., 1999). Van IJzendoorn's meta analysis (1999) of

disorganized attachment across eighty studies confirmed the reliability and validity of infant disorganization. This study also found that when "controlling behaviour" in middle childhood was included in the operational definition of disorganization, this category was found to be stable from infancy to childhood. Disorganized attachment is viewed as a contributor to pathological conditions in childhood including the elevated risk for externalizing behaviour, problematic stress management and dissociative disorders (Van IJzendoorn, 1999).

Caregiver behaviours and disorganization

Care giving behaviours associated with attachment disorganization are unpredictable, frightened or frightening to the child. These "FR" behaviours include looming, physical intrusion (including physically harming or frightening the child), staring, dissociated behaviour in the caregiver, sexualized interactions, frightened body language (caregiver backs away from infant in a scared way), incongruence of verbal and physical language, over stimulation and insensitive or overtly abusive care giving (Main & Solomon, 1990; Lyons-Ruth & Jacobvitz, 1999).

It has been discovered that even in cases where harsh or maltreating parenting was not present, unresolved grief or loss within the care giver appears to have the power to create disorganized attachment in the child. This is hypothesized to occur as the child experiences the caregiver's lapses into a dissociative state as disorienting and frightening (Van IJzendoorn, 1995).

Sexual Abuse and FR Behaviours

Although studies have established an association between abusive care giving and infant disorganization, the relationship between sexual abuse and disorganization has not been specifically examined. However, when one examines the named FR behaviours believed to contribute to disorganization it would seem that sexual abuse poses particular risks.

Aside from sexual interactions between a caregiver and a child being for the adults gratification being abusive by definition, specific FR behaviours during sexually abusive interactions may contribute significantly to an elevated risk of disorganization in the child. This argument is strengthened by studies showing between 71—81% of persons diagnosed with Borderline Personality Disorder (BPD) have sexual abuse histories in addition to having experienced other forms of maltreatment (Herman, Perry & van der Kolk, 1989; Ogata, Silk, Goodrich, Lohr, Westen & Hill, 1990). At the core of Borderline Personality is an undefined sense of self in relation to others, a seriously impaired ability to have healthy relationships and extremely poor affect regulation (Dozier et al., 1999).

Specific FR behaviours commonly reported during sexual abuse include looming, staring and dissociation demonstrated by the adult as a result of sexual arousal. The child's experience of dissociation in the abusing adult may be significant enough to stimulate disorganization in the same way adult dissociative behaviour resulting from

unresolved loss is hypothesized to impact a developing youngster (Spangler & Grossman, 1999). The child who is sexually abused by a primary caregiver also experiences the irresolvable dilemma most often associated with disorganization; the parent is at once the source of both high anxiety and comfort or even pleasure. This irresolvable contradiction may occur when a child experiences the tension of being required to keep a secret but also experiences emotional reward because they receive special gifts, praise or attention due to their 'willingness' to participate in the abuse. When collaboration is not present, the offending parent may demonstrate fear of the child perhaps due to their fear of being caught or some other unspoken fear. This recurrent expression of adult fear may also be significant enough to cause disorientation for the child (Liotti, Giovanni, 1999).

Symptoms of Disorganized Attachment

Attachment changes from a behavioural manifestation to a combination of behavioural and representational manifestations as an infant grows into childhood. Thus, the Strange Situation (SS) is used for assessment of attachment only until approximately twenty months of age. Other tools have been developed to assess attachment in the older child. The Story Completion Procedure in Doll Play (SCPDP) (Bretherton et al., 1990) utilizes dolls and story stems during a semi structured interview to measure the middle aged child's mental representation of attachment figures.

The pain and suffering of disorganized children is evident in the narratives this procedure elicits. Their tales are often chaotic, bizarre, violent and marked by incidents of injury, illness or death of characters. Dangerous events are often unresolved at the end of the story and adults rarely provided the assistance necessary to solve the presenting problems or reduce the child's fear (Gloger-Tippelt et al, 2002).

Many researchers have determined that attachment disorganization in middle childhood predicts externalizing behaviour problems (Solomon et al, 1995, Speltz et al, 1999). Some propose that difficult behaviours have an attachment related purpose and may serve as strategies to regulate parental proximity if their parent is typically unresponsive. Such behaviours may also serve as an attempt to maintain a semblance of order in an extremely chaotic or unpredictable relationship (Main and Hess, 1990).

Studies have linked disorganized attachment in infancy with the emergence of controlling or role reversed behaviour pattern in early childhood, indiscriminate interactions, dissociative disorders of childhood, Post Traumatic Stress Disorder (PTSD) and later psychological pathologies such as Borderline Personality Disorder (BPD) (Liotti, 1999).

Controlling and Role Reversed Children

Controlling and role reversed behaviours are considered the hallmark behaviour patterns of disorganized children in the preschool and school age years. These children

are often labelled as having Oppositional Defiant Disorder (ODD), Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) once they reach school age and their behaviour becomes more problematic for others. Controlling behaviours which are punitive or role reversed toward the caregiver are hypothesized to arise from the child's needs within the context of a maltreating parent-child relationship. These behaviours are hypothesized as serving the function of controlling their environment and the behaviours of their caregiver in an attempt to alleviate stress (Main & Cassidy, 1988; Solomon, George & De Jong, 1995).

Disorganization and Trauma

Solomon and George (1999) highlight the importance of understanding defensive exclusion as an important core component of attachment theory and a way to understand the intrapersonal experiences of maltreated children. They state that attachment theory requires understanding of three core constructs: behaviour systems, representational models and defensive exclusion. It is this defensive exclusion- the "splitting" of painful memories and thoughts away from other thoughts- that enables these children to manage what might otherwise be unmanageable psychic pain (Solomon & George, 1999).

Defensive exclusion can result in symptoms of dissociation or the development of behaviours that create dissociation. Such behaviours may include sexual behaviour as well as a wide range of other behaviours that are repetitive and may induce dissociated

state. These include head banging, rocking, staring, over eating, talking to oneself in a monotone voice, motionlessness or "zoning out". These symptoms may be subtle and not recognized by adults as trauma responses. Such behaviour in children is often interpreted as personality quirks, defiance or lack of intelligence as opposed to a strategy to deal with unbearable pain or intrusive memories (Gil & Johnson, 1993).

The Formation of New Attachment Relationships

Although the reliability of trans-generational transmission of a predictable attachment classification from biological parent to child has been demonstrated repeatedly through studies of intact dyads, little is known about how previously maltreated children in foster care re-organize around the availability of a new caregiver. Most middle aged children who come into care have already experienced maltreatment over time and many demonstrate disorganized or insecure relational patterns with their biological caregivers. These children often display significant problem behaviours with peers, which has also been associated with disorganized attachment (Jacobvitz & Hazen, 1999).

Although the role of foster parents is to provide more sensitive care to the children than biological parents did, few studies have examined the correspondence between the attachment status of foster or adoptive parents and the developing attachment status of their newly arrived pre-adolescent foster children.

A small number of studies suggest a relationship between infants and foster parents classification (Bates & Dozier, 2002; Dozier et al. 2001) Because attachment organization is a life long process these findings are examined for the purpose of this analysis and discussed as potentially relevant to the study of middle age children as well. Attachment research suggests that infants are able to reorganize around the availability of a new caregiver and it is thus being proposed that although challenging, middle age children may have the same capability reference.

ATTACHMENT MEASURES USED IN STUDIES

The Adult Attachment Interview (AAI) (George et al., 1984, 1986, 1996)

The Adult Attachment Interview (AAI) is the most frequently used and highly regarded measure in the field of adult attachment research. The AAI is a semi-structured, eighteen question semi-structured interview protocol that examines and classifies adult attachment experiences. Verbal responses given during the hour long interview are recorded, transcribed verbatim and the adult is placed in one of the following categories: (1) Secure/Autonomous (2) Dismissing (3) Preoccupied (4) Unresolved- disorganized.

Each category is rated on a five point likert scale. There are two scales related to secure classification: (1) coherence of transcript and (2) metacognitive monitoring; three related to the dismissing category: (1) idealization of caregiver (2) Insistence of lack of childhood memories and (3) dismissal of attachment related experience; and two related

to the preoccupied adult classification: (1) Involved anger toward caregiver and (2) passivity or vagueness in discourse (Hesse, 1999). Adult attachment categories have been found to correspond with specific classifications of infant responses during the Strange Situation (SS) procedure (Ainsworth et al., 1978). Cronbach's alpha coefficients generally confirm high internal consistency of individual subscales ranging from .80 (secure) to .71 (anxious). Interrater reliability varied from .63 to .70 (Hesse, 1999). It is important to note that adult attachment classification is based on a self-report caregiver data.

The Strange Situation (SS; Ainsworth et al., 1978)

The Strange Situation (SS) is a highly regarded and frequently utilized laboratory procedure that examines and classifies the attachment behaviour of infants who are between 12-20 months of age. It involves eight episodes of separation and reunion between the infant and parent and the presence of a 'stranger' (researcher or assistant) who also interacts with the infant. The infant's responses to the parent during separations and reunions is coded and placed into one of the following categories: (1) secure (2) avoidant (3) ambivalent/resistant (4) disorganized. This procedure is designed to invoke mild to moderate anxiety in the infant, thus activating their attachment system. This tool demonstrates high level inter-rater reliability rates of .73 in the laboratory setting (Solomon & George, 1999).

