

Giving Voice to One Legacy of Foster Care:

How Aboriginal Females Have Resisted the Effects of Sexualized Violence in the Foster System
in British Columbia

by

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Bachelor of Social Work, University of Victoria, 2010

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

in the School of Social Work, Indigenous Specialization

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Abstract

The Ministry of Child and Family Development (MCFD) plays a critical role in creating assessment tools, producing policies endorsing ‘best practices’, assuring and alleging equity and safety in its child welfare practices that affects the lives of vulnerable children in government custody. Regardless of their efforts, reports of sexual violence against children in government custody continue to emerge. The overrepresentation of Aboriginal girls in the foster system saturates the industry with Aboriginal female children vulnerable to sexual violence and creates the conditions for long term suffering as a result of child sexualized abuse at the hands of ministry caregivers. In this study a qualitative interview method was used to speak to key informants who are Aboriginal female survivors of the foster care system to explore the effects of and responses to sexual abuse in the foster care system in BC. This research specifically looks at the lives and health of Aboriginal girls who have experienced sexualized violence in foster care. It looks at their accomplishments and successes regardless of the sexualized violence and of the social responses they received regarding the sexualized violence. The research also explores the challenges the girls and women have experienced as a result of the sexualized violence. In

addition, this research makes recommendations around professional and therapeutic intervention and prevention.

Keywords: sexual abuse, sexual violence, sexualized violence, foster care, Aboriginal females/girls

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Acknowledgements

“Thank you for never pushing to know more and thank you for listening”. –Participant

I begin this piece of work by acknowledging, in no particular order, those who have made this opportunity possible. I wish to deeply thank the participants who courageously shared their stories with me. The contributions are not only appreciated but remarkable in many ways on a plethora of levels.

I express great gratitude to my supervisor, Dr. Jeannine Carriere who guided me. I thank her for her patience, persistence and the level of accountability to which she held me. I give thanks to my committee, Dr. Catherine (Cathy) Richardson for sitting on my committee in light of her heavy work load and in light of delays in completing my research. Thank you for bringing a fresh perspective to my work. Thank you to Dr. Sandrina DeFinney who shared my passion and connection to this research. I give thanks to my Executive Director at Caring for First Nations Children Society, Linda Lucas, for listening to my many thesis options, smiling and never judging me or pushing me. I thank her for creating the time to allow me to finish this piece of work. I thank my family; mom, dad, Jaime (my dear friend), and Chantale Marie for loving me, supporting me and believing I can do so much. Thank you Jaime for all your editing, you are deeply appreciated. I thank my special friend Petr Prusa for his undying support and for his encouragement. Petr, thank you for all the times you ‘glazed over’ while I thought out loud but always nodded as though in agreement. I also give special thanks to the University of Victoria for their program and all that they offer Aboriginal Masters candidates, and above all I give the greatest thanks to my Creator. Thank you to those who advocated on my behalf to have this research recognized. My gratitude is so deep on so many levels.

Chapter One: Introduction, Research Question, Definitions and Self-location

Introduction

Foster children are 28 times more likely to be sexually abused in foster care than the general population. – (National Coalition for Child Protection Reform, 2011).

There is no greater power than the power to remove a child from their parent(s) and the results can be devastating. A child abused while in the alleged protection of a child welfare system is a breach of trust of “in loco parentis” and is a violation of the rights of any child including the Indigenous child. When children are removed from their families and placed in foster care, the highest level of confidence is placed on the caregivers to provide a standard of care. As this research will determine, the highest standard of care is not always what is provided.

This research will look at how sexual abuse in foster homes produces effects and responses from Aboriginal girls after they leave provincial custody. It will expose the lack of quantitative data pertaining to the experiences of Aboriginal girls in foster care, explore the responses to sexualized violence experienced by Aboriginal girls in foster care and look at recommendations to protect Aboriginal girls in foster care.

In 1972 a young woman named Gloria May Biron published a book entitled *Breach of Trust: My Harrowing Years as a Foster Child in the Care of the British Columbia Ministry of Social Services and Housing* (2000). Biron, in great detail, tracked her experiences of abuse at the hands of the child welfare system, at the time called the Ministry of Social Services and Housing. She was apprehended from her biological family she was having difficulty getting along with and placed in the foster system where she was sexually abused. In one of her foster

homes, she was sexually violated by an individual who social workers knew had a propensity for sexual violence. Regardless, social workers failed to protect her while she was in their custody. Gloria discusses her trauma about how she fought back and stepped up to try and protect her little sister regardless of her own trauma. She discusses how she responded to the sexual abuse, but also how she overcame some effects of the abuse (Biron, 2000).

Gloria aged out of provincial custody but sustained some effects generated by the trauma of the sexual abuse while in the foster care system. She uses her book as a response to the lack of support she received from the child welfare system in order to expose a system that is less than perfect. Stories such as Gloria's form the foundation for the rationale in my research and unfortunately, she is one of many girls in foster care who are sexually abused and received a lesser than standard of care (Biron, 2000).

My intention is to look at the effects of foster system inflicted sexual abuse and review the lack of research which exists. As perpetrators cover up the harm they have inflicted, many Aboriginal girls choose to or are made to feel their story should not be shared. I am interested in how it comes to be that so little research exists on the achievements of Aboriginal women who have been sexually violated by the child welfare system. There exists a significant gap in research on Aboriginal girls sexually assaulted while in the custody of the provincial government. This lack of research and literature causes a barrier to obtaining data on the effects of sexual assaults and the responses to sexual violence on Aboriginal girls while in the foster system. Without the data to report on the prevalence of foster care system inflicted sexual abuse, preventative recommendations and therapeutic interventions are challenging to identify and implement. How can we initiate and mobilize a healthy and supportive response to events which we are not fully aware of? How can we implement preventative measures for something when do

not fully understand the events themselves?

Without preventative measures and therapeutic interventions, Aboriginal women will have a greater risk for further marginalization and isolation. As children in foster care, they will continue to experience a greater risk of violation and violence. Regardless of the standard of care, Aboriginal women have responded to the effects of sexualized violence and accomplished a great deal which is not adequately captured in the vast amount of research and literature regarding sexualized violence against Aboriginal women, especially those who have aged out of foster care. My research emphasizes that Aboriginal women who are survivors of foster care system inflicted sexualized violence are not passive recipients of sexualized violence but rather exercise the propensity to flourish in spite of a colonial child welfare system that has deeply harmed and affected them. While I have not specifically looked at group care, we can logically assume that sexualized violence also occurs in group care. The participants who participated in this study have shared their experiences based solely on being in foster care. In designing my research I specifically looked at foster care because it seemed to me that in a home, there should be expected a higher degree of supervision. In group care, one might neglectfully argue that supervision might be more challenging to achieve and maintain because of the number of children to supervisor ratio. A poor argument at best but I suppose it could be made nonetheless if one was so inclined. In foster care, what excuses would there be for the lack of supervision that would lead to sexualized violence? My position is that no excuse is worthy of being entertained.

Research Question

What are the effects of and responses to foster system inflicted sexualized violence on Aboriginal girls after leaving the foster system in BC? My research question is primarily inspired by my relationship to the research question as a survivor of caregiver inflicted abuse. I am

further intrigued and supportive of the philosophical approach of Allan Wade and Dr. Catherine Richardson. Wade, a family therapist and researcher, and Richardson, a social work professor and social activist, have often paired together to speak and advocate for response-based approaches to individuals and communities who have experienced some form of abuse (Richardson & Wade, 2008, 2010). They suggest that when individuals experience harm, the way in which society and other individuals respond to that harm is critical in determining how long and how severe the effects of the harm will be to the victim. Their work and philosophical approach will be discussed in greater detail throughout this research.

Definitions

For the purpose of my research, the following words will be defined as noted:

Aboriginal: Includes Aboriginal, all Indigenous peoples including status and non-status, Inuit, and Metis. While not intended to homogenize Indigenous, Metis, and Inuit identities, it is intended to offer a means to collectively acknowledge all peoples of Indigenous ancestry and coincide with the federal government's definition of Indigenous identity.

Government: refers to the provincial child welfare government unless otherwise stated

Foster system: refers to alternative care option for a child removed from her biological parents. 'Foster system' is used interchangeable with the words 'foster care', 'child welfare system', 'government custody', and 'provincial custody'.

Engagement in society: the positive interaction between Aboriginal girls and their respective communities whereby the Aboriginal girls make an emotional commitment to contribute to their own self development and that of their respective community.

Effect: a material or structurally imposed condition (such as poverty) as a result of an action

Response: the way in which an individual behaves, speaks, acts out, mobilizes or practices as a result of an event.

Social response: the way in which an individual or group behaves, speaks, acts out, mobilizes or practices as a result of an event to another individual.

Sexual Abuse: refers to acts of a sexual nature which are imposed on another individual. In the scope of this research, sexual abuse has included sexual verbal connotations and remarks, unwanted touching including massage, vaginal and anal penetration, oral sexual contact, unwanted kissing, and perpetrators watching children undress. *Sexual abuse* has been used interchangeably with *sexual violence*, *sexualized violence*, and *sexually violated*.

Social Location

I knew grief and loss on a first name basis but struggled to place it. –Participant

My name is Marie Rachelle Dallaire and my motivation to conduct this research is both personal and political in nature. I am a visitor to Coast Salish territory and I begin by expressing my deepest gratitude for the hospitality, acceptance and love as demonstrated by the Coast Salish people in British Columbia. I am a Metis woman and an Aboriginal woman from the Montagnais Nation, a nation comprised of numerous bands.

The Montagnais are also called the Naskapi or Innu, meaning “people”. The language spoken by the Montagnais people is closest to the northern Cree, and has an Algonquin origin. While my people are from Quebec, I was born in northern Ontario, raised at Temagami First

Nations in Ontario and then travelled extensively across Ontario and the USA with my biological parents.

I have only seen and met my biological mother once in my life since I was approximately six years old and I have seen my biological father on a handful of occasions. I have three biological sisters and one biological brother. I have had contact with my brother only once since our family was separated by the child welfare system and I have not seen two of my sisters since we were children. My parents, siblings, and I lived in the bush for the first six years of my life and I was raised on the land by my biological parents and my Elders. My biological father was a miner and a woodsman so we lived where he worked, in the woods. Sometimes, his work would take him miles from home and he would be away for more than one day at a time. During these times, my biological mother would care for the five children on her own.

Our family lived modestly and by European standards, “below the poverty line”. This meant that full, consistent and balanced meals were rare, new clothes were unheard of, haircuts were completed using kitchen utensils at home and toys comprised of treasures we found outside in the woods. Living remotely in the woods, we rarely accessed services and resources in any nearby community and this suited my biological father just fine. As a survivor of residential school, he had become very mistrustful of authorities and even society in general and did not want his children exposed to those elements.

It was in 1981 that I was apprehended by the Ontario child welfare system while my mother was hospitalized and I spent the following ten years in the custody of the Children’s Aid Society (CAS). During my time in foster care I lived in more than ten foster homes, more than four institutionalized settings, and was illegally adopted. Throughout my journey in the child

welfare system, I was separated from my siblings and have since lost contact with my mother, all of my sisters and my brother, and have rare contact with my biological father.

When I reflect on the effects of my experiences in the child welfare system, I consider myself a product of the child welfare system and I recognize effects of the trauma which are obvious even today. I am cognizant that my sense of my Aboriginal identity was impacted through my experiences in the child welfare system. Having being raised by abusive caregivers is not an experience that I forget easily or take lightly. When I consider the many losses I experienced; my parents, my siblings, my cultural identity, my native tongue, and my sense of self, I recognize the meaning of the research I am doing today.

My experiences are not unique to those of many Aboriginal children in the custody of the province who are separated from their families and siblings by a protection system which does not have the resources to foster family unity and foster the connections between siblings in the foster system. As the second youngest child separated from my siblings, I believe I was left more vulnerable to abuse. Many children experience an increased vulnerability in the absence of older siblings to 'care-take'. 'Care taking' sometimes comes in the form of older siblings who take on a parental role to care for or protect a younger sibling. When separated from their 'care-taking' older siblings, younger siblings are left more vulnerable to abuse in the absence of sibling witnesses. Older siblings can sometimes provide a barrier of safety to protect younger siblings from abuse by hiding them, creating distractions or creating doubt in a caretakers mind that silence can be ensured from the children. I experienced violence from foster parents while in government custody and I recognize that children who 'age out' of government custody and who have been sexually victimized are survivors, and possess an intense level of resilience in order to navigate society.

As a child coming into the foster care system, I was immediately placed at a disadvantage in light of the many stereotypes which were made about my family. Stereotyped as dirty and poor, it is my perception that I was treated very differently by the child welfare system than what I deserved. Once involved in the family justice system, a newspaper article quoted a judge as saying to my biological parents, “get off welfare, get your kids back”. The criminalization of poverty, while not the objective to this research, provides contextual insight into why some Aboriginal families come under the supervision of child welfare. In my own experience, once under the scrutiny of child protection, my experiences became more oppressive.

My family, survivors of both residential school and intergenerational trauma as a result of residential schools, displayed a number of effects such as poverty, and responded to the violence they survived by expressing a strong resistance to authority and child welfare processes. Child welfare deemed that my siblings and I to be ‘in need of protection’ and overnight, I became enmeshed with the child welfare system.

I intend for my research to expose a child protection system that is less than perfect and look at the effects on and responses of Aboriginal women who have been sexually abused while in the foster system. My self-location creates some nuance of limitations in this research. I have a biased view of the provincial government’s inability to keep children safe from sexualized violence while in their custody.

I approach my research through an Indigenous lens and I rely heavily on the assertion that colonialism continues to this day. I work under the assumption that Aboriginal children in the foster system are at a disadvantage from the onset due to mainstream stereotypes (Native Women’s Association of Canada [NWAC], 2010) and that as a result are demonized and cared

for at a much lower standard than their non-Aboriginal counterparts. This assumption will be addressed in greater detail in the literature review of this thesis.

Chapter Two: Purpose & Significance of Research, Literature Review

Purpose & Significance of Research

“Aboriginal women and girls are strong and beautiful. They are our mothers, our daughters, our sisters, aunts, and grandmothers” (NWAC, 2010, p.3).

The percentage of Aboriginal children who are in the care of the provincial government is a reflection of colonial practices (Richardson & Wade, 2009). These colonial practices are maintained not only in Canada but also by the provincial government in British Columbia. While the percentages of Aboriginal children in care have fluctuated nominally in the last few years in British Columbia, they have proved to remain relatively consistent, fluctuating only one to three percent from year to year, increasing and at times decreasing (Ministry of Child and Family Development [MCFD], 2013). In July 2013, a report was issued by the province of British Columbia which consisted of data up to and including June 2013 on the percentages of Aboriginal children in the foster system in British Columbia (MCFD, 2013). While the data did not identify how many of the Aboriginal children were male and how many were female, 51.9 per cent of the children in the foster system in BC were Aboriginal. A further report received in January 2014 identified that at December 31, 2013, there were 3878 female children in government care although the number of Aboriginal females was not available (Ministry of Child and Family Development [MCFD], 2014). The number of male children in care at December 31, 2014 was 4286.

Nico Trocme (2007) suggests that the reason for the overrepresentation of Aboriginal children in care is a result of the Aboriginal child welfare system “favouring out-of-home-care”

(p. xiv), which is almost doubling the amount of Aboriginal children entering the child welfare system. This publication was circulated in 2007. As of July 2013, more than 50% of children in care are Aboriginal but that is mostly representative of current children in care as the number of new Aboriginal children coming into care appears to be stabilizing. Regardless, in the face of the astounding percentages of Aboriginal children in care and the overrepresentation, my intention is not to provide an analysis of the overrepresentation of those children, but to draw attention to the concentration of Aboriginal girls in one system where they are potentially made more vulnerable to sexual abuse.

Further significance for this research pertains to which gender is more likely to be sexually abused, which gender is more likely to perpetrate sexualized violence and the connection of this information to the overrepresentation of Aboriginal children, especially Aboriginal girls, in the child welfare system. Regardless of foster care involvement, Aboriginal females are three times more likely than their non-Aboriginal counterparts to experience violence and of the Aboriginal females who report violence two thirds of them are under the age of 35 (Brennan, 2011). This calls into question and consideration the events which go unreported. If for example, we were to look at all reported and unreported events of violence against Aboriginal women, the statistical percentage would surely rise. There are a number of reasons why women do not report violence including but not limited to; fear for their safety (Gandhi, Ofstehage, Radday, Sholk, & Stanzler, 2011), mistrust of services (police and/or medical), and psychocolonization (Todd and Wade, 1994).

The violent victimization of Aboriginal women is predominantly perpetrated by males and is more than likely not to be reported. Without the watchful eye of community, family, and sometimes siblings, Aboriginal girls in foster care are left to the under-resourced eye of the child

welfare system (Office of the Auditor General of British Columbia, 2008). The child welfare system in British Columbia (BC) does not have enough social workers to ensure the twenty-four hour daily supervision of already marginalized Aboriginal girls. Bernstein (CBC News, 2009, p.1) suggests social workers sometimes delegate the task of child supervision to sometimes untrained and inept foster parents thereby exposing the Aboriginal female child to an increased risk of sexual violation.

As stated a number of times by the office of the Representative for Children and Youth in BC, the child welfare system, responsible to protect children, is failing Aboriginal children all over Canada, including BC. Aboriginal children in the child welfare system are the “most vulnerable children in Canada today” (CCCYA, 2011, p. 1). While not specific to the numbers of Aboriginal males versus Aboriginal female children in care, the special report issued to United Nations Committee on the Rights of the Child speaks of Aboriginal children as a whole. While the report poses its concerns under an umbrella for Aboriginal children, I noted that Aboriginal girls in care were not distinguished from their male counterparts. The importance of this observation is again to note the lack of transparency of this information.

Of further significance, part of my research attempts to look at the percentage of girls in the foster system. Specifically, my intention was to focus on those who were Aboriginal and who report sexualized violence while they are in the foster system or report the abuse that occurred in the foster system once they age out. Any research pertaining to this quantitative data was scarce and could only be located through one study by the *Foster Care Alumni Studies* (Downs, English, Hiripi, Holmes, Kessler, O’Brien, Pecora, 2005). One report released by MCFD in January 2014 did identify the number of girls versus boys in the foster system in BC but did not specify how many are Aboriginal and how many are non-Aboriginal. This specific study by

MCFD will be discussed in more detail in the literature review of this thesis and the report will be further referenced throughout the research.

Other studies such as the Canada Incidence Study, *Kiskisik Awasisak: Remember the Children* (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011) could not confirm how many Aboriginal girls remained or were in the foster system nor could they confirm how many reports of sexual abuse had been made by Aboriginal girls in the foster system. This study could not confirm the sought after information for a number of reasons:

- The Canada Incidence Study only focuses on the investigative stages of child welfare (not what comes after apprehension or involvement),
- the 2011 Canada Incidence Study relies on sampling which can offer estimates but not actual numbers,
- and according to a project and research coordinator at McGill University in Montreal, there has been a noticeable decline in reported sexual abuse which does not necessarily mean that the incidents have decreased but may suggest a decline in reporting (J. Wegner-Lohin, personal communication, July 14, 2013).

The absence of data pertaining to the numbers of Aboriginal girls in care or those who report sexual abuse while in care, in the face of such a significant study which looked at more than 14, 114 Aboriginal child files in Canada (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011) is astounding. I acknowledge that while the data may be present in some form, meaning it may be buried in the existing data, the data which looks specifically at the number of Aboriginal girls in care in British Columbia and the number of Aboriginal girls who report sexual abuse perpetrated by the foster system is not explicitly referenced nor is it

accessible. This quantitative data, while not the primary objective in this research, is critical in establishing the frequency of the occurrences of foster care inflicted sexualized violence against Aboriginal girls. I am also cognizant that the intent of the study was to gather baseline data as nothing had previously been researched to establish any baselines on child welfare across all provinces in Canada (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennett, 2011)

In my research and literature review I found that some literature thoroughly reported the deficits which may manifest as a result of sexualized violence, such as substance abuse (Guibord, Bell, Romano & Rouillard, 2011; see also Singh, Thornton & Tonmyr, 2011) or mental health. The significance of what is reported is the continued belief that Aboriginal girls are passive recipients of abuse and are impacted (are powerless) rather than are responding (can manipulate, navigate, and exert control over the post-abuse environment and circumstances) to the violence. The purpose of my research is to provide an alternative and Indigenous lens to demonstrate how much Aboriginal females/women have accomplished and how they have responded to the sexualized violence they experienced while in foster care.

The significance of this research is to provide a venue through which the voices of Aboriginal females who have been sexually abused while in foster care, can be heard. This research will provide an opportunity to deconstruct how society has responded to the sexualized violence of Aboriginal girls in foster care, and to look at why society responds to the sexual violation of Aboriginal women the way it does and how those responses in turn affect the responses of Aboriginal women as survivors. The significance of this study also provides a new lens by which social work practice can consider these factors in addressing the needs of Aboriginal females living in foster care.

Literature Review

“Sexual abuse in foster care is alleged by more than 55% of foster care alumni, sometimes in concert with other forms of maltreatment” (Downs, English, Hiripi, Holmes, Kessler, O’Brien, Pecora, 2005). –*Research Services at Casey Family Programs*

The social phenomena of children being sexually abused while in the custody of the government is not a new issue. In approaching my literature review, I sought to understand the effects of sexualized violence on Aboriginal girls in foster care in a number of ways.

The first step in my approach to my literature review was to look at what literature existed pertaining specifically to how many Aboriginal girls in care report sexual abuse while in care. The absence of this data and/or accessibility to the data in the event it exists, is especially troubling in light of the many research projects which will be explored in this literature review and have identified that many Aboriginal girls in the foster system allege sexual abuse while in the foster system. In my research I explored at length how many Aboriginal children in foster care in British Columbia were girls. I have previously stated in my research that as frustrating as it was, I was not able to establish a correct or accurate response to this query.

In 2011 nineteen national partners in Canada came together to develop a report entitled *Kiskisik Awasisak: Remember the Children* (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011) which sought to analyze data obtained in the 2008 calendar year as it pertained to children in care. While the document reports on Aboriginal and non-Aboriginal children in care its primary purpose is to establish that there exists an overrepresentation of Aboriginal children in care. As stated previously in this report, the study could not confirm how many Aboriginal girls remained or were in the foster system nor could they confirm how many

reports of sexual abuse had been made by Aboriginal girls in the foster system. After a review of 14,114 Aboriginal child files across Canada, this significant study could not confirm the actual number of Aboriginal children in the foster system as some provinces mobilized more resources than other provinces in order to obtain their data. To date, no comparative study of this magnitude (other than previous Canada Incidence Studies) can be located within Canada. This calls into question the prioritization of the Aboriginal child files in the child welfare system in British Columbia and begs information that to date is not available, or at the very least not accessible.

Literature on Aboriginal children sexually abused while in the custody of the government is vast as it pertains to the residential school era and its effects, quickly followed by the ‘sixties scoop’ where thousands of Aboriginal children were placed into non-Aboriginal homes (Blackstock, Brown & Bennett, 2007). As many Canadians now know, residential school was also used as a form of foster care in Aboriginal child welfare (Blackstock, Brown & Bennett, 2007). Contemporary quantitative literature which looks at the sexual abuse of Aboriginal children in the custody of the government is not so easy to locate. The Ministry of Children and Family Development (MCFD) puts out an annual report of the number of children in care and the percentage of those numbers which are Aboriginal children. Specifically however and as discussed under the Significance of Research, the literature and MCFD reports which provide the statistics of how many children in the foster system are Aboriginal girls and how many cases of reported sexual abuse while in the custody of the provincial government is essentially non-existent or not publicly available (V. Sinha, personal communication, July 27, 2012). I cannot confirm whether this information is non-existent or non-accessible for the potential liability it may pose to the Ministry of Child and Family Development.

I then looked at what the literature had to say about effects and ‘outcomes’ and quickly established that the literature predominantly focuses on a deficit based approach to reporting on effects of sexual abuse of Aboriginal girls in the foster care system. By deficit based, I am referring to the attention which is drawn only to negative outcomes as opposed to primarily focusing on the responses of survivors to sexual abuse in foster care. I felt this literature was important to report so that a fuller and holistic picture of the literature was established prior to a later discussion which will look at deconstructing the deficit based approach.

The alarming part of this literature review is the focus on the excessive literature of impacts insinuating a passive and powerless recipient (Richardson & Wade, 2010) such as drug and alcohol misuse and abuse, mental health, sexual exploitation, and violence but relatively limited literature on the responses to how women have resisted the effects of sexualized violence. There is a stunning amount of literature on such topics as children in care having “higher rates of problem behaviour, mental illness and delinquency” (Ungar, 2007, p. 1). While perhaps certainly true, survivors have accomplished much more than what is evident in the vast amount of literature and research. While the noted experiences (substance misuse and abuse, violence, mental health) might very well be true they are not exhaustive of the experiences of Aboriginal women/females who have aged out of government custody and been sexually abused while in the custody of the government. Noteworthy, many women have used these "impacts", such as substance use, intentionally as a means to navigate the effects of sexualized violence. This concept will be discussed in more detail when I discuss my findings.

Child welfare in British Columbia is not improving. The numbers of children and Aboriginal children in care are not decreasing and children who enter the foster system, and those who are abused while in the system face a greater possibility of negative effects, responses,

and outcomes. One might suggest that if the response from the guardian and/or society were more strength based, immediate, and genuine, the effects of and responses to sexualized violence on Aboriginal females would be more temporary in the spirit of self-preservation of the victim and safety thus leading to more immediate positive society engagement. Response based programs which are supportive to the survivor also have similar outcomes that are sometimes referred to as 'resilience' (Ungar, 2007).

Female children face the greatest risk for effects because female children face the highest risk of sexual abuse. Kendrick (1994) published an article entitled *Fostering Assessment in the Context of Child Sexual Abuse: A Literature Review* and the significance of this article and the publish date is the recognition that not enough accessible research (relative to other Indigenous social phenomena such as the effects of residential school on Aboriginal peoples) has documented the effects of sexual abuse perpetrated by the Canadian foster system on Aboriginal girls. Kendrick (1994) suggests that "the literature on the abuse and neglect of children in foster care is scare" (p. 2). While the literature on the effects of sexual abuse and abuse has increased the documentation and statistics of reported cases of sexual abuse in foster homes is challenging to locate. For example, the Ministry of Child and Family Development maintains records called "protocol investigations of abuse in foster care", however these are not available to the public.