The Working Model of the Child Interview (WMCI; Zeanah et al., 1993)

This semi structured interview uses a five point likert scale measure to assess three aspects of a parent's internal representation of their infant along six scales: 1) richness of detail 2) openness to change 3) intensity of involvement 4) coherence 5) caregiver sensitivity 6) acceptance. It has a demonstrated inter-rater reliability of between .40 and .67.

This is my Baby Interview (TIMB; Bates, 1998)

This semi structured interview assesses three dimensions of a foster parent's conceptualization of their fostered infant. It uses a five point likert scale along three representational scales: (1) acceptance of the child (2) commitment to parenting the child (3) belief in ability to influence the child's development. Inter-rater reliability was found to range from .63 to .83 on the three variables; acceptance, commitment and belief in ability to influence the child. Data on this tool's predictive validity is currently being gathered (Bates & Dozier, 2002).

Ainsworth Maternal Sensitivity Scales (Ainsworth, 1969)

This nine point likert scale rates maternal sensitivity to her infant across four scales (1) sensitivity vs. insensitivity to infant's cues (2) cooperation vs. interference with baby's ongoing behaviour (3) physical and psychological availability vs. neglect and

ignoring (4) acceptance vs. rejection of baby's needs. These scales are meant to be used during lengthy (over twelve hour periods) observations of interactions in the parent's natural environment. Inter-rater reliability rates ranged from .75 to 1.0 (Juffer & Rosenboom, 1997).

THE STUDIES

Four (4) quantitative studies were examined. These included two exploratory studies of infants and their foster parents who were part of a large-scale longitudinal study (Dozier et al., 2001; Bates & Dozier, 2002), one comparative study examining the attachment behaviours of two groups of adopted four year olds, with and without the experience of early deprivation (O'Conner et al., 1999) and one experimental study examining the effects of two different interventions aimed at reducing attachment disorganization in adopted infants (Juffer et al. 2005). The results are presented below (Table 1)

Table 1. Attachment Studies

Study	*N*	*Study Design*	*Measures*	*Research Focus*	*Results*
Dozier, Stovall, Albus & Bates (2001)	50 foster parent-infant dyads	Exploratory Longitudinal Baseline data	AAI SS	Exploration of foster parent-infant attachment correlation	Correspondence similar to biological dyads
Bates & Dozier (2002)	48 foster parent-infant dyads	Exploratory Longitudinal	TMBI	Examination of factors related to foster mothers' representation of infant	Autonomous foster mothers more accepting of younger babies and desirable for reorganizing insecure infants
Juffer et al. (2005)	130 adopted babies	Experimental Intervention	Maternal Sensitivity Scales (Ainswort 1974) SS	The effects of intervention to reduce attachment disorganization in adopted infants	Treatment decreased disorganization
O'Conner et al. (1999)	111 adopted babies-early neglect; 52 adopted babies-no early neglect	Exploratory Study Comparison Groups Assessment conducted at Time 1 and Time 2	MSCA	Exploration of Relationship between early deprivation and disordered attachment behaviours at age 4.	Positive correlation identified early attachment disorders associated with prolonged deprivation

AAI = Adult Attachment Interview (George et al., 1984, 1986, 1996); SS=Strange Situation (Ainsworth et al., 1978); TMBI = This is My Baby Interview (Bates, 1998); MSCA=McCarthy Scales of Children's Ability (McCarthy, 1972)

SAMPLING AND METHODS

Dozier, Stovall, Albus & Bates (2001) conducted an exploratory research study examining the relationship between the foster mother's attachment state of mind and their foster infants attachment classification (n=50). Data from this study was collected at the pre-intervention phase only, prior to the delivery of trial interventions designed to reduce the presence of disorganization in fostered babies. Infants ranged from birth to twenty months of age and had been in their current placement for at least three months. These researchers used the adult attachment interview (AAI) and the Strange Situation (SS) procedure to measure attachment.

In 2002, Bates and Dozier conducted a second exploratory study examining the attachment relationships of forty eight (n=48) foster mother-foster infant dyads to test whether foster parent state of mind (as measured by the AAI) and infant age at time of placement would be associated with scoring used in the "This is My Baby Interview" (TIMB) Bates, 1998).

Juffer and colleagues (2005) conducted a longitudinal randomized intervention study to explore the effectiveness of two interventions aimed at preventing or reorganizing disorganized attachment in one hundred and thirty (n=130) adopted babies who were six months old. The sample was collected through adoption agencies and were not chosen on the basis of risk factors. Study participants were divided into three groups; a control group and two comparison groups. The study does not indicate the

distribution numbers of participants for each group. Mothers in the first group were given a book to record attachment related information about their baby. Mothers in the second group used the same book but also participated in three home- based visits that utilized video taping of parent-child interactions. These videotapes were played back for the parent, and parent-infant interactions were discussed. These researchers utilized the Strange Situation (SS) and two nine- point rating scales measuring sensitivity and cooperation (Ainsworth et al., 1974). The third group received no intervention. Attachment was measured at two points in time, at 12 months of age and again when they were 18 months old.

O'Conner and colleagues (1999) utilized specially designed semi-structured interviews, self report questionnaires and the direct observation of children to examine attachment differences between two groups of four year old children, categorized as follows: (1) institutionally raised and later adopted; n=111 (2) adopted but not previously exposed to severe deprivation; n=52. These researchers used a modified Behar questionnaire (Behar & Stringfield, 1974) to examine child behaviours along several subscales: (1) emotional problems (2) disruptive behaviour (3) hyperactivity.

FINDINGS

Dozier and colleagues (2001) study provided support for the hypothesis that infants who are disorganized in the context of their relationship to a biological parent can reorganize their behaviours around the sensitive care and availability of a new primary

caregiver. Infant attachment security was found to be significantly associated with the foster mother's state of mind at a rate similar to that typically found between intact dyads ($r=.43$, $p<01$). Only 21 % of foster mothers who had autonomous states of mind had disorganized children, whereas 62.5 % of foster mothers with non-autonomous states of mind had infants with disorganized children ($r=.41, p<.01$). Of great importance is their finding that only autonomous care giving was strong enough to facilitate reorganization. No significant differences were found between age of infant placement and attachment disorganization.

In Bates & Dozier's (2002) study significant differences were found with autonomous foster mothers' acceptance of babies placed prior to a year of age as opposed to those placed after a year ($t(22)=-2.15$, $p<.05$). They also identified a marginally significant higher rate of dismissing and unresolved foster parents (50%) than in populations of non foster parents (35%) similar to the van IJzendoorn and Bakermans-Kranenburg meta-analytic study (1996).

Juffer and colleagues (2005) found that an intervention utilizing a record keeping book in combination with a video feedback tool was effective in reducing the manifestation of disorganization in adopted babies to a fifteen percent rate; a rate similar to that found in the general population ($p <.01$). The use of the book alone was not adequate to effect change. This study highlights the importance of providing adequate supports to foster parents caring for children who are vulnerable to disorganization.

O' Conner's study (1999) found that sensitive care giving appeared to have the power to reverse the majority of disordered attachment behaviours in children who were severely deprived in infancy, with some marked exceptions. These researchers hypothesised that the combination of sensitive parenting in addition to the absence of other forms of deprivation may be a factor in the analysis.

It is interesting to note that while existing studies have examined attachment of fostered children into categories according to the types of maltreatment, Morton and Brown (1998) indicate that there are no studies to date that have specifically examined the attachment classification of sexually abused infants or young children.

SUMMARY

There is strong empirical evidence that attachment classification is transmitted from care giver to child through an intricate interaction of caregiver state of mind and their specific care giving behaviours with an infant or child. The examined studies suggest that a large number of children in foster care have extraordinary needs due to disorganization of attachment, making the sensitivity of care they receive by foster parents of specific importance. Studies of infants in foster care suggest that most infants can reorganize their attachment status only in the care of an secure foster parent and that the sensitivity of care they receive will be dependant on factors that include the caregiver's perception of the child.

It is suggested that the same logic would apply to middle aged children in care, except that the risk of attachment difficulties would be higher with a poor foster parent-child match. This is because middle aged children have more firmly entrenched ideas about the world that a foster parent may view as less likely to change than those of an infant or younger child. This could result in feelings of inadequacy and disposability that may contribute to more dismissing attachment style. Developmentally, the older child has fewer physical needs, which reduces the amount and intensity of physical care and associated pleasure and comfort which might help facilitate a trusting relationship.

4 CHILDHOOD SEXUALITY

SEXUAL DRIVE AND ATTACHMENT THEORY

Attachment theory was developed in the wake of Freudian sexual drive theory as an alternative hypothesis for human motivation, personality development and the origins of psychopathology. Although Bowlby perceived attachment and sexual drive as separate systems, later researchers argue that attachment theory did not necessarily preclude the role of human sexuality as a driving force in human relations (Laschinger, Purnell, Schwartz & Wingfield, 2004).

Theorists suggesting a link between libidinal and attachment systems cite the contemporary view that sexuality is an integral facet of human development and is, like attachment, present across the life span (Gordon & Schroeder, 1995). This is supported by biological studies showing that babies experience reflexive sexual response even while in the womb. After birth, babies explore their genitals and may experience erection or vaginal lubrication. As they grow through the toddler and preschool years they express varying degrees of curiousity about their sexual organs and those of others around them. Depending on personal qualities, family, community and culture, children learn what is accepted and prohibited related to sexual behaviour. It is generally felt that development in this area is similar to learning that occurs as children navigate other social etiquette rules (Hoyle, 2000).