Kendrick states that females are the predominant "victims" (1994, p. 2) of sexual abuse at the hands of the foster system (an interesting notation of the deficit-based language with the word "victim" implying a passive recipient of violence) Eighteen years later Elias, Hall, Hart, Hong, Mignon, Sareen (2012, p. 1563) not only echoed Kendrick's statements but added that individuals who had attended residential school were most likely to engage in suicidal behaviours. The significance of these research projects is to shed light on women as the

predominant recipients of violence in the foster care system and that women in the foster care system are most likely to engage in suicidal behaviour, noting that the anticipated outcome can only be devastating. The conclusions that Elias, Hall, Hart, Hong, Mignon, Sareen (2012) propose are that after residential school attendance “First Nations females were at greater odds to have an abuse history” (p. 1563). In addition, they add that adults between the ages of eighteen and forty-five were more likely to have suicidal thoughts and attempts after attending residential school but that being female almost always increased the odds of this tendency. This information is daunting in the face of the residential school legacy and its overwhelming effects still evident in Aboriginal communities today (De Leeuw, 2007, p. 23). Some of these effects include loss of land, poverty, loss of children to the child welfare system and isolation. Both direct and intergenerational, the effects of abuse at the hands of the foster system generate devastating effects and responses in Aboriginal cohorts.

The literature also states that children and youth are exposed to greater risks for a number of impacts which include sexual exploitation (Mark & Kingsley, 2010), teenage pregnancy (Courtney, Dworsky, Brown, Cary, Love & Vorhies, 2011) breathing difficulties (Nelson & Richardson, 2007), physical and mental health concerns (Courtney, Dworsky, Brown, Cary, Love & Vorhies, 2011; also see Goldbeck, Heil & Oswald, 2009), involvement with the justice system (RCY, 2009) and suicidal behaviors and thoughts (Elias, Hall, Hart, Hong, Mignon, Sareen, 2012). These effects are only to name a few and this list is not exhaustive. In the subsequent paragraphs I have taken the opportunity to explore some of these effects and responses as referenced in the respective literature.

Mark and Kingsley (2010) embarked on a long journey of interviewing Aboriginal youth who had been or were then currently sexually exploited. They jointly released a report entitled

Sacred Lives: Canadian Aboriginal Children Speaking out Against Sexual Exploitation to Save the Children Canada. Mark and Kingsley summarized the stories of the youth and made recommendations in partnership with the participating youth to government and communities in the hope of educating the public and policy makers as it pertained to the sexual exploitation of Aboriginal youth. The report clearly stated that the characteristics of young Aboriginal people commonly found to be involved in the sex trade industry include but are not exhaustive of; coming from “fragmented homes or care institutions”(p. 33) and have been sexually abused. The youth stated that “fragmentation of culture and family” (p. 12), were significant factors in their presence in the sex industry. Of those participants, more than 75% were female.

Furthermore, Sikka (2009) also interviewed participants in a research project which looked at young adults in the sex trade industry. Sikka noted a high likelihood that the individuals and youth who are represented in the greatest numbers are those who have exited or are still in the custody of the provincial government (2009). Sikka goes as far as to confirm that the single most shared characteristic of young girls in the sex trade is previous or current foster care system involvement.

Not only has research suggested that sexual abuse in the foster system increases the risk of Aboriginal girls being sexually exploited but there is extensive research to suggest that girls sexually abused in the foster system are at an increased risk of intravenous drug use and that usage occurs at a younger age than their non-fostered and non-abused counterparts (Craib, Moniruzzaman, Norris, Pearce, Patterson, Schechter, Spittal & Christian, 2008; Frankish, Laliberte, Li, Mille, Schechter, Shoveller & Spittal, 2003; Fuller, Garfein, Ikeda, Ompad, Shah, Strathdee, Vlahov & Baily-Maslow, 2005, Frankish, Laliberte, Li, Mille, Schechter, Shoveller & Spittal, 2003). The authors produced a report entitled *Foster care, sexual abuse and being female*

predicts younger age at first injection for the BC Centre for Excellence in HIV/AIDS in Vancouver British Columbia. The researchers collected data from participants of the *Vancouver Injection Drug Users Study* and they interviewed, surveyed, and tested more than 1400 participants. Similar to the study by Fuller, Garfein, Ikeda, Ompad, Shah, Strathdee, Vlahov & Baily-Maslow (2005) looking at childhood sexual abuse and the age when those children initiated their first injection drug use, the authors of the *Vancouver Injection Drug Users Study* report in their conclusions that impacts as a result of sexual abuse and involvement in the foster care system, increases the risk for young women to begin intravenous drug use (as cited in Frankish, Laliberte, Li, Mille, Schechter, Shoveller & Spittal (2003)).

The noted limitation to this research project was the lack of formally documented events involving specifically Aboriginal girls or women. Having said that, in a separate research paper Miller, Johnston, Spittal, Li, LaLiberte, Montaner & Schechter (2003) concluded that young Aboriginal women were most likely to “engage in sex trade work, have greater than 100 lifetime sexual partners, and use cocaine, speedballs, and crack greater than once daily” (p.737). This data was collected from 1400 participants during the *Vancouver Injection Drug Users Study*. While not explicitly stated, if these 1400 participants are the same 1400 participants who were tested and interviewed in the previous mentioned study *Foster Care, Sexual Abuse and Being Female Predicts Younger Age at First Injection*, (Frankish, Laliberte, Li, Mille, Schechter, Shoveller & Spittal, 2003), then it would be logically correct to assume that the young Aboriginal women in the sample who are in the sex trade, having greater than 100 lifetime sexual partners and using drugs are also the young women referred to who are in the foster system and sexually abused. Multiple attempts to verify this data with at least one of the authors were not successful. The Cedar Project and subsequent report from British Columbia also

confirms that injection drug use has a much higher prevalence in Aboriginal populations that have been sexually abused (Craib, Moniruzzaman, Norris, Pearce, Patterson, Schechter, Spittal & Christian, 2008).

In 2009, the Representative for Children and Youth (RCY) and the Office of the Provincial Health Officer released a joint report entitled *Kids, Crime, and Care*. The report looked at youth between the ages of 12 and 17 involved in the youth justice system. Of the 50,565 individuals included in the cohort, 2212 of those were involved in the justice system. Of the 2212 youth mentioned who were involved in the justice system, 233 of those were Aboriginal girls also involved in the child welfare system. The significance of this publication is the evidence of the concentration of Aboriginal girls in the foster system in the province of British Columbia and an ethical inquiry into the disproportionate numbers of Aboriginal children involved in the justice system. It may also speak to potential outcomes for Aboriginal girls in the foster system. With increased concentration levels, the number of Aboriginal girls in the foster system, where they may be at increased risk of sexual exploitation, is troubling.

Sikka (2009) reports that the findings suggests there is an association between child welfare involvement and encounters with the justice system. According to the research, the primary cause of a woman's interactions with the legal system is the result of an offence committed against the girl while she resided in alternative care (Sikka, 2009). My intent is not to make a direct and concrete correlation between foster care involvement and the experiences of children who have experienced sexualized violence while in care as the two may not always occur simultaneously. I am merely attempting to draw attention to the vast numbers of Aboriginal women and girls who report sexualized violence while having been in foster care.

The studies which are more closely aligned with my research objectives are micro studies

such as those mentioned in this literature review. For example, Ahterens, Courtney, Katon, McCartney & Richardson (2012) completed a research project entitled *Association Between Childhood Sexual Abuse and Transactional Sex in Youth Aging out of Foster Care* for the Department of Pediatrics at the Seattle Children's Research Institute. The researchers sought to establish whether there was a connection between youth in the foster system who are sexually abused and the propensity to engage in transactional sex when they age out of foster care. By conducting a gender analysis the authors concluded in their summations that young women or girls who had been sexually abused and who lived in the foster system had a significantly increased likelihood to engage in transactional sex. While this study was not specific to Aboriginal girls, I would logically argue that the findings have a transferability from one or many racial cohorts (not identified) to Aboriginal girls.

An article entitled *Correlates of Suicidality: Investigation of a Representative Sample of Manitoba First Nations Adolescents* (Elias, Medve, Mota, Munr, Sareen & Tefft, 2012) specifically references British Columbia, Canada. The study concluded that Aboriginal girls between the ages of fifteen and seventeen were most likely to attempt suicide, most likely to not complete the act of suicide, and most likely to engage in reoccurring attempts of suicide. This information married to the research which suggests that Aboriginal girls in the foster system are at risk if and when sexually abused while in the foster system poses an increased urgency to identify the effects of sexual abuse on Aboriginal girls in the foster system in order to also identify the immediate social responses required to mitigate the risks associated with the individual responses of the girls sexually abused.

The list of events that an Aboriginal person may experience as a result of their experiences in foster care is endless. These include cultural isolation, decreased tendency to

graduate from high school (Richardson & Wade, 2007), and homelessness (Downs, English, Hiripi, Holmes, Kessler, O'Brien & Pecora, 2005). These tendencies are greatly referenced in the literature pertaining to sexual abuse in foster care. While not always specific to Aboriginal groups, the literature has captured that children who are sexually abused in foster care are far more likely to experience some negative responses as a result. This is not to say they will not also experience accomplishments nor does it suggest that their responses will remain static over time. Events of sexual abuse linked to the existing legacy of residential schools and intergenerational trauma, perpetuates an increased need to look at the stories and responses to the sexual abuse of Aboriginal girls in foster care.

This literature review clearly establishes that sexual abuse in the foster system increases the likelihood of intravenous drug use, transactional sex in exchange for money or other benefit/reward, suicide and /or suicidal ideation, involvement with the criminal justice system, violence, and becoming involved in the sex trade industry. Most importantly, this is not to say that every Aboriginal girl who experiences sexual abuse in the foster care system will experience the above mentioned events but it appears likely that these events are more plausible as a result of abuse in foster care. While the primary intent of this report is to identify effects of foster system inflicted sexual abuse, a dual purpose is also to identify the responses from individuals and the responses to individuals as a result of foster system inflicted sexual abuse.

The literature which has been cited in this review is based on a psychological analysis. A psychological approach defines a problem that has to do with the way a person thinks with the mind and aims to fix it and determine where the problem came from. The *Foster Care Alumni Studies* (Downs, English, Hiripi, Holmes, Kessler, O'Brien & Pecora, 2005) has produced a lengthy resource which they claim outlines all of the 'impacts' of foster care children in their

adults year which included these:

- failure to graduate highschool,
- lack of postsecondary enrollment,
- mental health, homelessness,
- and lack of gainful employment.

These ‘impacts’ maintain a deficit based approach and my goal in this research was to focus more on response based information/data while considering the influence of colonialism.

In the spirit of contextualizing the findings in my research, it was also crucial to consider colonialism and how it remains rooted in today’s western society. It was crucial to consider how to view the stories of the participants from a response based perspective and to also deconstruct traditional responses from society to the disclosure of sexual violence made by Aboriginal women. By applying a postcolonial Indigenous critical analysis, I was provided the opportunity to identify themes relating to the deconstruction of mainstream power and give voice to Aboriginal female survivors.

In my approach to my literature review, I also looked at what the foster care landscape looks like in British Columbia and was devastated by not only the continued overrepresentation of Aboriginal children in care but also by very recent information provided in the media. On February 19, 2012, the Representative for Children and Youth in British Columbia, Mary Ellen Turpell-Lafond, told news crews that because of the lack of foster homes in BC, potential foster parents with criminal record checks stating they had sexual offences were allowed to foster children (Canadian Press, 2012). This one statement in itself was not only astounding but

devastating in light that Aboriginal girls continue to report sexualized violence in foster care. This disclosure is in every way a direct and publicly admitted violation of the rights of the Indigenous child. It makes one wonder what could have been the circumstances under which an apprehension was made that were far more concerning than placing a child in a home with an adult with sexual offence convictions. One would think the public outcry and need for an ethical inquiry would have been forthcoming, had more impact to create different outcomes, or generated an immediate investigation. This is but one example of the ways in which the foster care system in BC fails the children in its standard of care, especially to Aboriginal children.

The review of the standards of care for Aboriginal children in care was a sobering experience. The Ministry of the Attorney General in British Columbia released a publication entitled *Working with Aboriginal Child Victim Witnesses* (1996). They clearly stated in their publication that “Aboriginal children deserve to be kept safe” and “the protection of Aboriginal children is a priority” (p. 3). While there are other legislative mandates which pre-date this publication and many which came after it, I am using this publication as a starting point to demonstrate the legislative claims to keep Aboriginal children safe while in the custody of the government. This responsibility and the right of the Indigenous child is not new legislation. The *Child, Family and Community Services Act* (CFCSA), which governs child welfare practice in British Columbia has protocols for child apprehensions and child welfare (1996, Section 30, sub section 1). This legislation however is largely interpretive and can be approached in a variety of ways without being misused. This means that because of the flexibility and vagueness in the legislation, social workers have more room to apprehend when erring on the side of caution. This flexibility provides a wide net that social workers can work within and provides them the authority to apprehend children with little evidence of neglect or abuse. It further provides social

workers a wide enough approach in child welfare that the chance of them being alleged to be negligent in the care of the children in their care is highly unlikely.

Regardless of the legislative claims and associated legislation that guides Aboriginal child welfare, the provincial government has brought disproportionate numbers of Aboriginal children into foster care, is often failing to protect the children in their custody, and thus sometimes leading to events of sexualized violence. These events place Aboriginal children in a vulnerable set of circumstances which in turn fertilizes the breeding ground for unique responses, sometimes limiting life experiences, and possibly creating future social challenges and delays. This calls into question why Aboriginal children are often 'left' to the jaws of the child welfare system and provided less than the standard of care.

The colonial notion that Aboriginal people are "beyond help" (Razack, 2011, p. 1) and that efforts to protect them are fruitless, is a lens which has been explored by at least this author. Razack, while exploring deaths of Aboriginal individuals which occur in the custody of the police, alleges that colonial efforts continue to this day. She claims that Aboriginal individuals have been demonized and problematized by Eurocentric society. Deemed to bring on problems through the over consumption of alcohol, Aboriginal people are stereotyped as "irreversibly damaged" (2011, p. 2). Her graphic yet shockingly true account of how Aboriginal people are viewed by the settler society is a grim recognition that colonialism continues to exist in the minds and behaviours of mainstream authorities. Razack coins this view of Aboriginal people as "sacrificing to cleanse and preserve modern society, purging it of undesirable elements" (p. 14) and the view that Aboriginality is "a disabling condition" (p. 21). The reality of these stereotypes is startling when considering the overrepresentation of Aboriginal children in foster care.

Fast & Collin-Vezina (2010) echo Razack's philosophy by including that the negative stereotypes about Aboriginal peoples are the result of the media and its focus on the disparities between Aboriginal peoples and non-Aboriginal groups. They discuss briefly how the disparities came to exist and the effects that residential school has on Aboriginal communities, groups and individuals. The resulting depiction of Aboriginal individuals and groups that are in the media provide a negatively skewed perception and unrealistic representation of what it means to be Aboriginal peoples.

These negatively skewed perceptions of Aboriginal peoples demonizing them as a race, are well and alive in the child welfare system of British Columbia, especially when children are apprehended due to poverty instead of neglect or abuse. The contemporary child welfare system in British Columbia is merely a replication of residential schools and the Sixties Scoop and has replicated the demonization of Aboriginal people. Richardson & Nelson (2007) sought to explore the similarities between the current foster system and the Sixties Scoop. Predictably, they were successful in establishing the gross parallels between the eras. They referred to many outcomes which affect Aboriginal youth in the foster system regardless of whether they are abused in the foster system. These include but are not exhaustive of; increased risk of mental health or death, increased risk of substance misuse or abuse, increased risk of teenage pregnancy and an increased risk of respiratory issues (p. 76).

While Richardson & Nelson (2007) allege that almost all children in foster homes are "loved and nurtured" (p.79), I am going to challenge this assertion in light of the astronomical amount of allegations of abuse rendered in the foster system. I question which data influenced this statement. Several reports and studies on foster care contain historical accounts of allegations of sexual abuse, physical abuse, emotional abuse, cultural abuse, poverty, social and

family isolation, spiritual abuse, psychological abuse, lack of food and adequate clothing, inappropriate discipline, diminished quality of care, untrained social workers, untrained foster parents, and verbal abuse.

The Ministry of Child and Family Development in BC does have a number of protocols in place for addressing reports of abuse in a foster home or lack of quality care for a child in a foster home. What is required is a fertile environment with a culture that encourages disclosures of abuse and provides reassurance and relationships for children to trust that they will be believed. Mr. Bernstein, a consultant with the Saskatchewan Ministry of Social Services states that the child welfare system has a “culture of non-compliance” (CBC News, 2009, para 1), pertaining to mandated or required levels of care for children in care. This means, for example, that social workers meetings with children in care are not occurring at the frequency they should and social workers are not making a standard of effort in order to find care for a child within their family or community before looking to the mainstream foster care system. In relation to the frequency of child and social worker meetings, according to the Aboriginal Operational Practice Standards and Indicators, social workers should be meeting with their children in care every 30 days. Both voluntary services and guardianship levels of delegation mandate this yet according to the Representative of Children and Youth in BC (Vancouver Sun, 2013, para 23), social workers in BC are not meeting the standards of care as a result of overwhelming workloads and crisis. This in turn is leading to an increased risk for children in care.

Equally as necessary to protect children in care, the Representative of Children and Youth (RCY) in BC also maintains records called ‘quality of care reviews’ which essentially reviews any concern which occurs in foster care and is alleged against a foster home or caregiver that does not meet the criteria under Section 13 of the CFCSA (1996). Examples for this might

include poor nutrition or discipline which is not age appropriate. The RCY also maintains records of ‘protocol investigations’ which are records of allegations and events which do meet the criteria for section 13 of the CFCSA. Examples of these criteria include physical, emotional and sexual abuse. Other than this information gatekeeper, the only study that I was able to locate which looked at evidence of allegations made pertaining to maltreatment in care was an American resource; *Maltreatment and Allegations of Maltreatment in Foster Care: A Review of the Evidence*. This report made similar conclusions and explored the lower quality of care as experienced by some foster children (Biehal & Parry, 2010). The inaccessibility of information on this topic is not only frustrating but curious.

Intergenerational Trauma and Its Effects

Abandonment came to be a very consistent theme in my life which has had profound effects on how I engage with the world and those around me. - Participant

The National Coalition for Child Protection Reform (NCCPR) states that children are more likely to be abused (physically or sexually) in foster care than they are in their biological families (2011). This fact is not a new one in light of the direct and intergenerational effects of residential school abuse have been well documented. From a psychological model, Anisman, Bombay, & Matheson (2009) posit that the experience of residential school trauma transmits through generations increasing the likelihood of Aboriginal children entering into the child welfare system. They claim that parents and grandparents who attended residential school and were abused had a greater chance of developing what they called “poor appraisals”, “poor coping strategies” and “poor cognitive styles” (p. 16). This means that because of these indicators the residential school survivors were also more likely to have poor mental health and “increased reactivity to stressors” (p. 16). As a result of the diminished ability to deal with such stressors as

child rearing, there is then the enhanced chance of “parenting deficits” (p. 16) leading to abuse and neglect. The authors suggest that this is what fuels the saturation of Aboriginal children in the child welfare system. One purpose of my research is in part to dismantle the ideology expressed in the work of Anisman, Bombay, & Matheson (2009) especially as it pertains to deficits and diminished capacity of Aboriginal survivors. I believe that this can in part be accomplished by considering and exploring the response-based philosophical approach of Wade and Richardson (2008; 2010). What creates a child welfare system saturated with Aboriginal children are such constructs as but not exhaustive of; the criminalization of poverty, Eurocentric values, and the demonization of Aboriginal people. Anisman, Bombay, & Matheson (2009) as an example, address some effects of residential school from a deficit approach and fail to identify the responses experienced by survivors and how they have responded to colonial violence. They also fail to note how society influence the responses that Aboriginal families have to violence. For example, many families have reached out to extended family and community to assist in child rearing. They have accessed traditional resources instead of accessing mainstream resources out of mistrust and they resent and resist mainstream judicial and family legislation.

Anisman, Bombay, & Matheson (2009) state that as a result of the diminished ability to deal with such stressors as child rearing, there is then the enhanced chance of “parenting deficits” (2009, p. 16) leading to abuse and neglect. Again, the authors mislead readers in the assumption that all sexually abused children grow and develop to have “parenting deficits”. They also again, fail to note the response of society to the experience of residential school and most important omit the response of residential school survivors.

Historically, Canada has largely been silent on the experiences in residential school only offering an apology to survivors in 2008. When one considers that the response of society to

allegations of sexual abuse in the residential schools, the response was disbelieving, denial, outright lies to deny the abuse, punishment to individuals who made the allegations, and further isolation and marginalization of complainants. Instead of noting these responses, Anisman, Bombay, & Matheson (2009) focus on a deficit based approach to summarizing observable outcomes. It is important to identify that this research highlights these particular ‘problem’ areas because that is where they are directing their attention in their research. This does not necessarily reflect the holistic experience of the survivors and tends to ignore the many ways they responded to violence.

Clearly, the female survivors in this study are not passive, but actively involved in negotiating their lives and their future. The response-based practice and research shines the light of inquiry on what the responses of survivors say about their preferences, values, capacity, and their dignity (Coates & Wade, 2004; Richardson and Wade, 2008; Todd and Wade, 1994). This line of inquiry leads to a different outcome than documenting the negative effects, which can only lead to accounts of deficit and passivity. However, it is possible to document the (material) effects of violence while clarifying the responses to it. This approach will be quite evident in chapter 5 of my research when I discuss findings.

Having said this, Aboriginal girls in the child welfare system remain vulnerable to violence perpetrated by the very system that is intended to protect them. This vulnerability is not an inherent characteristic because of their race but created and imposed by child welfare.

A research report *What Their Stories Tell Us* (NWAC, 2010) was published to educate policy makers on how it comes to be that so many Aboriginal girls and women become victims of violence and worse, murder. The research suggests that:

NWAC's research has found that the intergenerational impact and

resulting vulnerabilities of colonization and state policies- such as residential schools, the 60s Scoop, and the child welfare system- are underlying factors in the outcomes of violence experienced by Aboriginal women and girls (p.9).

The authors convincingly suggest that one of the root causes of racialized and sexualized violence against Aboriginal women and girls is systemic and gendered racism. Some examples they site include the minimization and blame attached to allegations of violence both in the justice system and in the child welfare system, whereby Aboriginal women and girls are blamed for the violence perpetrated against them. A good example of this is the missing Aboriginal women of Vancouver's downtown eastside where many Aboriginal women have been kidnapped, raped and sometimes killed. This claim is noted in Allnock's (2010) research of why children do not report sexualized violence. The leading factor that she notes is children thinking that they will not be believed if they disclose. Where one is not believed, the tendency will be to self-blame. The anticipated societal response can either encourage a disclosure so that intervention can occur sooner or sadly can discourage a disclosure from a child thereby leaving that child further exposed to sexualized violence and a delayed therapeutic response. This research is very consistent with Razack's work (2011) pertaining to the demonization of Aboriginal people.

Many Aboriginal women experience a racist response from the law when they report violence. An Aboriginal woman who calls the police after being assaulted by her intimate partner is at the most risk if she has had previous domestic related police interventions. For example, if that woman were to defend herself when assaulted by her intimate partner, she is more likely to be accused of engaging in the violence and is more likely to also be arrested when police intervene. These circumstances would lead Aboriginal women to believe it is safer to not call the

police to report violence.

Another example of racist responses is the *Indian Act* which severely impacted the value of Aboriginal women in their communities by removing their status and alienating them from their communities. For the purpose of controlling every aspect of the Aboriginal individual's life, the Indian Act has severely impacted the perceptual worth of the Aboriginal woman. The examples of systemic and gendered racism against Aboriginal women and girls are endless as are the resulting effects and responses. One of those manifestations is the overrepresentation of Aboriginal girls in the child welfare system.

Chapter Three: Design, Methodology and Limitations

Design & Methodology

There has been debate about the differences between grounded theory and thematic analysis. While not the method of analysis in this research, it is important to distinguish between grounded theory analysis and thematic analysis so not to confuse the two. The goal of a grounded theory analysis is to develop a useful theory of the phenomena that is grounded in the data (Clark & Braun, 2006) however grounded theory has been transformed over time into a set of coding procedures for data similar to thematic analysis. Although these types of analysis do not appear to honor the original commitments of grounded theory, which requires analysis to be directed towards theory development (Clark & Braun, 2006), the emergence of the application of thematic analysis means researchers need not honor the theoretical commitments of grounded theory if they do not wish to produce a fully developed grounded-theory analysis. Essentially, this is the approach that I have used in my methodology. I used semi-structured interviews and then coded the data from the interviews to extract the themes, checked reliability and then further examined the themes using Critical Indigenous & Colonial Analysis. I have chosen these forms of analysis as a way of developing a more rigorous approach since I have included 3 participants.

My methodology is primarily informed by my own social positioning and relationship to the child welfare system. Being a survivor of a foster care system which inflicted abuse I am working from the assumption that the provincial government does not have the ability to keep children safe in foster care. I believe that my pre-conceived notions were not only confirmed but also challenging to set aside in the data analysis process. While my assumptions and pre-conceived notions may be true, my assumptions and bias may raise cautions in the research

process especially as it pertains to establishing rigor in the eyes of some readers. In qualitative research it is important to be transparent about assumptions and bias so that the reader can understand the position from which the research originates. I do however, wish to articulate that I established rigor and explain how I accomplished this.

I established interpretive rigor (Fossey, Harvey, McDermott & Davidson, 2002) and the trustworthiness of my data and analysis by ensuring that in the semi-structured interviews, the dialogue was directed by the participant and I avoided probing questions which would intentionally elicit statements which would support my assumptions. In order to maintain methodological rigor, I have attempted to be as transparent as possible in the processes involved in data collection and analysis. Further in this section, I will explain how I believe I achieved and maintained rigor in the analysis by taking many opportunities to refine the coding manual.

My methodology was further informed by the work of Richardson and Wade (2008; 2010) as it pertains to the way in which women respond to acts of violence as opposed to how they are passively impacted. Allan Wade, a family therapist and researcher, and Dr. Cathy Richardson, a social work professor and social activist, have often paired together to speak and advocate for response-based approaches to individuals and communities who have experienced some form of harm. They suggest that when individuals experience harm, the way in which society and other individuals respond to that harm is critical in determining how long and how severe the effects of the harm will be to the victim. My methodology is informed by a critical indigenous analysis which serves to better understand the ways in which Aboriginal women are valued by society which in turn influences the societal responses they receive to violence. The purpose of introducing this level of analysis was to provide a lens through which the data could be explored in order to contextualize such issues as the effects of residential school, and

intergenerational trauma.

My research included: qualitative interviews (data collection), a literature review reflections and a thematic analysis (data analysis) with a critical Indigenous analysis.

Recruitment and Sampling

The participants in this research project were in their 30's other than one participant who did not disclose her age but did confirm she was over the age of majority. All the participants were Aboriginal, First Nations or Metis females and lived in urban centers. All the participants were foster children and in the care of the provincial government in BC and were sexually abused while they were in the care. While the amount of time they spent in care varied, only one participant was adopted after being in care.