Another connection between attachment and sexual drive theory is made because many care giving behaviours associated with secure attachment are also observable in adult expressions of intimacy and sexuality. These behaviours involve kissing, rubbing, extended eye gazing, soft whispers, cooing, suckling at the breast and gentle diapering procedures which necessitate, optimally, gentle and pleasant parental contact with the infant's genitals (Goodman, 2002; Gill & Cavanagh Johnson, 1993).

In infancy and childhood these care giving behaviours contribute to an elaborate bi-directional dance between caregiver and child; with both partners experiencing sensual and emotional closeness, contributing to secure attachment. It is this fundamental human need for interconnectedness that may define both attachment and sexuality in adulthood (Ciochetti & Toth, 1995). Some researchers go as far as to suggest that without attachment there is no adult experience of sexuality (Laschinger, 2004).

Clinicians working with adults around problematic sexuality also note the intertwining of libidinal and attachment theory. Laschinger (2004) asserts that adult human sexuality is a reflection of early attachment experiences and unresolved attachment losses can impede the development of healthy adult sexual agency. Laschinger also notes that the internal working model of individuals contain *all* early experiences including the libidinal ones. This last point would appear especially salient when discussing the needs of children whose sexual development has been disrupted through sexual abuse experiences.

NORMAL SEXUAL DEVELOPMENT OF CHILDREN

There is a lack of consensus regarding a definition of "normal" childhood sexual development or behaviour. This is due to lack of evidence suggesting that childhood sexual behaviour has the same meaning or purpose as adolescent and adult sexual behaviour (Hall, 1998). This lack of research may also be attributable to the rigorous ethical standards in place to protect the well being of children. As a result, studies of children's sexuality have been almost exclusively focused on small clinical samples (Hall, 1998).

Despite this lack of consensus 'normal' childhood sexual behaviour is generally described as joyful, light-hearted, curious and primarily stress free for the child. Expected sexual exploration behaviour is generally self or peer directed, lacking coercion and without emotional upset or physical pain to the child or others. Sexual behaviour may include masturbation, exploration of one another's bodies and some preoccupation with bathroom activities. Most children exhibit curiousity about adult sexuality and seek explanation about how babies are made. As they reach middle years curiousity generally wanes and then resumes again during adolescence. Throughout childhood, children explore their emerging understanding of gender and gender roles into adolescence (Gil & Cavanagh Johnson, 1993).

Most literature addressing childhood sexual behaviour explores that which is considered problematic- either for the child or for others. Researchers examining

problematic childhood behaviour and problematic childhood sexual behaviour have established measures to describe the phenomenon.

EFFECTS OF SEXUAL ABUSE

Children who have been sexually abused are likely to experience disruption to their sexual development. This occurs because they experience sexual stimulation that they are not able to process emotionally, socially or cognitively (Livingston-Smith & Howard, 1994). Researchers and theorists have developed schemas to try to unravel the complex ways in which children may be affected by this event.

Finkelhor & Browne (1985, 1986) state the traumatic nature of childhood sexual abuse can be examined along dimensions which include traumatic sexualization, powerlessness, betrayal and stigmatization. Additionally, research suggests that children severely maltreated are more likely than non maltreated children to exhibit symptoms of Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) or various other forms of Conduct Disorder (CD).

Traumatic sexualization, like other forms of abuse, is believed to contribute to increased anxiety in the child, resulting in the potential need for the child to discharge that anxiety. This may contribute to compulsive behaviours including coercive sexual behaviour toward others. These theories are not unlike attachment studies citing a relationship between disorganized attachment in infancy and controlling behaviour in

six year olds (Lyons Ruth, 1991). Such behaviour is hypothesized to reduce anxiety by allowing the child to feel in control in an otherwise chaotic environment. In this example, the proposed intersection between the attachment and sexual system is pronounced because the sexual development system appears to be negatively impacted by disorganization of the attachment system.

When sexual abuse has been committed by a close caregiver, children may have had to broker sexual activity in order to have their basic needs met, avert punishment, assuage fear or to attempt to control the situation. Farmer & Pollock (1998) indicate that it is important to realize that some children have received extensive rewards for sexually servicing an adult and may seek to repeat this interaction with new caregivers for the emotional or physical rewards that have been offered in the past.

A child's suffering is exacerbated if they are blamed by their family for abuse which has occurred (Livingston-Smith & Howard, 1994; Hall, 98). Children removed from their parents after sexual abuse is disclosed also suffer an increased sense of powerlessness and the 'dual trauma' of betrayal when they are abused by one parent and a second parent has not protected them or prevented their removal from the home (Livingston Smith & Howard, 1994).

IMPLICATIONS FOR CHILDREN IN CARE

Jones (1998) indicates that although many alternative caregivers appear to understand and tolerate emotional distress associated with childhood sexual abuse, their response to childhood sexualized acting out often reflects intolerance, misunderstanding and discomfort.

Kools & Kennedy (2001) interviewed twenty registered nurses working in a residential children's home to explore this phenomenon, utilizing dimensional analysis to define themes in their narratives. They found that the most common strategies used to deal with problematic sexual behaviour were behavioural/cognitive and regular removal of the child from the group. Most sexual behaviour was viewed as pathological and a direct result of sexual abuse.

These researchers argue that sexually abused children have the same, if not greater, need for physical proximity and closeness as non abused children, but are often segregated or prohibited contact with adults or peers who would meet their need for non- sexual affection. This aversion would related to fear that such contact would provoke further sexual acting out, or perhaps the fear of allegations against a non-abusing adult (Kools & Kennedy, 2001). Over reliance on the child's cognitive abilities to alter their own behaviour was also observed.

Kools & Kennedy (2002) concluded that the management of childhood sexual behaviour was influenced by employee knowledge of child development and sexual abuse, personal level of comfort with sexuality, liability issues in the organization and fear of allegations. These researchers advocate for increased professional knowledge of normal childhood sexuality, increased personal introspection and awareness of one's own sexual ideology. Analysis of policy and procedure are methods to ensure that strategies are developmentally appropriate.

Although foster parents and professionals working with children typically receive training on recognizing the signs of sexual abuse, they are rarely well informed about normative development, the possible causes of problematic sexual behaviour or given a framework in which to understand and then manage such behaviour. Sexual abuse training is often lacking as well. Farmer & Pollock (1998) found that only twenty four percent of workers interviewed had been provided with sexual abuse training, and five of those workers indicated that they felt it was insufficient. These gaps in training contribute to stigmatization, with all but the child's mildest sexual interest being perceived as deviant or dangerous.

Within this discussion is a paradox. While there appears to be a strong tendency to pathologize the normative sexual behaviour of children when there is a background of sexual abuse, there is also a strong resistance to acknowledging that children are, in fact, capable of acting in very manipulative, hurtful and damaging ways against other younger or more vulnerable children, a finding highlighted by Grey's study (1993). Even for

seasoned professionals, there is a tendency to want to avoid the painful and oftentimes cruel reality of what some children do, and have done to others sexually and it would appear that as a society, there has yet to emerge a systematic method of approaching and discussing this complex issue.

MEASURES

The research measures used in these studies are well validated instruments designed to categorize, describe and understand childhood sexual behaviour. The Child Behaviour Checklist, a widely used instrument in major studies of childhood disorders, identifies a wide range of behaviour, including those considered sexual (CBCL; Achenbach 1991). This ninety-nine item, three point likert scale caregiver-report examines caregiver perception of the frequency of a wide variety of sexual behaviour in their children. This widely used instrument contains eight, five- point subscales divided into three categories: (1) internalizing (2) externalizing (3) general problems. Cronbach's alpha coefficients generally confirm high internal consistency of individual subscales ranging from .89 to . 101 (Farmer & Pollock, 1998).

The Child Sexual Behaviour Inventory (Friedrich, Fisher, Dittner, Acton, Berliner, Butler, Damon, Davies, Gray, & Wright, J., 2001) is a thirty eight item caregiver self report instrument used to explore childhood sexual behaviour. The commonly used instrument categorizes behaviour into nine domains and has been found

to have an internal consistency of .72 in normative samples and .92 in sexually abused samples (Farmer & Pollock, 1998).

THE STUDIES

There are no studies specifically examining the relationship between problematic sexual behaviour in pre adolescent children and their attachment relationships with foster parents. Some studies on risk of placement failure do address the foster parent-child relationship and child behaviour separately. Few of these studies address sexual behaviour specifically, or measure attachment using validated measures.

Studies chosen for this review of problematic sexual behaviour utilized quantitative or a combination of quantitative /qualitative methods to examine the issue. Four studies having this focus were identified for review (Grey et. al,1999; Hall et. al, 1998; Farmer & Pollock, 1998; Livingston Smith & Howard, 1994). Farmer & Pollock (1998) conducted qualitative research through extensive interviews with foster parents, social workers and a sub group of children identified as having experienced sexual abuse or demonstrating sexual behaviour. Two of the four studies focused primarily on children who were fostered or adopted (Farmer & Pollack, 1998; Smith & Howard, 1994) and Gray and colleagues (1999) identified a large number of children in their study who did not reside with their biological parents. See Table 2.