Participant	Age	Years in Care	Self identifies as
1	31	4	Metis
2	38	12	Aboriginal
3	undisclosed	11	First Nation

My intention was to select participants through a typical purposeful sampling (Patton, 1990) for the purpose of enlisting “information rich cases that will illuminate the question under study” (p. 169). Typical purposeful sampling is the process by which a researcher seeks out

participants who she believes will provide a cognate representation in terms of the research objectives. Specifically, I was looking for Aboriginal women, above the age of 19 years of age, who had lived in foster care, and who had been sexually abused while living in foster care within the province of British Columbia. Under “Challenges and Limitations” of this study I will explain some of the challenges I experienced with this part of my methodology. At one point, I had re-applied to the Human Research Ethics Board at the University of Victoria in order to receive approval to complete a case study instead of a thematic analysis because I was not able to recruit more than one participant and had wanted a sample of four participants as stated in my original proposal for this research. It was after some consideration that I accepted thematic analysis could still be done with only one participant involved in multiple interviews. Consistent with qualitative interviewing goals, I focused on the depth of interviews and multiple analytical tools. In the end I was able to recruit a larger sample after consulting with community partners.

It was not a part of my planning or proposal to consult community partners. It was because I could not engage participants to volunteer to participate in my study that I reached out and after consulting with community partners I was provided the feedback to position myself in my research. It was recommended that I disclose my relationship to the research to encourage the building of trust and relationships. This meant informing potential participants of my experiences in foster care and explaining why I had chosen this topic as my research topic. This feedback was very critical. I spoke to two of my participants at least four times prior to the actual interview to introduce myself, talk about my research, talk about what I had achieved so far, and to discuss my plans in moving my research forward. The whole process of recruitment reinforced the importance of developing relationships and trust in working with and being with Aboriginal women.

Semi-Structured Qualitative Interviews

Semi-structured qualitative interviews were conducted with each of the participants. An advantage of semi-structured qualitative interviewing is the ability to draw on a vast amount of naturally occurring data with more depth than what would be drawn from a method such as a survey (Fossey, Davidson, Harvey & McDermott, 2002). During the semi-structured interview, the interviewer might not ask the exact questions in the same sequential order each time, however, it does permit the interviewer the opportunity to collect all the same data from each participant to synthesize data analysis. Qualitative interviewing and the semi-structured interview process allow the participant to choose the information that they will provide and to withhold any information she chooses not to share. This in turn allows me, the researcher, an opportunity to gather insight into my research objective (Fossey, Davidson, Harvey & McDermott, 2002) and seek meaning about why participants respond to sexual violence in the way they do.

Prior to conducting interviews, each participant was;

1. informed of the research question,
2. informed about my social positioning to the research,
3. provided a copy of the interview guide, and
4. I explained the informed consent.

All of the participants confirmed they had read and understood the informed consent and signed it (attached as Appendix A). Given the sensitive nature of the interview questions,

participants were informed that they did not have to answer all of the questions (although all participants answered all of the questions) and they could stop the interview at any time.

I developed an introduction and interview guide (Appendix B) to facilitate dialogue with participants and build a relationship. The questions were used as a guide more than a rigid set of steps to collect data. Having said this, while I did not follow the guide sequentially, I did ensure that every question was asked or discussed so that content and thematic analysis was as consistent as possible.

Data collection was conducted through semi-structured qualitative interviews which lasted anywhere from 45 minutes to 1.25 hours in a restaurant after closing time. The interview was pre-ambled with the verification of signed consent forms and the offering of food or beverage. These small details created an atmosphere that was relaxed and natural.

Once the interview was underway data was recorded in audio form and later transcribed for in depth analysis. In depth analysis required listening to the data multiple times, transcribing the data and reviewing it again multiple times. Prior to the commencement of analysis, member checking was used to provide participants the opportunity to review their transcripts to ensure accuracy. This also demonstrates authenticity and trustworthiness of the data (Morse, Barrett, Mayan, Olsen & Spiers, 2002). While all the participants reviewed their transcripts, only one participant commented that she did not remember saying something that had been transcribed. For the comfort of the participant and the integrity of the research, that portion of the transcription was removed and has not been used in this research or the analysis.

Coding Manual

Due to the diverse and varied responses from participants, my coding manual initially contained twelve categories. One of the purposes of thematic analysis is data reduction and so I

used thematic analysis to reduce the data into coherent themes. I began the development of my coding manual by reviewing the transcriptions more than once. Using coloured highlighters, I began highlighting, in yellow, what I believed to be pertinent information. Kirby and McKenna (1989) refer to the pertinent portions of information and data as bibbits (p. 135). Once my initial review and highlighting was complete, I began highlighting responses to questions which I felt could be grouped together. For example, one participant said

I felt ashamed more often than not. And then I felt angry when I got older because sometimes it felt good to have some type of attention instead of no attention. It's not like I go around feeling mad all the time because I love my life right now.

I highlighted this in pink and was able to summarize or reduce it. I grouped it with many other bibbits that for example referred to feeling shamed, ashamed, or angry. Through the analysis the code "feelings and experiences" emerged. All other "feelings and experiences" were also highlighted in pink. After completing the same exercise on all of the interviews, I was able to review the summation bibbits or words which I had coded in pink.

Initially when I drafted the coding manual, it included categories such as "substance use", "medical", and "health". Once I began my analysis, I came to the realization that I was reinforcing the deficit based approach to how we view survivors of sexualized violence and removed many categories to address this. I re-visited the coding manual many times, and changed the category wording to honor the information which was shared and accurately convey the information collected. I changed my language to facilitate a more response-based approach to my analysis. For the purpose of synchronizing the information and facilitating a comprehensive analysis, I combined some categories and settled on the following coding manual;

1. perceptions and thoughts, previously two separate categories,
2. responses, which are how women have acted and thought as a result of sexualized violence,
3. effects, which are the material conditions after the events of sexualized violence,
4. experiences, which are circumstances beyond the control of the participants, such as adoption,
5. and relationships, which was a universal area of strength across all participants and included any and all interpersonal relationships.

This process, while perhaps simplified in the articulation of how it was completed, was a long and tedious process involving many hours of transcription, reading, coding, re-reading, and re-coding before identifying and developing themes.

I created what I called files or folders with each category. Specifically what I did is I used a printed copy of the data to highlight bibbits and then code. With that hardcopy, I manually used scissors and glue/tape to paste the portions of data under the respective code on large pieces of chart paper. While perhaps lacking electronic ingenuity, I felt connected to the data and developed what I believe to be a true understanding of the information. At first my bibbits and pieces of data were taped so that I could easily move them around. When I finally did settle on their respective places in the coding manual, I glued them to the chart paper.

After multiple reads, it was interesting to note that some information could and did fit into multiple categories. For example, for one participant who indicated that she felt ugly and avoided engaging in intimate experiences with her partner, this information easily fit into;

- relationships,
- responses,
- perceptions and thoughts.

The category which received the most data was 'responses'. Without fail, women were able to identify clearly ways in which they had responded to sexualized violence. Some examples included "I drank a couple of beers so that I wouldn't be so anxious and was able to get out of the house" said one participant in respect to her agoraphobia, an anxiety 'disorder' which developed after she experienced a panic attack in public. I used the psychological term 'disorder' loosely and do not position myself to support the connotation of a problem or a 'disorder' but rather use the term as a reference as used by the participant. Specifically, I looked at free flowing text or in depth interviews (Bernard & Ryan, 1998) and completed an analysis of codes/categorized data which were derived from transcribed narratives. I did not look at grammatical structures, performance, word counts or semantics. The absence of this analysis in qualitative research and the interest in perceptions and behaviors is referred to as text as proxy for experience (Bernard & Ryan, 1998). Text as proxy for experience is what this research has relied upon.

Bernard and Ryan (1998) also discuss three typologies: text, image and sound. For the purpose of my research I used only text in my analysis. At times in the research process, I felt challenged in my interpretation of the datum, because I wanted to ensure that I did not infer my own values or preconceived notions into the transcriptions. It took intentional and conscious effort through much self-reflection, as I will discuss in more detail in the next section, and recording these reflections to ensure that my interpretation and involvement was genuine. For example, if a participant shared that she felt "ashamed", it was critical for me not to assume she

meant "felt badly" regardless if all the other participants had used the words "felt badly".

In the limitations section of my methodology, I will explain some of my challenges with the coding manual, such as participants not having been provided the opportunity to approve my codes and why I chose this way of conducting that portion of my research.

Self-Reflection

During my research and before I began my data collecting, I maintained a record of my reflections. Primarily, these reflections are an assortment of notes, scratched on to scrap paper and on the sides of journal articles but littered with thoughts and considerations which sometimes surfaced at inopportune times. Some are etched into the margin of a draft document, others on the cover page of an article and still others on miscellaneous pieces of papers. This system of self-reflection, provided me the opportunity to always look back on completed steps and processes and define whether I could make it even better. It also provided a recollection system whereby I could retrieve thoughts that I had after the fact and could refer back to with some context as jotted in my notes. This small system, while maybe overlooked or trivialized by many researchers is critical and exceptionally useful and as stated by Ortlipp (2008), self-reflection provides a level of transparency and the researcher openly discusses how the research was influenced by such components of the research process as self-location.

Thematic Analysis

By the time I was looking to concretely identify themes, I had heard the recordings of the semi-structured interviews or portions of the recordings more times than I can count and had transcribed (a tediously painful process which requires a specialized skill set that without this skill set would take many more hours than necessary and I spent many more hours than was necessary) the audio data. I can confidently say that I was very familiar with my content and had

some ideas already emerging as far as my thematic analysis. Thematic analysis as a methodology compliments the qualitative interview method by providing a view of emerging themes.

Thematic analysis as a methodology tends to be flexible (Anderson, 2007), in depth, exploratory, and allows the researcher to draw themes from the data. This advantage is especially helpful in the light of the nature of my research objective. Participants had an opportunity to share responses to sexualized violence they have faced in their life and did so based on information they chose to share after having looked at an interview guide. All participants were willing to answer all of the questions, even if they did not all answer them in a sequential order.

The purpose of thematic analysis was to use the codes developed in the coding manual to observe and record any re-occurring patterns in the responses of the participants. I felt that using a coding manual was the best approach to this data because it provides a vehicle for demonstrating the ‘rigor’ to which I have attempted to achieve in this study. Thematic analysis was used to concretely identify how participants experienced sexualized violence, how they felt about the way they were responded to by society, how they responded to the violence, and how they thought about themselves after the violence. The responses would vary depending on whether the participant was describing a circumstance where she felt supported or a circumstance where she felt isolated and ashamed. The thematic analysis of the data gathered from participants is quite similar to social phenomenology (Fereday & Muir-Cochrane, 2006) which looks at the "subjective experience within the taken-for-granted commonsense world of the daily life of individuals" (p. 2).

Critical Indigenous & Colonial Analysis as a Methodology Component

Critical analysis is the questioning of how we have come to engage in behavioural, systemic, or verbal discourses (Fossey, Davidson, Harvey & McDermott, 2002). Colonization,

on the other hand, is in part, the dismantling of the dignity of Aboriginal peoples which is “central to social life” (Richardson & Wade, 2010, p. 138). While relying on a colonial Indigenous critical analysis, I sought to identify how the Aboriginal female participants may have been objectified, the ways in which colonial practices and ideologies affected the standard of care received and also sought to identify ways in which the participants attempted to dismantle colonial practices and ideologies as they pertain to the responses they received from society. I have completed an in depth exploration of the ways in which the child welfare system is set up to remove children (Richardson & Nelson, 2007) and how the child welfare system has placed themselves in a place of authority over Aboriginal families with the consequent demoralization and the undermining of parental relationships This Indigenous and colonial analysis will be conducted more thoroughly in this research once we look at the participant narratives.

Methodology and Limitations

The use of thematic analysis provided me with the opportunity to look at reliability. It also provided me with an opportunity to use the Critical Indigenous Analysis to rethink the development of themes and contextualize some of the challenges experienced during the course of my research. My most significant challenge that I experienced was initially engaging participants to contribute to the research. Consistent with my proposal, I circulated information about this research on a number of list serves through the University of Victoria, the Greater Victoria Area, and the First Peoples House. After two weeks of no responses, I approached community partners in the Greater Victoria Area to inform them of my research and to ask if I could do something different that would engage participants. What I heard most frequently was that I needed to position myself in my research and inform potential participants, before they

volunteered or inquired into the research, why they should trust me to participate. In response to the community feedback, when I introduced myself I did so by positioning myself as a survivor of foster care inflicted abuse. This important step demonstrated to me the vulnerability that women may continue to feel as adult survivors as I felt incredibly vulnerable taking this step to announce to potential participants that were not yet committed to participating of a very personal aspect of my personal life. This challenge also reinforced the colonial impacts on Aboriginal women who have experienced sexualized violence in their potential lack of trust in research, and their perception that disclosure and participation could further victimize them if they were to be identified. As one participant shared “I do not want to be identified in the research. I don’t want to be judged as an Aboriginal professional in my discipline”.

Having said that, it also provided me the opportunity to balance the researcher-participant relationship, and provided a common ground for genuine dialogue. Even once I had completed this important step, I continued to have difficulty encouraging participation. I came to find that this sensitive topic and the lived experiences of some Aboriginal women in care are often very difficult to speak about and even more challenging to re-live aspects of their abuse. For this very reason, I have a profound respect for the participants who armed themselves with the courage they could to participate in this research. It further honors their efforts to deconstruct and address the silence of their lived experiences. Eventually, it was through third party recruitment that I was honored by the participation of three participants.

Even with a representative sample of participants, I still experienced challenges in completing my research. At first I believed that my methodological rigor may have been compromised by my relatively small compliment of three participants but quickly acknowledged how rigor can also be met using only one participant and conducting multiple interviews and

using more than one tool of analysis. Considering the scope and requirements of this research assignment, I believe that my sample, considering I only conducted one interview for each participant, met the threshold for rigor.

A thematic analysis may seem to some researchers most credible when the researcher has no preconceived notions of the themes which may or may not emerge in the data. Having not previously defined the themes, the coding was a useful technique to mine the themes from the data. As previously stated in my research, I approach my research with some bias and some preconceived notions of the provincial government not always being able to care for and adequately protect the children in their care. When approaching the data for analysis, I felt I was able to observe this notion confirmed. Some comments which were shared that appeared to confirm my notions included "my social worker never came to see me and when she did she always talked in front of the foster people", "I couldn't tell the social worker what was going on", and "I don't think the social worker would have believed me anyhow". These are profound statements that speak to the absence of relationships in the work of social services to the extent that children do not feel their parents in loco parentis could or would protect them from abuse they suffered at the hands of caregivers while in the care of the government. Every participant confirmed that they did not trust the social worker or the child welfare system enough to speak up immediately when the abuse happened. My personal bias is that the child welfare system does not foster a culture which invites children to feel safe in disclosing care giver inflicted abuse. Further, it was difficult not to look at my data globally and wholly as I encountered so many confirmations of my own personal assumptions that I was challenged in ensuring that I also sought to acknowledge and accurately interpret data which might have challenged my assumptions.

A third limitation is that the participants were not consulted on the coding manual. This omitted the possibility of having feedback and multiple perspectives on how information and data was categorized. Omitting this participant consultation was for the purpose of not overwhelming the participants with further requests. Having given enough to the interview process, I took on this task so that participants did not have to offer more than what they had agreed to in the informed consent and introductory process. I also did not enlist the services of an assistant to review the coding manual. As this component was also not outlined in my proposal or my informed consent, I chose to proceed with the thematic analysis under my own direction. It is only in retrospect and through self-reflection that I have considered whether the trustworthiness of my research could have been further enhanced by including these steps in my informed consent.

A fourth limitation pertaining to the coding manual is that I did not test the reliability of the codes and the coding manual by having an additional party code the data to see if the results would be similar to my coding. This step was omitted as having an additional party code the data or review the data was not included in the informed consent signed by participants.

Chapter Four: What the Women Said: Participant Stories

“More than anything, I want to hold that little girl, I want to protect her, I want to push the hair from her eyes, I want to offer her smiles, hugs, comfort and kindness. I want to wipe tears from her eyes. I want to hold her little hands. I want to tell her that she is beautiful, worthy, perfect, deserving, and everything God intended her to be. I want to take that little girl’s terror from her. There are days that I feel like I would kill to have one more chance to give that little girl what the adults in her life were responsible to give her and never did. That little girl’s spirit died a slow and painful death and the only people who witnessed the death were three other little girls who could not hold that spirit while she died. My intention is to breathe life into that little girl’s spirit. Her pain and terror did not go unnoticed and my life journey will be to bring her back to life at all costs. She is valuable and is worthy of every beautiful thing this life has to offer”.

- poem and short story by Participant

A narrative is a story (Cain, 1991). It can be partial and sometimes speak to someone’s experiences and how they may have internalized those experiences. For women who have been sexually abused as children, the act of having someone invade your most personal space and sexually violate you can be a true act of terror and takes up part of the narrative. The stories that are shared through this research have been reduced so that identifying features cannot be derived from the data however their intended messages of the effects of foster home inflicted sexual abuse prevail with the survival responses.

Each interview was preceded by acknowledgments of participation and in small discussions around whether they had difficulty in finding the interview location, slow traffic, imminent meal times (“I haven’t eaten yet, would you like to get something before we start?”)

and warm weather. The participants were genuine, sometimes cautious demonstrated through very lengthy pauses and deep breaths which may have also been employed to calm, and appeared very reflective by again, taking deep breaths which may have also been employed to calm. Participants shared to the extent that they were comfortable. Although all appeared a bit cautious in the first few minutes of the interview, I did not get the sense that at any time in the interviews that participants had become noticeably uncomfortable or that there was any regret around participation.

The participants began their stories by telling me something about themselves. Specifically, I began by asking “If you were to spend a few minutes describing who you are to a complete stranger, what would this sound like? What would you say?” The responses ranged from statements such as “I am a mother” or “I am an aunt” to “I am outgoing, I like to be around people and I like to talk!” Participants also shared information such as their favorite colors, love for travelling, academic experiences, relationship status, and personality characteristics when they described themselves. One participant shared,

That’s a good question. I guess I would begin by telling my name, I’m First Nations from **** but I didn’t grow up there. I don’t know a lot about **** because of that. I like to tell people about my kids, they are the most important part of my life and I love them more than anything else. I come from a pretty small family I think (participant laughs). I don’t know my extended family. You know, like aunts and uncles. What else? I’m not too sure.

It was a sobering experience for me when I heard the women I interviewed speak and I heard their humility and their pride as they discussed how they might describe themselves to a

complete stranger. One woman looked down and almost looked embarrassed to be speaking about herself and describing herself, as though uncertain whether she might appear too boastful. She said, “I did go to school” but did not expand on what she took in school, excelled at or aspired to. While humility may be an Aboriginal value, it is crucial to also consider that this does not mean that one cannot speak with pride about their accomplishments. At one point I smiled, looked at the participant and acknowledged that it was sometimes my experience to feel uncomfortable in reminding myself of my accomplishments as sometimes I tended to find it easier to focus on my limitations. While I did not receive a response (perhaps she did not agree or resonate with my experience), I received a genuine smile in return and we proceeded to the next question.

Participants were overall cautious during the first question, sometimes appearing uncertain about how much to contribute or how far to expand in their responses. I did not probe in the first question and did not seek expansion or clarification in the responses. My intention was to honor the question “how would you describe yourself to a stranger” and recognize that when you describe yourself to a stranger you might tailor your description more than you would if you were speaking to someone you knew and trusted. When I was designing my questions, I did not consider how this first question might limit what I heard. When it was designed, the intent was to be an ‘ice breaker’.

The second question asked participants to talk about their daily lives. How do they spend their days? At the time this question was designed, it was intended to encourage participants to reflect on their accomplishments and contextualize or position those accomplishments within their respective communities or social circles. While I received a broad set of responses, I did get the sense that this question could have been better designed as this question appeared to cause

some confusion almost as though participants were trying to consider the significance of the question. Some of the responses, while broad were very brief such as,

Well, I wake up, I have kids to tend to, I go to work, I come home and balance my social life, my kids, and myself. Then there is evening routine with the kids which is sometimes a bit mundane but it's okay. I take care of the house, I plan our lives. You know like appointments and stuff. And then I start all over again.

Other responses appeared deeper and while brief, more reflective. One participant smiled and said "Rachelle, I spend time every day reminding myself I deserve to be here." Another participant shrugged and simply said "I probably don't spend my days much different than most stay at home moms. I cook, I clean, I wipe sniffly noses. I get the kids back and forth from school. I'm the go-to. I'm the-everything in our house." It seemed to me that the participants and I were awkwardly dancing around the anticipation of the harder questions to come which discussed effects of sexual abuse and how participants had responded to sexual abuse.

Each participant had previously been provided a copy of the questions so the questions were not a surprise in any way. Like one participant said "I rehearsed some answers and thoughts and now I can't remember what I rehearsed!" Another participant chose to make some notes on her question sheet to assist her in participation.

As we got into the interviews and the more comfortable participants became when they spoke of themselves, the information did become much richer. Granted I had spoken to some of the participants a number of times before connecting in person to complete the interview so hoped that participants felt comfortable and prepared. When I say that the information became richer, I mean that the information spoke directly to effects and responses to sexual violence

when in foster care. For example, one participant who experiences panic attacks indicates "I drank a couple of beers so that I wouldn't be so anxious and was able to get out of the house" went on to explain why she responds in this way. She has children she told me and she needs to walk the children home from school and does so while under moderate influence so that she can get the children home without having a panic attack.

Some days, I would be f***** if I had to get the kids without having some beers. I'm telling you, it can be hard just to get to the school and back. But if I drink, not a lot but just enough, I get there and we get back and no problem. It's not like this every day but you know when it is then I have to do something. I'm learning to deal with stuff like this and I can't control it so I just deal with it the best I can. Right? I didn't make myself like this but I know what I have to do to keep my kids.

This same participant also describes her anger towards the mental health system for 'diagnosing' her with 'disorders' which eventually led child protective services to her door and also kept them involved for many years all the while alleging to be concerned for her children as a result of her anxiety and social phobias.

Social workers made it look like they were worried about my kids but what was I doing? They were fed, clothed, and doing well in school. They had everything they needed. Why did it matter that I suffered from anxiety? It's not that I chose to be this way, you know? So because I was screwed while I was in care. Their care! They were the one responsible for me when I was sexually abused.

Why are they trying to punish my kids because of what has happened? So now I suffer anxiety attacks and stuff and had to go the hospital but that don't mean I can't take care of my kids and they shouldn't be targeting my kids.

She went on to state that no matter what she did the social workers came to her home but she expresses "They showed up anyhow but I wasn't going to take it laying down."

All of the participants stated that they felt the sexual abuse they had experienced in foster care had harmed them in a number of ways. Some of the stories I heard included,

I believe very strongly that had I not experienced some of the challenges I did in foster care that I would not have taken so long to pull myself together and get on with my healing journey. It's almost like I spent years in this stunted place and didn't have the tools to grow beyond the hurt and dysfunction I had learned as a child. It's like dysfunction became the norm and I had accepted that and believed it as though it were true. Those truths were what I lived by and just couldn't crawl out of that place as long as I continued to believe those things.

When asked whether she still believed some of the things she had been forced to believe as a child she responded, "most of the time, no." I asked this participant if she was comfortable talking about some of those "truths" and "those things" and she responded,

I could go on forever. Mostly it's about how I see myself and what I think of myself. Because I was treated like dirt for so long and had people using me for sex, I just got to believing that I wasn't a

valuable person. I believed that when I was hurt that I likely deserved it. Hell, there was a time I asked myself if I ever did anything that might have encouraged the sexual abuse. As an adult when I had one night stands, I would reinforce the negative ways that I thought about myself by telling myself that I wasn't any good. It was a very troubling time for me.

All the women bravely explored some of their responses to sexual abuse and also talked about being "affected". For example, "I was affected most the second time I was abused because I was sexually abused by someone I trusted." This participant talked in depth about not feeling like she could tell a social worker because while she had been on an unsupervised home visit she had not told the adult to stop abusing her. From her perspective as a child, she indicated she questioned whether she had invited the behavior and felt confused. At one point she asked herself how could it be that wrong when she knew and had trusted the adult who sexually assaulted her?

I think the biggest affect this had on me is that I could not trust people in my teenage years so I became very angry and belligerent. I defied authority as much as I could and on every opportunity. I got in trouble with the police. I got in trouble at school and I got in trouble when I was out. Stealing and fighting. And then in my adult life I continued to be angry at my partners, like in my relationships, for sometimes no reason. I'm protective of myself I guess. The point is, sexual abuse affects us as women and sometimes in ways

that we never recover fully.

Many of the questions I posed asked participants to focus on their responses to the sexual abuse in different aspects of their life. For example, I discussed with participants my literature review that suggests that survivors of caregiver inflicted sexual abuse may experience health issues and asked how they had responded to or challenged those effects had they experienced any. I chose this particular question because I wanted to provide participants an opportunity to support the current research and literature or provide information pertaining to alternative experiences. All of the participants confirmed they had experienced health challenges which were not exhaustive of:

1. depression
2. anxiety
3. PTSD
4. Self harm via self mutilation and suicidal attempts
5. Alcohol and substance misuse and abuse
6. Negative self talk
7. Distorted perceptions of the world, themselves and their loved ones
8. Refusal to trust
9. Using violence
10. Anger
11. Shame

When asked how they responded to some of the health challenges listed above that they

experienced, the responses varied. For example, one participant said she used self mutilation as a way to feel something instead of always being so numb. One participant stated that numbing through the use of alcohol may very well have prevented her from killing herself. I also asked participants how they responded to the effects of the violence in terms of their cultural identity, their identity and self-image, and interpersonal relationships. I felt these questions were important because it provided the opportunity to honor the ways in which the participants have challenged the effects of sexual violence. For example, two participants spoke at length about feeling like “used goods”, dirty, ashamed, feeling inferior, and angry. Both participants had very similar narratives and stories in that one said,

There was a time in my life when I felt as though I shouldn't be alive.
Almost like I didn't have a right to live. That I wasn't worthy of living.
Sadly, I even thought it wouldn't matter because I didn't think anyone
would miss me. How does it come to be that a teenager actually comes to
believe that death is a better option? I wonder every day why it wasn't
more obvious how much I hated myself and where were the professionals?
I was still in care. Where were they?

The second participant's story included,

I just felt like if I killed myself it wouldn't matter and that it might even be
better for me and others. Because I felt like I wasn't worth anything, who
cares right? A bit f***** up that not one social worker comes to the
rescue. Don't worry though, they'll show up and try to take my kids but
why not when I'm serious about offing myself?

Both of these two participants went on to describe the ways in which they responded to

their experiences. Similarly, both participants spoke again in depth about alcohol misuse and abuse. From very early ages, one as young as eleven years old and the other at fourteen years old, experimented with alcohol, marijuana, and then cocaine. Both stated that as a result of the emotional difficulties they experienced which included depression, anxiety and anger, that they sought comfort, numbness and finally familiarity in the use, misuse, and abuse of substances.