Table 2. Childhood Sexual Behaviour Studies

Studies	*N*	*Study Design*	*Measures*	*Research Focus*	*Results*
Gray et. al (1999)	127 6-12 year old children with problematic sexual behaviour	Exploratory; Chart Review	CBCL CSBI-3 Structured interviews	Collection of Baseline data on children demonstrating sexually problematic behaviour	50% children abused by 2 or more perpetrators; 1/3 of offenders under 18 years
Hall et. al (1998)	100 sexually abused children	Exploratory; Chart Review	Customized tool	Identification of factors associated with problematic sexual behaviour	Five variables related to historical abuse of child predicted type and severity of sexual behaviour problems
Farmer & Pollack (1998)	250 (154 not sexually abused/abusing; 96=sexually abused/abusing)	Longitudinal; Exploratory Chart Review	Customized interview schedules; CSAI-3	Characteristics of children with sexual behaviour problems and placement quality	Sexually abused and abusing children experience more placements and have more difficulties than non sexually abused peers
Livingston Smith & Howard (1994)	35 sexually abused/ later adopted children; 113 adopted children, no record of sexual abuse	Exploratory Chart review; Extension of earlier study (1991)	Customized survey form	Exploration of effects of childhood sexual abuse on placement success	Sexual abuse is associated with more moves, more serious behaviour difficulties and increased attachment difficulties

CBCL=Child Behaviour Check List (Achenbach, 1991a); CSBI=Child Sexual Behaviour Inventory (Friedich, 1995a) CSAI-3= Child Sexual Abuse Inventory (Friedich et al., 2001)

SAMPLES AND METHODOLOGY

Gray and colleagues (1999) collected baseline data on one hundred and twenty seven (n=127) children aged six-twelve years who displayed sexual behaviour problems. This study was part of a larger quantitative longitudinal treatment outcome study. Referrals came from mental health practitioners (60%), child protection agencies (33%), schools (21 %) and self referral or "other" sources (18%). Children who displayed developmental expected behaviour such as excessive masturbation and sexual comments were excluded from the study, which utilized the Child Behaviour Checklist (CBCL; Achenbach, 1991a) the Childhood Sexual Behaviour Inventory (CSBI-3; Friedrich et al., 2001), and a structured interview to examine the behaviours.

Problematic sexual behaviour in Gray and colleague's (1999) study was defined according to the following dimensions: (a) repetitiveness of behaviour (b) unresponsiveness to adult intervention and supervision (c) diversity of type of behaviours (d) pervasiveness across time and situations and (e) equivalence to criminal violation. In this cross-sectional survey, thirty eight of the one hundred and twenty seven children who met the inclusion criteria for this study resided in foster care, residentially, or with adoptive families.

Hall and colleagues (1998) analysed clinical data found in the case records of one hundred sexually abused boys and girls ages three to seven years of age enrolled in

two separate Canadian sexual abuse treatment programs. The children in this exploratory study were identified as demonstrating problematic behaviour, although not necessarily sexual in nature. Bivariate and multivariate methods were used to analyse how three hundred and fifty demographic factors interacted with three categories of behaviour: (1) developmentally expected sexual (2) sexualized-self focused and (3) sexualized interpersonal.

Farmer and Pollock (1998) were commissioned by the British Department of Health to conduct an extensive longitudinal chart review study (n=250) of children in care, comparing those within the sample who had been sexually abused or demonstrating problematic sexual behaviour with those who did not meet this criteria. Problematic sexual behaviour was defined by the presence of professional concern noted in the child's clinical file.

From the original pool of two hundred and fifty files selected from two jurisdictions, thirty eight percent met inclusion criteria conforming to the operational definition of experiencing child abuse or demonstrating problematic sexual behaviour and were selected for inclusion in the second part of the study. The final sample for this follow up was forty charts. A further selection was conducted including only those children over ten years of age who remained in the same placement since the beginning of the study.

Pollock and Farmer (1998) compared the needs and experiences of children who had experienced sexual abuse or who were demonstrating sexualized behaviour against a control group of children in care who did not have this difficulty. They analysed multiple issues related to the day to day care of these children as well as the experiences of those who cared for them.

Livingston Smith & Howard (1994) explored the impact of childhood sexual abuse on the adjustment and placement success of children who were adopted. This quantitative, exploratory study was an extension of an earlier study utilizing the same data set (Smith and Howard, 1991) comparing characteristics of thirty five children who had suffered childhood sexual abuse with one hundred and thirteen who had not. This research utilized clinical data from case files, using chi square and t-tests to examine how identified factors interacted with three variables in the (1) birth family (2) adoptive family and with (3) agency practices.

FINDINGS

Gray and colleagues (1999) found sexual abuse present in the histories of eighty four percent of children with sexual behaviour problems, and that fifty six percent of these children with sexual behaviour problems were victims of both sexual and physical abuse. Multiple stressors were identified in the children and in their families. Children resided in a mixture of biologically intact families, foster care placements and residential settings. More than half of the children in this study qualified for special

education services (59%) and most lived below the poverty line, with fifty percent having incomes above $15,000.

Ninety eight percent of Gray's sample met the diagnostic criteria for at least one psychiatric disorder; primarily Attention Deficit Disorder (ADD) or Oppositional Defiant Disorder (ODD) . Seventy four percent met the diagnostic criteria for a dual diagnosis. Common parent-child factors identified included parent-child conflict, inadequate supervision and lack of positive involvement between parent and child. Ninety percent of the children reported witnessing physical violence in the home.

The most common sexualized behaviours noted in this sample were grabbing, pinching, poking or rubbing another's genitals (80%), protracted genital stroking and fondling (72%) sexual invitations (60%) and sexual gestures of a threatening nature (59%). Thirty five percent of children acted out their sexual behaviours with a sibling or friend. It is important to note that only sixteen percent of the children in this sample admitted to any sexual misbehaviour at all during the interview process with researchers.

A finding of particular importance for child protection agencies was that more than one third of perpetrators of abuse against the children in this study were under eighteen years of age at the time they abused. A positive association was identified between the number of perpetrators who had abused a child and the number of victims an abused child would act out against.

Grey and colleagues (1999) examined forty five studies comparing maltreated and non maltreated children, noting that only thirteen of these studies addressed sexualized behaviour specifically. Across these thirteen studies, twenty eight percent (n=1353) of sexually abused children exhibited 'highly' sexualized behaviour. Sexual behaviour and a diagnosis of Post Traumatic Stress Disorder (PTSD) were the only two symptoms that were found consistently more frequently in sexually abused as opposed to non sexually abused children.

In their exploratory study of data found in the case records of one hundred sexually abused children (n=100), Hall and colleagues (1998) categorized childhood sexual behaviour identified in their sample into three groups: (1) developmentally expected behaviour n=22 (2) sexualized personal behaviour n=15 (3) problematic interpersonal behaviour n=62 (mutually exclusive in descending order). Contextual factors such as non mutuality, discomfort or harm of others, complaints by others, differential power, premeditation and forethought were included within the categories. Significance levels were established for this study at p =.05. Their bivariate and multivariate analysis revealed five variables impacting the child's membership in one or more of the above categories, including: (1) arousal of the child during abuse (2) who the child blames for the abuse (3) perpetrators use of sadism and (4) history of physical abuse (5) history of emotional abuse.

Sexual arousal of a child during sexual abuse was identified as a significant predictor for inclusion in either group two (sexualized/self focused behaviour) or group

three (sexualized problematic interpersonal) (x2 (2, n=76) = 37.75, p< .00). Ninety eight percent of children who experienced psychological grooming by their abuser experienced interpersonal sexual problems. Like Grey and colleague's (1998) findings, children who endured multiple forms of maltreatment were more likely to experience the most serious sexual behaviour difficulties.

Membership in group three (problematic interpersonal behaviour) was identified as the most at risk population of the three groups. A significant linear relationship between inclusion in group three and role reversed parental relationships was identified at $p < .00$. Sadism, whereby the perpetrator enjoys creating pain and discomfort in their victim, was also highly correlated with membership in group three. In these cases, the child experiences fear or pain as well as relief from terror at the hands of the perpetrator. If the abuser is the caregiver, the child experiences them simultaneously as both the tormentor as well as their only source of comfort and relief.

The central findings from Farmer and Pollock's (1998) study revealed that sexually abused or abusing children had been in care longer, had more severe educational deficits, demonstrated more serious behavioural difficulties, experienced more breaks in care-giving and had more troublesome backgrounds than their peers in the control group. They also point out significant challenges facing foster parents caring for the children, and concern that training is often inadequate.

Livingston Smith & Howard (1994) discovered that sexually abused children in foster care experienced an average of 6.49 moves, while non sexually abused children experienced 4.42 moves. They also examined sixteen problematic behaviours and found that children who had been sexually abused scored higher for difficulties in the following areas: sexual acting out, lying, tantrums, defiance, profanity and vandalism.

LIMITATIONS

There are very few studies addressing sexually abused or abusing children in care and some substantial limitations involved in researching this topic. In all studies, the differentiation between sexually abused and not sexually abused children must be approached with caution as research shows that as many as three quarters of sexually abused children initially deny they were abused and many do not disclose until years after the abuse has ended (Sorrenson & Snow, 1991). It must also be acknowledged that sexual activity most often occurs in secret so most childhood sexual are not observed directly by adults (Farmer & Pollock, 1998). This may result in statistics being significantly lower than the actual occurrence rate.

Studies dependant on the content of clinical notes may also be incomplete and protocols for recording particular kinds of behaviour or events may vary from jurisdiction to jurisdiction. Changes in workers may result in important information not being passed along, or being interpreted differently. Hall and colleagues (1998) note that child sexual abuse studies tend to focus on the physical aspects of the abuse as opposed

to the physiological and sexual arousal of the child which may have more impact on the child than previously understood.