All three participants shared their respective stories about strained interpersonal relationships. Two of the participants felt that the use of substances also impacted their relationships. Across the three interviews, it was when we began discussing relationships that the tone of the interviews shifted. The tone shifted in that participants were able to identify negative ways in which they felt they had responded to the sexualized violence but also positive ways they had responded to their experiences.

All three participants spoke about feeling they couldn't trust intimate partners, they felt unable to allow themselves to feel and be vulnerable, that they didn't feel connected to those around them, and one participant said she avoided social situations. Once this information had to be shared, it seemed almost as a catalyst to talking about the safety the participants were able to find in different relationships. One example is the participant who disclosed the abuse she experienced to a sister and that this experience has made them emotionally close and has since the participant disclosed she had been sexually abused in care. Other participants shared powerful relationships with their children. Their children being the focus and motivation to "be a better person" and "everything I do, I do for them. They are my lifeline".

When I asked participants to consider their relationship to their community, participants shared in general that they felt connected, that they had positive experiences, and that they felt they had much to contribute.

I want to be the mom on the block where the kids want to come and play. I want to be the Indian who has the house where when you come you are loved and accepted. You're safe, no one is going to hurt you in my house. I don't want to be looked at as the stereotyped Indian where bad things happen. I feel honoured when my daughter's friends show up and they are digging through the fridge. They make a tremendous mess but I realize that here they're safe. Not like me in the foster home. I have to shake my head sometimes and wonder what makes adults think they can do that to a little girl. Like I'm just a dirty piece of trash. Shame on them. But not my kids. Or the kids who trust me and come to me. It's like I have the ability to give them something, safety.

Another participant glowed about being part of neighborhood ball team and feeling like she was accepted and her participation valued and in her words "it rocks." She identified "it makes me feel like they are a family. My neighborhood is like my family when we get together."

Participants all played a role in their respective communities in their roles as parents, neighbors, employees and/or social advocates. One woman described herself as the "peacemaker" with some of her neighbors.

It appeared to me that the participants struggled most when asked "how did you challenge the effects?" In two of the interviews when asked, I spoke at length about what this might mean. It was during these exchanges that I took the opportunity to summarize Wade and Richardson's philosophical approach to trauma. I explained to the women that I was seeking examples of how they had challenged, for example, an effect such as their loss of cultural identity at the hands of

the child welfare system. I expanded that the philosophical approach I was taking to my research was one that suggested that they had not been passive recipients of the violence that they had experienced. I went on to say women who experience violence find ways and experience ways to garner and maintain their dignity and self-respect in sometimes very challenging circumstances and environments. With this clarification, one participant talked about seeking cultural information of her biological family and added that it was “up to me to get that back.” She went to say that “maintaining my dignity? I don’t think it was as much about maintaining as it was getting it back. You know, lots of self-help stuff. Lots of supportive relationships.”

Reflectively and in response to the recent question and clarification, one participant shared with me that “It’s interesting to look back and think that I did do things that challenged some of what happened but at the time I certainly didn’t see it that way. It did not feel intentional, it was almost more like surviving.” She went on to say that in her adult years was when she could concretely identify ways she had challenged the violence such as standing up to an physically abusive partner, going as far as to press legal charges against him.

I took the opportunity to close each interview with the question “is there anything that we have not talked about that you feel is important to mention in this interview?” It was at this point that I heard all the participants make recommendations, comments, and provided ideas of how we as a human race can do a better job of protecting children in the care of the government or at the very least increasing our capacity to be effective and positive in our responses to disclosures of sexual abuse. These recommendations will be discussed in greater detail in the closing chapter of this research.

Chapter Five: What it Means: Findings

For the longest time in my life, I felt shamed into silence because my memories were so limited, fragmented, and elusive. No matter what I did, I could not bring back the memories in such a way that I felt would make people believe that I had experienced the terror that I did if I spoke of it.

– Participant

The analysis to my research question was informed by a number of other arising questions. Many questions arose for me during the thematic analysis of my research. I have noted some of these questions and will preamble them with a note that all the findings will be elaborated upon later in this section. Some of the questions which did not necessarily guide my process as much as they arose as considerations in my research once the data had been collected include:

- Have western societies used the cultural knowledge and identity of First Peoples to Canada against them? Does this provide an explanation or partial explanation for the increasing number of Aboriginal children in care and for the lower standard of care for those in the foster system? How do these numbers contribute to concentration of Aboriginal girls in the child welfare system and does this make them more susceptible to sexualized violence? My findings clearly demonstrated that yes, the Aboriginal female participants were made more vulnerable to sexualized violence without the watchful and protective eyes of their family, siblings, and community. The resulting effects are noted later in my findings.
- Have Aboriginal women been objectified? If so, how? My findings clearly demonstrated that Aboriginal females are objectified in the child welfare system and were

provided a lesser standard of care than had they been with their biological families and communities.

- Has the sexual abuse of Aboriginal girls while in the foster system perpetuated colonial practices in western child welfare? My findings have demonstrated that the foster system has imposed child rearing and child care values on the Aboriginal participants and their families and as such perpetuates colonial practices.
- Does foster system inflicted sexualized violence effect the positive participation of Aboriginal women with their community? My findings demonstrate that while the participants had a variety of responses as a result of the effects of the sexualized violence, the responses did at times prevent them from positive participation in their community.
- What are the responses of society, family and community to Aboriginal girls who have been sexually abused while in foster care and does this impact the response of the survivors to the violence? Quite clearly, my findings demonstrated that the response of others to the sexualized violence did in fact impact the responses of the survivors. Again, this will be examined in more detail later in this section.

I would like to begin this section by looking at my coding process and demonstrate how the themes emerged. I have included below portions of quotes from the transcripts and placed them under headings from the coding manual. This will create a direct context and natural connection to the data analysis. Readers will find that often I will mention that many portions of data that I included under a particular code might also have been placed under more than one code. For example, when participants shared that they have used “self-talk” or “positive affirmations” I was able to code this under ‘responses’ as it is a description of how a participants

behaved a result of an event or multiple events. I was also able to code it under “perceptions and thoughts” because the participant talked about how she “self-talked” when she was a middle age teenager and the negative messages she used to make sense of the violence versus the self-talk she used as an adult to re-affirm her value as a human being, a woman, and an intimate partner. When I re-iterate some of the findings, I may not indicate each time whether a particular piece of data was coded in two sections.

Code 1: Perceptions and Thoughts

Beginning with the theme ‘perceptions and thoughts’, the participants shared a range of information including feeling shamed by the actions inflicted on them, ashamed as a result of what their own self-perception and interpretation of the event, anger, the world being an unsafe place to be, men being dangerous, people not wanting to protect them, and adults being unkind. I coded these under “perceptions and thoughts” as a result of hypothesizing that while participants may have naturally felt these things or thoughts these things, does not necessarily reflect a reality. For example, a participant who felt that no one wanted to protect her may not be aware that an adult, perhaps someone like a teacher, had intentionally acted to protect her. This is just one example. Another example might be something like another child in the home creating a distraction so one of the participants avoided injury.

Participants shared further information such as seeing themselves as “ugly” or “fat”, seeing themselves as unlovable, but I also heard participants say they remembered times when they felt special, felt sad, experienced depression, felt hopeless, and also felt confused. This spectrum of emotional experiences may not be uncommon to child victims whereby adults may sometimes provide incentives or positive experiences to garner the child’s silence. Other times, perpetrators and abusers use fear to garner the same silence.

Many “perceptions and thoughts” could have been coded to more than one category. Some of the stories that I am about to share easily also code under “relationships” but because they included ‘feelings’, I also coded them in this section. Those stories shared included feeling love in adult relationships once they were also adults, feeling love from their children, feeling unsure about how to respond to challenging parenting situations (doubting themselves), feeling they understand vulnerable youth more because of their unique lived experience, and feeling like they get sick easier than most people. As you will note in the diversity of the responses which is not an exhaustive list, it was very challenging as a social worker to refrain from moving to a place of ‘correcting’ what I thought to be an incorrect ‘perception’ such as “I grew up feeling I was ugly and fat and that no one would want me.” At times like this it was very hard for me not to reinforce that the participant was in fact not ugly or fat. Instead I would resort to validating by saying such things as “it must have been difficult to be so young and already having those strong thoughts about yourself.” Once I did ask a participant “do you believe that now?” when she said “I worry that men think of sexually abused girls as used goods.” Other than this specific example, I strived to be a listener and a student in the lived experiences of the participants.

I heard many other examples consistent with the theme of perceptions and thoughts. One participant expressed her sense of pride in being a survivor, another expressed difficulty in “seeing or understanding myself” while another responded to one question by saying “sometimes I feel like I don’t see me when I look in the mirror”.

Code 2: Responses

Under the code ‘responses’, I received and documented a wealth of information that might not be interpreted as traditionally healthy ways of responding to trauma but I believe participants used to respond to the effects of violence. For this reason I would like to honor the

ways in which women have responded to sexualized violence and as such have coded the following information under “responses.” These responses deeply reflect the utilization of available resources. While perhaps not mainstream professional resources such as formal counseling or therapy, many survivors are creative in identifying and employing perhaps not so traditional methods such as avoidance in order to respond to violence (Unger, 2007). These are only some of the themes and include;

- self-harm (wanting to feel something when they felt nothing and numb),
- consumption of alcohol (avoidance, not wanting to feel emotional, psychological, or mental pain),
- the use of both elicit and prescription drugs (avoidance, not wanting to feel emotional, psychological, or mental pain),
- intimate and sexual behaviour with strangers (protecting themselves from investing in a relationship that might hurt them),
- deep breathing exercises (deal with anxiety and other forms of physical, emotional, psychological discomfort),
- counseling (to deal with nightmares, anger management, anxiety, panic attacks, depression, mental health matters, break down of a marriage),
- self-help groups (to deal with substance misuse, to address self-image),
- self-talk (both positive and negative to address self-perceptions),

- family relationships were altered (both positively and negatively- one participant said her family was not able to build itself back up after they were separated while another said it was her older sister she disclosed sexual abuse to when they were teenagers so it made them closer),
- and the perpetration of violence and physical self-defense (expression of anger, one participant would hit her partner back when he hit her although one time when a peer called her a “loser”, she struck her in the face and identified it as “sticking up for myself, I’m sick and tired of people telling me I’m no good”).

There were various other ways in which participants coped with the effects of their experiences. Some mechanisms were incredibly healthy such as poem writing while others dangerous such as multiple suicide attempts. Regardless, all participants clearly and explicitly demonstrated the need to be heard. The idea of honoring a woman who engages in self-mutilation may seem like a means of condoning or enabling the behavior, however, many survivors of sexual abuse use it as a means of emotional pain management. It is not uncommon for survivors to engage in creating physical pain through self-mutilation to themselves in order to balance the emotional pain or to distract, provide relief from, or eliminate the emotional pain. The use of this type of coping skill is also used with substances. It is not uncommon for a survivor of sexual abuse to engage in substance use or misuse as a form of avoidance. Again, this coping skill is used to manage symptoms and feelings that in the moment may not feel manageable and once under the influence of a substance, a survivor feels things are more manageable. While perhaps not ideal, these forms of responding to violence are responses that need to be honored in light of the trauma women have experienced to sexual violence. Some of

the participants also talked about crying heavily, multiple times daily, and one participant stated that she did so until she had popped blood vessels around her eyes. Others talked about using prescription medication in order to manage symptoms of depression and anxiety, introversion, lack of trust, anger, violence, self-mutilation, substance misuse, alcohol dependency, mental health matters (anxiety, panic attacks, depression, suicidal ideation), and break down of family relationships.

Under the code ‘responses’, I also included a separate section that while not exhaustive, looked at not how participants responded to the violence but rather how society (including those who the participants spoke to and others who heard the disclosure once the participants had spoken to their initial confidante) responded to their disclosures. Again, the themes varied including;

- one participant who said she felt supported by her sister who she initially disclosed the abuse to,
- participants feeling that social workers would not have believed them,
- participants feeling after their disclosures that not enough therapeutic intervention was done so that effects and symptoms in adulthood felt a lot more pervasive,
- anger from family members when they heard their child/sibling had been sexually abused while in foster care,
- male intimate partners in adulthood feeling uncomfortable around discussing the sexual assaults,

- female friends in adulthood being supportive and understanding of the effects of the trauma,
- friends in adulthood were important in being supported (male friends versus female friends were not specified by this participant),
- one participant said that after she disclosed it was like nothing was ever said about the abuse again but she was removed from the house so she followed suit with the adults around her and also became silent about her experiences,
- one participant said that one professional she met with looked noticeably uncertain about how to talk about “rape” and she questioned this professional’s skills set stating “what kind of training do these people get?”
- and another participant talked about her husband’s anger around the historical abuse yet her children’s curiosity about “the people who hurt you when you were little.”

It is clear to see that a variety of responses were expressed. According to Wade and Richardson (2010), these responses are crucial in supporting a woman who has experienced sexual violence so that she can feel supported in her journey back to a place of safety.

One participant commented feeling like “used goods”. This type of response to the participant is most likely to intensify the depth of effects on her as a survivor as opposed to her being made to feel she is valued, loved, and worthy. The response based approach to sexualized violence is explored by Richardson & Wade (2010); Staller & Nelson-Gardell (2005); and Ungar, (2007). Essentially, when a girl discloses abuse, the initial response she receives will not only

impact the way in which the abuse affects her, but will also influence her response to the sexualize violence and also influence how she proceeds in the disclosure process. Some questions which need to be considered are not just the quality of the response from society to a survivor but also the availability and accessibility of resources for survivors.