Gender issues impact sexuality studies as well, with interpersonal sexual behaviour of boys generally eliciting more concern than similar behaviours in girls. As well, sexual behaviours of both boys and girls that is seen to put the child themselves at risk tend to be minimized whereas interpersonal behaviour that is seen to put others at risk is perhaps over emphasized or pathologized (Farmer & Pollock, 1998).

SUMMARY

The importance of perceiving childhood sexuality as an important component of healthy childhood development is in it's infancy. Links between childhood attachment and sexuality and the eventual functioning of adult attachment system is also germinal. This review of limited available studies illustrates initial research efforts to better understand both the prevalence and nature of problematic childhood sexual behaviour.

Efforts to categorize childhood sexual behaviour are beginning to offer practitioners tools to conceptualize and discuss this important issue with other professionals, foster parents and children. Findings related to the identification of factors in abuse more likely contribute to problematic sexual behaviour will provide practitioners with better information with which to inform decisions about supports to children and their foster parents.

5 PLACEMENT STABILITY

LONG TERM FOSTER CARE

Long term foster care is defined as care provided to a child when no plan for reunification with the biological family or adoption is anticipated. Children in long term foster care often enter the system in middle childhood and continue to have ongoing access with biological family members. For these children, adoption is not considered an optimal plan. If a fostered child becomes a Crown Ward, care continues until the age of eighteen unless the child demands to leave care at sixteen. Care may be extended until age twenty-one on the mutual agreement between the child, foster parents and agency. Relationships between foster parents and fostered children continue past the age of twenty-one if desired, without agency involvement.

MEASURES USED TO ASSESS PLACEMENT ISSUES

Tools used to examine factors related to placement issues are also found in studies examining attachment and behaviour. This reflects the intertwining of attachment and behaviour with placement issues. Placement issues in these studies were primarily examined using file data and specially designed interview protocols. The Child Behaviour Checklist was reviewed in the previous section. Two additional tools were identified.

Goodman's Strengths and Difficulties Questionnaires

This five scale, twenty-five item, self-administered screening instrument is used to detect behavioural difficulties among four-seventeen year old children. The scales measure conduct problems, hyperactivity-inattention, emotional problems, peer problems and pro-social behaviour. Interrater reliability varies between .44 and .85. This tool has been shown to discriminate satisfactorily between community and clinical samples (Goodman, 1997).

Ainsworth Parenting Dimensions

This eight minute free play in-home procedure is used to measure maternal sensitivity to a young child's needs. Parent's are videotaped as they interact in a natural setting with their child, and their interactions are rated using a nine point rating scale for Sensitivity and Cooperation. Intercoder reliability has been found to be acceptable, ranging from.75 to 1.0 (Ainswoth, 1979).

THE STUDIES

Five (5) quantitative studies related to placement disruption in long term foster care will be discussed along dimensions of sample, methodology and results. These studies were chosen for their focus on middle age children and their attention to externalized behaviour, attachment and sexual behaviour. In conclusion, the importance

of the foster parent's attachment classification will be examined in relation to important developmental tasks associated with therapeutic day to day care of middle age children with sexual behaviour difficulties. See Table Three.

Table 3. Placement Studies

Study	*N*	*Study Design*	*Measures*	*Research Focus*	*Results*
Schofield (2000)	58 fostered children	Mixed methods; 3 year; Longitudinal Exploratory	Demographic questionnaires; GSDS; story stems; semi structured interviews	Identification of factors that influence placement quality and stability	Sensitivity, supervision and child behaviour positively influence stability and quality of placement
Lipscombe et. al (2003)	68 foster parents; foster children 11-17 yrs.	One year Prospective; Repeated Measures	Semi structured interviews	Exploration of impact of parenting strategies on quality and stability of placement	Supervision outside of home and planning for leaving care associated with stability and quality
Lipscombe et. al (2004)	68 Foster parents and foster children 11-17 yrs	One year Prospective; Repeated Measures	Two semi structured interviews (Lipscombe et al., 2003)	Exploration of relationship between child behaviour and parenting	New problem behaviour, sexual acting out and negatively impacting other children in home negatively impacted placement
Newton et. al (2000)	415 Fostered children	One year prospective; Exploratory	CBCL; Chart Review	Examine relationship between child behaviour and placement stability	Behaviour problems are associated with placement disruption
Smith et. al (2001)	90 Fostered children	Repeated Measures; Exploratory	Customized coding schema	Examine placement disruption rates	Higher risk of disruption in first 6 months

CBCL=Child Behaviour Check List (Achenbach, 1991) GSDS= Goodman's Strength & Difficulties Scale (1997)

SAMPLE SELECTION

Growing up in Foster Care (Schoefield, 2000) used an exploratory, mixed method approach to study fifty eight foster children, their case workers and foster parents. This study utilized the Goodman's Strengths and Difficulties Questionnaire and extensive semi structured interviews to examine their experience of foster care. Extensive demographic data was also collected and analysed using quantitative methods. Schofield (2000) examined the perception of foster parents, children and workers, specifically related to attachment patterns and sensitivity of care. This study generated significant baseline data for a longer longitudinal study which significantly increased our understanding of the experiences of foster children and those charged with their care.

Lipscombe and colleagues (2003, 2004) conducted a twelve month longitudinal study of sixty eight (n=68) middle- aged children experiencing their first placement in foster care. In their 2003 paper, they report specifically on parenting approaches used by foster parents caring for young adolescents; using control, discipline, responsiveness and level of engagement with the child as variables. They examined how parenting strategies changed relative to the child's behaviour and how these changes were related to the risk of placement disruption. In their 2004 paper, these same researchers used their original data (2003) to examine the relationship between a child's behaviour and the quality and nature of parenting provided by the foster parent. This analysis yielded

specific information about the impact of sexual behaviour on the sensitivity of care provided.

Newton, Litrownik & Landsverk (2000) examined the relationship between child behaviour and placement disruption in their prospective, repeated measures study. Although this study did not address sexualized behaviour specifically, it provided a framework through which to begin examining this issue as an independent factor. Newton and colleagues (2000) used the Child Behaviour Check List (CBCL; Achenbach, 1991) to categorize the internalizing and externalizing behaviours of four hundred and fifteen (N=415) young people who had been in care for at least five months. Foster parents were interviewed at two points in time, once approximately five months after placement and a second time at approximately seventeen months after placement. This data was examined in relation to placement disruption rates.

Smith and colleagues (2001) conducted an exploratory study examining placement disruption experiences for ninety children (N=90) residing in specialized treatment foster care. Placement disruption was defined as removing a child from their current placement as the result of either a foster parent's request or the agency's decision that the child's needs were not being met in their current placement. They examined the relationship between several variables and the probability of disruption.

FINDINGS

The combined results of these studies point to the serious instability that this population of vulnerable children experience in both regular and specialized care settings. Schoefield (2000) found 74% of children in her study had suffered physical abuse, 67% emotional abuse and 29% sexual abuse. 48% of the children who were under twelve years of age scored in the abnormal range for difficult behaviours as measured by the Child Behaviour Check List (CBCL; Achenbach, 1991). Children in this study suffered substantial difficulties in almost all areas of development including achieving stability in their placement, with only 19% of the children reported as nurtured and adjusted within the foster home, doing well with peers and succeeding in school.

Schoefield (2000) utilized Ainsworth's Parenting Dimensions (1979) to examine the quality of foster parenting provided and found that while some foster parents demonstrated sensitive parenting associated with secure attachment, others were insensitive, rejecting, struggling with unfulfilled expectations and grappling with the challenging behaviours of the children. This study provided rich baseline information related to desirable foster parent qualities which will be examined in the future with this same sample. Although Schoefield (2000) does not address sexualized behaviour as an independent factor, she describes it as one of the "more disturbed" and disturbing behaviours that manifested in a small number of children identified in this study.

Lipscombe and colleagues (2003) identified parental strategies associated with success and quality of a fostered adolescent's placement. Factors contributing to success included providing adequate supervision outside of the home and responding to the child's emotional age as well as their chronological age. Preparing a child adequately for independent living was significantly associated with an increased quality of placement, $p < 0.05$.

The positive effect of adequate supervision is of particular interest to this study, given it's role in managing or circumventing problematic sexual behaviour. These researchers found that between the first and second interviews, 19% of the young people in the study were receiving less supervision in and outside of the home and this group were at risk due to difficult sexual behaviour (n=6). These factors were positively correlated to the child receiving less encouragement to engage in hobbies or other leisure activities and lower parental involvement in the child's social activities that might prove protective. Together, these factors were significantly related to the likelihood of placement disruption, $p=0.00$.

Lipscombe and colleagues (2003) found that although over half of foster parents expressed concern about their fostered child's sexual relationships, two fifths of the cargivers did not discuss their concerns with the child and most expressed confusion over who was responsible for talking to the children about sex and sexuality. 47% of foster parents had no training in managing sexual behaviour in children.

Further results from this study were reported in a second paper (Lipscombe et al., 2004) examining the relationship between child behaviours and quality of parenting. These researchers discovered that 41% of the relationships examined deteriorated during the course of the study. This study identified that changes in that relationship were significantly related to both the risk of placement disruption, $p<0.01$ and the quality of the placement $p<0.00$. Of particular importance to the present study was their discovery that three adolescent behaviours were consistently correlated with changes in parenting strategies that negatively impacted care giving behaviour and emotions. These were identified as (a) emergence of a new and difficult behaviour (b) inappropriate sexual behaviour and (3) negatively influencing other child in the home (Lipscombe et al., 2004).

Lipscombe and colleagues separated sexual behaviour into two categories: (1) harmful to self and (2) harmful to others. Sexual behaviour considered potentially harmful to others was demonstrated by 7% of this sample. Interestingly, this behaviour correlated with increased foster parent involvement while self harming or high risk sexual behaviour resulted in decreased attention and supervision for the twenty five percent of children who demonstrated this kind of behaviour. This appears paradoxical but may be related to the foster parent's motivation to protect their own children or an increased agency expectation that the foster parent protect other foster children in the home. This may lead to more individual attention to the child which may increase the quantity of interactions and strengthen commitment.

This study found that older girls were more at risk for placement breakdown than boys. This was attributed to relational manipulation and the tendency to engage in high risk sexual behaviour outside of the home, resulting in decreased supervision and less involvement by the foster parent. This finding was highly associated with placement breakdown.

Newton's (2000) study of four hundred and fifteen foster children yielded similar results. Correlations between placement instability and behaviour problems for the entire sample were statistically significant ($r = .101$, $p < .01$) and ($r= .189$, $p<.01$). Children displaying externalizing behaviour problems were more likely than other children to experience multiple placement breakdowns. They also found that placement breakdowns contributed to internalizing and externalizing problem behaviours and children initially scoring within the normal range on the Child Behaviour Checklist (CBCL) (Achenbach, 1991) appeared more vulnerable to the detrimental effects of placement breakdowns.

Smith and colleagues (2001) examined the relationship between age, gender and history of mental health diagnosis and number of placement disruptions. Children in this sample resided in specialized treatment foster care placements at the time of the study and had already experienced an average of 4.75 placement disruptions prior to coming into the agency (SD=4.81; range=0-33). Girls in this study had experienced significantly more previous placements (M=6.61, SD 6.21) than boys (M=3.28, SD=2.60), $t (42) =3.10$, $p<.05$) . Results showed a disruption rate of 17.8% (N=16) during the first six

months of care in this specialized setting, which dropped to 9.2% (N= 7 of 76) during the second six months.

As in Lipscombe's (2003) study, Smith and colleagues (2001) found that older girls had a thirty eight percent higher chance of experiencing a placement disruptions than any other group. The reason for this increased risk was not determined but subtle relational aggression of girls was hypothesized to damage relationships and contribute to disruptions. Severity of mental health disturbances in the total sample is highlighted in this study, with the most common diagnosis being Oppositional Defiance Disorder (ODD), Post Traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (HDSD). Each of these disorders manifest primarily with problematic externalized and relational behaviours.

SUMMARY

These studies demonstrate that a large number of children in care do not experience placement success or stability and that this instability is linked to problematic externalizing behaviour. Some researchers estimate that approximately twenty five percent of placement disruptions occur because foster parents feel incapable of managing particular externalized behaviour (Cooper et al., 1987). Sexual behaviour is one such externalizing behaviour and adequate supports to foster parents to assist them in understanding and managing this difficulty were found to be insufficient.

These studies also support the existence and importance of examining the bi-directional impact of both child and care giver qualities when examining attachment issues as well as placement disruption. The importance of a gender and social analysis is also highlighted.

6 RESULTS

INTRODUCTION

Factors influencing the development of secure attachment relationships for children with problematic sexual behaviour residing in foster care were identified through review of existing research in three distinct areas: attachment, childhood sexuality and placement stability. This broad approach facilitated a thorough examination of a wide range of risk and protective factors hypothesized to interact to influence the formation of a new and optimally secure attachment relationship and placement security.

Attachment Results

Emerging research examining the attachment relationships of fostered infants and new caregivers suggests a number of factors influence the successful development of a secure relationship. Dozier and colleagues (2001) found that previously insecurely attached babies under 20 months of age were able to develop a more secure attachment in a new relationship but most often only in the presence of an autonomous caregiver. This highlights the flexibility of the young infant attachment system, but also suggests that changes become more challenging as the child grows. The importance of an autonomous care giver state of mind for optimal outcome is also hypothesized. Bates and Dozier's study (2002) found that autonomous foster mothers were more accepting of

early-placed babies than latter placed babies. This is hypothesized to be due to the value autonomous caregivers place on attachment relationships and the way in which vulnerability in younger infants elicits more nurturing responses from them. This pattern was not observed for nonautonomous foster mothers. These researchers found that while 30% of caregivers in non clinical samples were typically non autonomous, 50% of caregivers in the foster care sample fell into those categories.

The importance of sensitive care giving and the absence of other forms of previously experienced deprivation as factors in the development of a new secure attachment relationship were highlighted in O'Conner and colleagues research (1999). Juffer and colleagues (2005) found that a video feedback tool, in which the actual interactions between caregiver and child were observed and analysed, was more effective than an intervention using a record book alone.

Childhood Sexuality Results

Results in this section suggest that children with sexual behaviour difficulties have some of the most disturbed histories of all children in care, with 84% having experienced sexual abuse and up to 56% having experienced physical abuse as well (Gray et al., 1999) These researchers indicate that 98% of the children in their study met the criteria for at least one psychiatric disorder, with 74% meeting the criteria for a dual diagnosis (Gray et al., 1999)

Farmer & Pollock (1998) cite similar concerns for this vulnerable population, indicating that in their research they found sexually abused children to be in care longer, have more serious behaviour difficulties and have more troublesome histories than non sexually abused peers who are in foster care. Similarly, Livingston and colleagues (1994) found that sexual abused children were more likely to act out sexually, tantrum and commit acts of vandalism than their non sexually abused peers. An important gap in research was identified by Gray and colleagues (1999) who indicate that only 13 of 45 studies comparing maltreated and non maltreated children examined sexual behaviour.

Placement Stability Results

Studies in this section illuminate the instability of long term foster care placements, factors impacting the stability of placements in general and factors associated with the emotional quality of specific foster care placements. Newton and colleagues (2000) found the mean number of placement changes for a child entering foster care and remaining for eighteen months to be 4.23 (SD=2.00). Problematic externalizing behaviour was found to be the strongest predictor of placement breakdown with the severity of behaviour increasing with each subsequent disruption in care.

Schofield's study (2002) points to the global difficulties facing fostered children and their care givers, indicating only 19% of the children in their research study were reported to be doing well in all aspects of functioning. Although sexual behaviour was

not isolated as a factor impacting placement stability specifically, it was identified as one of the most challenging and disturbing behaviours identified in Schoefield's study.

Lipscombe and colleagues (2003, 2004) found that provision of adequate supervision, ability to respond simultaneously to a child's emotional *and* chronological age and an ability to prepare a child for future independence were care giving traits that contributed to both placement stability and quality. When examining child factors, they identified the emergence of a problematic new behaviour, sexually acting out, and having behaviours or attitudes believed to negatively influence other children in the home as factors that created instability. Of particular interest to the present study was their finding that more than half of the foster parents in their study had concerns about their child's sexual relationships and 47% reported having no training to manage childhood sexuality issues. The issue of who was responsible for addressing sexuality issues was also an identified issue.

7 DISCUSSION

SOCIO-DEMOGRAPHIC RESULTS

Fostered infant attachment studies suggest that age alone is a risk factor related to the development of secure attachment with a new caregiver, with older children demonstrating more rigid maladaptive attachment interactions that elicit less nurturing care giving behaviours from their foster mothers (Bates & Dozier, 2002). This is relevant, as many sexually abused or sexually acting out children arrive in foster care during middle childhood and as a group have more troubled histories and more psychological or psychiatric difficulties (Farmer & Pollock, 1998; Gray, 1999) than other children in care. This would result in more firmly established attachment interactions that would tend not to elicit sensitive caregiving. It appears that when these older children do not respond positively to the efforts of foster parents to care for them or change maladaptive behaviour, the relationship deteriorates and the risk of placement rises unless supports are put in place to support the foster parent.

Additionally, older children were found to be at higher risk of placement disruption with older girls representing the highest risk group (Gray,1999). Adolescent girls are at particular risk of placement instability due to an increase of behaviours presenting specific challenges to foster parents who may not have the training to manage them. These include relational difficulties, peer conflicts and sexual acting out. It appears that sexual behaviours are less likely to elicit nurturing behaviour and more likely to

inspire anxiety for their foster parents, who because of social etiquette and taboos may not feel comfortable addressing the issue directly (Lipscombe, 2003).

THE CONTEXT OF LONG TERM FOSTER CARE

Long term foster care *'as a plan'* is generally associated with less emotional and long term stability for the foster child than adoption. Children in long term foster care are more likely to struggle to achieve a sense of belonging to a family as they no longer reside in their biological family but continue to have access with them, and may not achieve a sense of permanence in their foster home. Children who enter care in middle years face also a relational challenge that infants do not; they are charged with the additional task of forming new attachments to strangers at the same time as developmentally 'scheduled' task to gain more autonomy and independence. They also need to heal from more extensive historical trauma and continue to navigate loyalty issues as a result of ongoing relationships with biological family members.

ATTACHMENT DISORGANIZATION AND PLACEMENT DISRUPTION

In addition to the older-age risk factor, sexually abused or disordered children have extraordinary therapeutic needs related to the effects of attachment disorganization. Externalizing behaviours were identified through this review as presenting the highest risk factor for placement disruption (Newton et al., 2000); sexual behaviour being one such behaviour. Additionally, trauma symptoms resulting from sexual abuse are often

undetected or interpreted as misbehaviour, leading to increased frustration and intolerance from caregivers who often lack training in this area (James, 1994).

SEXUAL BEHAVIOR AND THE DEVLOPMENT OF SECURE ATTACHMENT WITH NEW CAREGIVERS

The combined results of the present study suggest that problematic childhood sexual behaviour during middle childhood poses a myriad of specific challenges that negatively impact the development of a secure attachment relationship with foster parents. The present study highlights the social and emotional challenges childhood sexual behaviour presents to foster parents. Even when sexual behaviour was not specifically targeted as an isolated variable it was often referenced by researchers as an area of particular concern requiring additional attention and resources (Schofield, 2000). This appears due to an elaborate combination of factors including age at time of placement, exceptional developmental and therapeutic needs of the and the attachment status of the new caregiver.

ATTACHMENT TASKS OF MIDDLE CHILDHOOD

The examination of the attachment relationships between middle age children and new caregivers is an important area for future research development. This is, in part, because attachment difficulties have typically been thought to reside within the child or in the context of the child's relationship with their biological parents. It may also be

related to the perception that foster care primarily provides custodial treatment as opposed to the treatment context (Dozier et. al 2002). This has led to the use of interventions focusing on the child alone or on the child's relationship with their parents. These approaches do not take into account the importance of the new caregiver's attachment status and the therapeutic impact of sensitive day to day care (Lieberman, 2003).

It thus becomes essential to identify the developmental tasks of middle childhood and identify the ways in which their sexual behaviour negatively impacts the foster parent's ability to respond in ways that foster the trust necessary to help the child become securely attached to them.

Attachment needs are significantly different in middle childhood than for infants. Physical and sexual abuse often results in a child requiring additional proximity and more sensitive interactions with a new caregiver until trust has been established. Although many maltreated youngsters continue to require more proximity to their caregivers than their non maltreated peers, they will generally have less "natural" physical closeness to them due to school attendance and increased peer interactions. This makes it necessary for them to rely more heavily on mental representations of their new caregivers for their felt sense of security and trust. Given the intellectual and academic challenges facing many children in care this may represent a significant challenge for these youngsters.

THE NEED FOR AFFECTION

Learning how to give and receive appropriate non-sexual affection is another essential task of middle childhood which relates to the child's development of a sense of mastery and self confidence. It also becomes more crucial in adolescence when children need to be able to manage a developmentally appropriate maturing of their sexual and reproductive systems.

Because sexualized behaviour is physical in nature and may cause fear and discomfort for the foster parent, these youngsters are at risk of having essential non-sexual attachment related affection withheld from them at a time that they desperately need to learn how to give and receive it. This ability to give and receive affection is an important protective behaviour in adolescence when high risk behaviours often emerge in peer relationships. (Dozier & Sepulveda, 2004).

THE CAREGIVER-CHILD ATTACHMENT RELATIONSHIP: THE PROBLEM OF CUES

Successful fostering of the disorganized child requires a new caregiver to read a child's attachment cues accurately and respond in a corrective manner. The ease of this task will be affected by the caregiver's internal working model of the child and ability to provide a highly sensitive and responsive interpersonal world for the child. These skills

are essential to helping them learn to regulate their emotions; an important task of middle childhood (Dozier & Sepulveda, 2004). New caregivers also need to assist the child develop skills, master behaviour and emotions, develop friendships and develop a coherent narrative about their lives and experiences (Farmer & Pollock, 1998). Children develop trust when a foster parent is able to help them meet these new developmental tasks. Problematic sexual behaviour in middle childhood has the potential to create challenges in all of these areas.

Foster parents, lacking the skill or training to manage sexual behaviours often have difficulty hearing the children's painful stories and may resist being active listeners, relying instead on outside professional help if available. At other times, there is confusion about whose responsibility this is (Gray, 1999) This is important for two reasons. Firstly, the ability for a child to construct a narrative about traumatic and confusing aspects of their lives is an essential component of their emotional and mental health and lack of services to support sexually abused children the foster parent is often an issue (James, 1994). In these circumstances, the foster parent may only available therapeutic resource. Secondly, the ability of the child to tell their story to a respectful and nurturing adult and still feel loved is an attachment task present during adolescence. The loss of that opportunity represents the loss of a relevant attachment based experience.

The accomplishment of these tasks will depend on the caregiver's ability to conceive of the contents of the child's mind. The internal working models of young children with attachment difficulties and sexual behaviour problems are significantly

more complex than those of their non maltreated peers. For a new caregiver to respond to these children sensitively they must have the knowledge and compassion necessary to empathize and respond with kindness to their tragic circumstances. It may be argued that this is not only a therapeutic task, but is also a manifestation of an attachment task as well.

THE IMPORTANCE OF CAREGIVERS ATTACHMENT STATUS

The reviewed research suggests that an autonomous caregiver is most likely to foster a securely attached child (Dozier et al., 2001; Bates & Dozier, 2002; O'Conner et al., 1999;) Problematic sexual behaviour presents additional challenges and heightened therapeutic needs for the child which make this even more desirable; possibly essential. The attachment profiles of caregivers who are not autonomous lack the personality qualities necessary to provide therapeutic care to the sexually disturbed child. This includes difficulties functioning as the child's secure base, barriers to being a non judgemental and emotionally predictable listener and lack of recognition of the child's extraordinary need for direction and supervision and a commitment to meeting them at a time when their peers have mastered those developmental tasks.

Dozier and colleagues (2002) found that correspondence between the foster mother and foster infants attachment status occurs at a seventy two percent correspondence rate- similar to that found in biological pairs. They discovered, however, that while only twenty one percent of foster mothers with autonomous states of mind had

children with disorganized attachments, sixty two percent of foster mothers with non-autonomous states of mind (dismissing or unresolved) had children with disorganized attachments.

Even when foster parents are classified as autonomous, the level of sensitivity required to reorganize these vulnerable children appears significantly elevated. Autonomous foster parents in Dozier's study (2002) tended to behave in ways that mirrored their babies behaviour; providing little nurturance to children who appeared not to need it. This appeared to be a result of older infants taking the lead in attachment behaviours, which seemed to overshadow the contribution of the foster parents to this interaction. The middle aged foster child is likely to have a higher need for strong attachment relationships than his non-maltreated peers, but may be significantly less able to cue their foster parent to this need. Because of insecure or disorganized attachment, these vulnerable children may be immobilized at the developmental stage of a 3-4 year old because they have missed essential and powerful nurturing experiences in early development. Foster parents of these children may have a tendency to downplay their emotional needs, focusing on their chronological age as opposed to their developmental level. This is exacerbated for the foster parent who is observing adult sexual behaviours in a child. Such behaviours can contribute further to emotional withdrawal by the foster parent who may feel fear and disgust at the sexual behaviour (James,1989).

Additionally, these strong negative emotions interrupt the parents ability to respond to the child in a sensitive way that promotes security (Lipscombe, 2004) and can

create a situation in which the child may perceive the foster parent as being frightened of them. In may be suggested that in some cases, the child's behaviour in combination with a caregivers discomfort of childhood sexuality may cause *actual* fear of the child. Either situations may be sufficient to produce a disorganizing effect on the child (Dozier & Sepulveda, 2004). Extreme discomfort and an inability to discuss issues of a sexual nature may also cause incongruence between what the care giver says to the child and the way in which they respond with body language which may also have a disorganizing effect.

It is essential that foster parents be supported to take the lead with maltreated children who typically resist comfort and affection in order for the child to experience the felt sense of security that comes from knowing that an adult is available to comfort and support them. In order for this to occur, foster parents must recognize the child's muted expressions of need then and respond to them with exaggerated attention (Leiberman, 2003).

Dozier and colleagues (2002) discovered an elevated number of foster mothers in their study were classified as dismissing through the adult attachment interview (AAI). Marvin and Whalen (2003) found that eighty eight percent of foster/ adoptive parents seeking assistance for children at their attachment disorders clinic exhibited a dismissing classification. Although they may have been successful in raising their own children who probably demonstrated ordered (albeit anxious or avoidant) attachments, it may be that they may be less successful raising a child with disorganized attachment.

The non autonomous caregiver may struggle to give and receive physical affection in a more general sense due to their tendency to minimize this kind of emotional need. Additionally, supervision of fostered children outside of the home often declines prematurely which reduces the amount of interaction necessary to promote attachment related trust building (Lipscombe, 2003).

Dozier and colleagues (2002) hypothesized that endorsing a dismissing attachment classification may be a strategy used by the foster mother's in order to defend against emotional pain related to the potential loss of the relationship should the infant be returned home, adopted, or moved from their home. They point out that while this protects the mother it does not promote optimum growth for the infant. It may also lead to foster parents minimizing their foster child's expression of anxiety when it is expressed accurately by the child (Lieberman, 2003).

PREVENTING PLACEMENT BREAKDOWN

Twenty five percent of placements end because of child behaviours that foster parents feel unable to manage (Cooper, Pearson & Meirer, 1987). Many placements of vulnerable children end within the first ninety days of placement (Baker, 1989). The point at which a youngster's behaviour becomes intolerable in a foster home would appear to be significantly different from home to home. Given the silence around childhood sexual behaviour it is conceivable that placements come to premature ends because foster parents are not prepared to bring up the subject, workers are not prepared

to ask, and the system itself is not prepared to integrate sexual health development into current assessments of children's overall development.

WHEN GOOD ISNT GOOD ENOUGH

There is great interest but a paucity of research examining how to best "match" a child with a potential family. This may in part be due to the disturbing lack of foster homes available to provide appropriate care to these vulnerable youngsters (Leiberman, 2003). It would appear that individual agencies are further along than child protection agencies in recognizing the extensive mental health needs of foster children. They demonstrate their commitment to therapeutic care through provision of psychiatric and psychological supports to foster families. Many specializ̀ed and independent foster care agencies routinely adopt a team approach to care that integrates assessment, consultation and extensive psycho educational services to foster parents (Goldberg, 2004).

Aside from ensuring adequate structural supports are in place to support the placement, attention must be paid to the attachment disposition of the foster parent. This will directly impact the quality of care provided and the type of interventions that will be effective in their training. Dozier and colleagues (2004) found that foster parents respond to differing training styles according to their attachment classification. Of specific interest is Dozier's (1990) finding that dismissing parents are the most likely to reject efforts to assist them in managing their child's behaviour and providing compassionate care, despite having the same level of difficulties as other parents.

Good enough parenting is not good enough for an emotionally disturbed child. (Leiberman, 2003) It is becoming increasingly recognized that foster parents are not merely "housing" a child but must be able to act in a therapeutic fashion in order to counteract both the maltreatment and attachment disruptions these children have endured (Dozier et al (2002 a).

OFFENDER STIGMA

One might hypothesize that the connection between childhood sexual behaviour problems and sexual offending in adolescence or adulthood may cause significant distress among professionals, contributing to a resistance to addressing the issue directly and systematically. Professionals faced with children as young as three years of age acting in sexually coercive ways toward other children are likely to respond in a conflicted manner; desiring to both punish the child for their misbehaviour and simultaneously protect them from potential consequences if they are labelled an "abuser". This fear may result in essential information about the nature of a child's sexual acting out being left out of documentation, being invisible in studies, or not able to access in order to make treatment decisions.

A scarcity of professionals who specialize in assessing or treating problematic sexual behaviour in children may also contribute to the silence. If workers do not have access to appropriate supports or are not aware of appropriate interventions, they may

not bring forward essential information about the behaviour and simply "hope for the best".

The stigma attached to sexual offending in children and adults should not be underestimated. It is common knowledge that child molesters and rapists exist at the very bottom of the hierarchy in the prison system. It is essential to note that this possible fear or conceptual issue was not mentioned in any of the reviewed studies. However, in a review of literature pertaining to adult sexual offenders there is substantial interest in examining the early attachment experiences of sexual offenders.

In Cortini and Marshall's qualitative study (2001) of incarcerated sexual offenders, one hundred percent of offenders (rapists and child molesters) described using sex as a form of coping strategy in stressful situations. This behaviour was often traced back to sexual preoccupation and excessive masturbation in adolescence. Smallbone and Dadds (2002) offer a similar hypothesis for motivation in sexual offending.

No one wishes to pathologize or stigmatize a young child for life, yet there is a growing interest in examining the connection between childhood sexual behaviour problems and later sexual offending behaviour (Burke and Burkhart, 2002). It would appear from this review of current studies, that this connection is either unnamed or unacknowledged at this time within the child protection system. Despite this, it is quite possible that this has considerable impact on the state of silence around this issue.

Not all children with sexual behaviour problems will go on to offend as adolescents and adults, but it would appear that a large number of adult offenders share tragic histories similar to our children in care. As a system, we have the moral obligation to better understand what factors influence a more healthy, well adapted and adjusted trajectory for these vulnerable young people.

This review of attachment, problematic sexual behaviour and unsuccessful placements for foster children proposes that it is essential to further understanding the connection between the attachment system and the sexual behaviour system. Disorganized children who demonstrate sexual behaviour may be engaging in sexual behaviour as a way of coping with relational stressors. Additionally, such behaviour may also be related to a child's attempt to reduce anxiety or control a chaotic environment. They may simply be attempting to connect with an adult who may satisfy their need for both physical and emotional comfort. All of these motives are intricately linked to the human need to feel and experience safety with other people.

LIMITATIONS

The limitations of the examined research across all three areas of research may represent the most significant finding of this study, and may be the most powerful argument in advocating for change. The inherent difficulties in researching problematic childhood sexual behaviour are monumental. Our culture tends to conceptualize the

attachment and parenting systems as being entirely separate from sexual development (Smallbone & Dadds, 2000) with a perception that attachment is activated in childhood and sexuality in adulthood . When the sexual system is prematurely activated in children by the experience of childhood sexual abuse or maltreatment and is manifested in problematic behaviour, adults generally respond with aversion, fear and disgust.

These perceptions and responses are dramatically demonstrated in Farmer and Pollock's study (1998). These researchers utilized the sexual behaviour inventory (CSBI; CSBI-3; Friedrich, 1995a) in their extensive examination of fostered children with sexual behaviour difficulties; reporting that only 22 measures out of a possible 40 were completed and returned by foster parents.

Farmer & Pollack (1998) indicate that reasons provided by foster parents for not filling out the questionnaire included discomfort with the sexual content and the "private" nature of the questions and comments that the questionnaire itself was "disgusting". It is not clear if the missing questionnaires would have yielded information about the sexual behaviour of children in this sample that would have been significantly different than those submitted.

Resistance to discussing childhood sexual behaviour does not end with foster parents. It extends to the children themselves, with only sixteen percent of children with verified problematic sexual behaviour prepared to discuss this issue with one researcher

(Gray, 1999). We must also consider that up to three quarters of children who are sexually abused do not disclose the abuse until they reach adulthood.

CONCLUSION

It is not clear how many children in care have been sexually abused or how many exhibit problematic sexual behaviour that foster parents are not prepared to discuss with their worker or other professional. It does appear that the problem is much greater than currently recognized. Most studies define sexual abuse quite narrowly and it is not yet clear how much harm comes to the "non-abused" child who lives in a highly sexualized environment or is exposed repeatedly to sexual matter incomprehensible to them. In these cases children may experience a tremendous amount of sexual stimulation they are not able to process but may not meet the current criteria to be considered abused.

There are numerous points of intersection between the study of disorganized attachment and the examination of problematic sexual behaviour in children. Of particular interest are the disorganized attachment behaviours that manifest in a child's sexual behaviour, particularly those which have the potential to harm other children: role reversed interactions, controlling peer interactions and a high rates of reported dissociative states. Given that many children experience sexual abuse at the hands of their parents or other caregivers, it appears important to carefully examine how that experience affects both their developing attachment system and their developing sexuality.

In a culture inundated with incessant sexual images and messages it is paradoxical and tragic that the silence and suffering of sexually abused and abusing children and the struggles of those who care for them remain largely invisible and unaddressed. The extent of the barriers that exist to discussing childhood sexuality and sexual development of children in foster care have not yet been examined.

FUTURE RESEARCH

This study provides rationale for the development and implementation of a qualitative study examining the experiences of foster parents caring for children with problematic sexual behaviours. Such a study would provide overdue insight into the day to day challenges facing foster parents and help practitioners understand the meaning foster parents attribute to childhood sexual behaviour. Such a study would cast light on the myths and stereotypes associated with childhood sexual behaviour and assist with the identification of educational strategies to deal with these misconceptions. By focusing on both the foster parent's meaning of the behaviour as well as the resulting parent-child interactions, such a study will illuminate the specific ways in which sexual behaviour impacts the developing attachment relationship. It would also provide valuable information to direct future foster parent screening and training initiatives.

Additionally, through a future quantitative study utilizing the Adult Attachment Interview (AAI) , appropriate childhood attachment measures and a valid sexual behaviour measure would build on existing research that suggests fostered infants are

able to reorganize their attachment strategies around the availability of a sufficiently sensitive caregiver. Such a study could be extended to include middle age children with isolating sexual behaviour as an independent variable in the analysis.

IMPLICATIONS FOR PRACTICE

If we are to offer maltreated children with sexualized behaviour difficulties refuge from maltreating homes through foster care, we must be prepared to understand their internalized worlds, feel their suffering and respond to their needs with knowledge, compassion and confidence. This will be essential in enhancing our ability to offer them the day to day care and therapeutic supports required to support healing.

This review of attachment, problematic sexual behaviour and unsuccessful placements for foster children proposes that it is essential to further our understanding of the connection between the attachment and sexual behaviour systems. Disorganized children demonstrating sexual behaviour may engage in sexual behaviour as a way of coping with relational stressors. Additionally such behaviour may be related to a child's attempt to reduce anxiety or control a chaotic environment. They may simply be attempting to connect with an adult who may satisfy their need for both physical and emotional comfort. All of these motives are intricately linked to the human need to feel and experience safety and connection with other people. Such a level of understanding will foster compassion, reduce silence and finally bring this issue out into the public domain where it can be addressed and valued.

There are a number of essential structural and personal tasks related to enacting change: (1) advocate for a paradigm shift in society which teaches that sexuality is an integral aspect of human development connected to the human need for safety with people we trust (2) normalize childhood sexual development in the system by developing procedures to discuss and assess sexual development in the context of everyday care (3) integrate existing studies related to attachment, childhood sexual behaviour and placement disruption into current training (4) advocate for the development of appropriate training materials for use at every level of the child protection system.

On a personal level this means a commitment to exploring ones own thoughts, feelings and experiences related to sex and sexuality and integrating the concept of healthy sexuality into our everyday work with children in care, foster parents and families. For some, it will mean developing and implementing studies which contribute to our knowledge about this very important issue.

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