Code 3: Effects

While not exhaustive, under the code 'effects' I was able to identify many experiences such as loss of cultural identity. One participant identified that after she was removed from her family when she was 10 years old, it was not until she was in university that she once again became involved in cultural activities and felt culturally disconnected as a child and young adult. The participants also used examples such as negative experiences while involved with the mental health system, government financial assistance systems and the child welfare system. These were of particular importance because they describe events that are not within the control of the participants as survivors and imposed material circumstances such as poverty. They are environmental, and systemic, especially those examples that involve the treatment, or lack thereof, of previous wards of the province when their children then become enmeshed with the child welfare system.

Code 4: Experiences

Under the code 'experiences' I found that many of the data/responses under other codes were duplicated here such as substance misuse, suicidal behaviors, etcetera, but I also added some events such as adoption, sibling separation, suicide of a parent, and experiencing violence from intimate adult partners. Many of these events also naturally fell under the code 'relationships' although predominantly, the data collected and reduced under this code was positive and supportive. It included stories from participants who glowed while they discussed

their love for their children and the accomplishments of their children, it included a story about a special music teacher, special friends who were supportive, kind and never judged. There were stories about participants developing close bonds with pets, mother earth, and with strangers. One participant spoke at length about always feeling “awed” when a stranger does something completely randomly and kindly. She used one example of not having enough money in a grocery store and the woman behind her who paid the \$7.00 difference. This occurred when the participant was approximately 20 year old and it was this stranger relationship that planted a seed about how women could take care of women and you don’t even know each other. It was this part of the data that inspired me on a number of different levels to believe in the inherent ability for Aboriginal women to resist sexualized violence and to grow beyond it. Aside from these positive and supportive examples, there were some that were not so positive; abusive partners, and participants normalizing violence and accepting it as part of their life (this could also fall under ‘responses’). I heard very difficult stories about one woman being raped anally in Mexico when she was travelling by herself and was under the influence. She indicated that “it was like I had forgotten how to keep myself safe, sometimes you just start thinking that kind of thing is normal that men do this to women and you have a job to protect yourself from it or them.” I found it interesting that she assumed the responsibility by not keeping herself safe.

Another hard story was one woman being “jumped” by another woman and two men who brutally physically assaulted her leaving her with a permanent head injury. This participant indicated “I just don’t know when to keep my mouth shut. I’m like a little bulldog having to fight every fight that comes my way. It keeps me kicking!” Again, I noted that somehow this participant assumed the responsibility for that violence. These stories I coded under “experiences” but also honored the narratives to reflect the way in which the stories were shared

by also coding them under “responses.”

I think what is important to note more than anything is that in qualitative interviewing and thematic analysis, it is very challenging to narrow the data in such a way that all data pieces fit only into certain codes. Many pieces of the data I struggled with, sat with for long periods of time and eventually coded while not always convinced it was accurately coded. For this reason, in my thematic analysis I provide many quotes from participants (although only those that do not disclose any identifying or potentially identifying features) so that readers can also observe the flexibility of transporting different pieces of data to more than one code. Regardless of where the pieces of data were coded to in the coding manual, the common thread that was woven throughout was the legacy of colonialism and the marginalization of Aboriginal girls sexually abused in the child welfare system.

When I considered the stories of the participants, many themes became apparent. I felt that the participants had more than sufficiently demonstrated how the child welfare system had marginalized them as Aboriginal girls and the standard of care they received after the sexual assaults were without question, below the standard of care mandated in provincial legislation.

Themes

The major themes in this study are listed below and are in no particular order of significance.

Theme One: Colonialism

The first theme which became apparent was that colonialism continues to exist in child welfare today. While expressed in depth in the ‘colonial critical analysis’ section of this research, it is important to note that participants felt they were treated differently because of their race at

the time of or shortly after disclosure or they felt that social workers and foster families imposed a 'white' environment. One participant disclosed to a sister and felt believed and supported until her disclosure was further shared with an adult. Participants felt that their culture and heritage were not reflected in their placements while in the child welfare system nor was cultural planning administered. By this last statement, I mean that cultural planning was not incorporated or considered as part of the child's care.

None of the participants could remember a time when services in child welfare were administered by an agency that provided culturally competent and agile services. By agile services I am referring to practices which smoothly and competently weave culture into the lives of children in care as naturally and flawlessly as possible. This is catastrophic considering Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop & Bennet's (2011) claims of the overrepresentation of Aboriginal children in the foster system.

Participants also expressed in many ways that they felt adults in general responded to their disclosures as "dismissive", "not thinking it's a really big deal", and "betcha it would be different if I wasn't Indian." Participants felt that adults had been dismissive of their disclosures not only when the participants were children but also when they transitioned to adulthood, they again felt dismissed. The participant who shared "betcha it would have been different if I wasn't Indian" shared the same comment on three occasions which emphasizes her experiences of racism and colonialism. Colonialism is further visible when we look at why participants were removed from their homes and taken to foster care; poverty and perceived neglect which were in the participant's opinion not a child protection concern.

Mckay and Prokop (2007) suggest that in part the removal of children is invigorated and maintained by negative stereotypes of Aboriginal peoples that are widely accepted by the non-

Aboriginal population as well as at times by some Aboriginal individuals. This was also discussed by Razack (2011) in the literature portion of this research.

Blackstock, Brown & Bennett (2007) argue that as a result of colonialism, Aboriginal children continue to receive a lesser standard of care inconsistent with the *Charter of Rights and Freedom* (p. 80). Further disadvantaged by the current child protection assessment tool used in British Columbia, Aboriginal families are often found to be under the microscope of child welfare. For example, I question whether in the spirit of not ‘re-inventing the wheel’ child welfare practitioners are replicating historical practices that may not enhance outcomes for children in care.

One example of this, as recently as December 2011, the B.C. Ministry of Child and Family Development purchased a safety assessment tool from Wisconsin, the Child Protection Response Model and Structured Decision Making tool to replace the safety tool used until April 1, 2012. The tool, the British Columbia Risk Assessment Model, used until April 1, 2012, addressed only one of two categories of safety: safe or unsafe. Detrimentally, these categorizations did not provide room for clinical discretion for social workers to intervene without removing children and the practice of removing children became the rule rather than the exception (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011).

Perhaps perceived as progressive, the safety tool being used in the Province of British Columbia effective April 1, 2012, via Chapter 3: Child Protection Response provides a nominal advantage to families assessed for risk by adding a third categorization: ‘safe with intervention’ whereby the child is not removed but intervention between child protection services and the family occurs while the child continues to reside in the home (B.C. MCFD, 2012). While possibly providing an air of collaborative strength based practice, I suggest that the Child

Protection Response Model (CPRM) and Structured Decision Making (SDM) Tool are in part a representation of tokenism as it pertains to assessing the risk of Aboriginal families. I am basing this comment on my participation in the initial training of the CPRM training and the very obvious challenges that were posed. For example, in the CPRM, the assignment of a risk category is determined by a quantitative summary of risk factors (B.C. MCFD, 2012). For example, if a family has previously had involvement with the child welfare system including if the parent was ever a ward of the province, the family is assigned a negative (-) number on a spectrum of risk levels. Ten (10) would be an indicator of no risk while -10 would be an indicator of severe and imminent risk thus likely leading to apprehension of a child. An example of how this process inherently disadvantages Aboriginal families is obvious as will be outlined shortly.

Robertson (2006); Carrière & Strega (2009) suggest that the degree to which Aboriginal families experience substance abuse and misuse is a result of the residential school tragedy and subsequent aftermath of intergenerational effects. Taking this into consideration and recognizing that the CPRM employs the practice of assigning a quantitative indicator of risk, the risk analysis poses a number of challenges in this category. Families are in part assessed for risk if they or a family member have ever experienced substance abuse or misuse and if it is determined that the family has ever experienced substance abuse or misuse the family is assigned a -5 'rating' which in turn escalates the perceived risk to a child.

Another question is whether the family has cultural supports. This is an area of safety according to Sinha, et al. (2011) and prior to April 1, 2012 was omitted from the safety assessment in BC. In the event the Aboriginal family has various and concrete cultural supports, the highest quantitative rating they can obtain is +2. While looking at only these two of numerous risk (or safety) factors, Aboriginal families are at the onset disadvantaged in light they

have likely had an experience with substance misuse or abuse. The disadvantage lies in that even if they have a strong cultural support system, the family cannot reduce the measure of risk by the same amount identified in the previous question. It is examples such as these that call into question the ability for the provincial safety tool(s) to effectively provide enhanced outcomes for Aboriginal children in care as a result of the inherent disadvantage at the onset.

The significance of the review of the child protection safety assessment tool in British Columbia is a grim reminder of *Kiskisik Awasisak: Remember the Children* (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011) that explores the overrepresentation of Aboriginal children in care. From a colonial perspective, it is critical that educators, social service providers, and policy makers explore why the overrepresentation exists and I suggest that the child protection tool in BC that is intended to protect children, may serve to remove children without exploring the colonial history of Aboriginal communities. The RCY also states that child welfare in BC is failing to protect the children in their charge once those children are removed from their families (Canadian Council of Child and Youth Advocates [CCCYA], 2011).

Theme Two: Racism

The second theme which was easily identified was the continued racism that Aboriginal women experience as children in the child welfare system and when they age out. Participants shared comments such as “I didn’t have my culture acknowledged or reflected in the foster families” (also applies to the previously mentioned theme, colonialism) and “I remember *** said I would look less native if I got a perm”. Participants discussed feeling as though they believed the negative experiences about them and messages that were delivered by foster families became internalized. These examples not only demonstrate psychocolonization (Todd & Wade, 1994) but also demonstrate the racism that existed in foster homes at the time these

children were fostered.

None of the participants could remember a time when social workers or their caregivers provided a cultural context for their lives by even acknowledging their Aboriginal, First Nations, or Metis ancestry and culture. Participant 1 has in her possession a copy of many documents in her child protection file and nowhere in the documents can she find any reference to her heritage or culture, nor can she remember a time when she worked with a social service agency that practiced from a cultural context. She says “it’s not like they hooked me up or anything with my people. Their guess was maybe as good as mine about how to track that but don’t you think it’s a bit racist that they would not try?” Another participant says “I know now that there are cultural planning protocols in place now with the ministry but from my experience, I worry if social workers are even doing them because they didn’t back then, that’s for sure! That’s racism.” This is especially concerning when we consider the research by Mark and Kingsley (2010), outlined in the literature review of this research, on the results of children experiencing family and cultural fragmentation.

While the comments shared could be captured under the theme ‘colonialism’, I listed an additional theme ‘racism’ to draw attention to the language as used by the participants whereby they use the words “racist” and “racism”.

Under this theme, I would also echo the information above under the heading ‘colonialism’, exposing colonialism as racism.

Theme Three: Positive participation and engagement in community

It is inspiring to hear the responses and successes of the participants when they looked at their lives since aging out of care: “I have ** degrees, a ** year old boy, a great partner, and I like to row”, and “I have a lot of s*** in my life but I look in the mirror and I see someone that

overcame more than most people might. I actually like myself”, or “I have great kids and I’m the reason why they are so great”. Other affirmations of positive self-assessment measures are statements such as;

- “My first job was a babysitting job for \$4.00 per hour but I would have done it for free for that mom because she was so freaking nice to me”,
- “I’ve worked so many jobs I should have some type of degree for all the different things I have done”,
- “I enjoy singing and I like it when other people listen”,
- “I’ve taught myself how to see myself in a better way”,
- “I see myself as a survivor”,
- “I like being able to help youth”,
- and “ I cook and I play baseball. I love having the neighbors in so I can cook for them and after wards we go out and play ball. That’s my idea of a great time!

“My goal is to sit on a board of directors”, “I see myself helping others”, “It’s important to care for other people, that’s the most important” are but a few of the examples I heard from participants which demonstrated the positive interaction between Aboriginal women and their respective communities whereby the Aboriginal women make an emotional commitment to contribute to their own self development and that of their respective community.

In their own ways, each participant has contributed to healing themselves from the trauma they experienced by attending self-help groups, attending counseling of some sort, learning to see themselves as valuable and worthy human beings among some of the efforts

made. They all further contribute to their respective communities in many ways. Giving back to others, helping others, being gainfully employed, raising children, and/or fostering healthy relationships in family and community are honorable examples of community contributions. The term ‘communities’ here is intended to be interchangeable with neighborhood and social circles as none of the participants are land-based, all participants were urban Aboriginal women. Many of the comments and stories shared speak to the values held by the participants that included the value of children, family, meaningful relationships, and self-worth also referred to as “liking myself”.

Theme Four: Resilience as a Response

It is with great admiration that I disclose this last yet immeasurably important theme. Resilience was overwhelmingly apparent in so many stories and I would like to summarize this theme with a few words on the importance of responses to sexual abuse by family, community, and the child welfare system.

Participants shared many stories which described ways in which they stood up to social workers and the mental health system, how they sometimes employed the use of substances both elicit and prescribed to navigate their experiences, how they sometimes used razor blades to carve their skin and feel pain that they felt so strongly inside of them and how they fought to feel something after describing themselves as “numb”, how they punched back when a partner was violent with them, and how they went to school to achieve higher education which I noted as a response because they insisted they would never fail.

Participants also shared how they prevented their children from going to sleep overs because they were protecting them from the risk of sexual violence, how they cried for periods so long it caused headaches and pain behind the eyes, and how they attended self-help groups

including Alcohol Anonymous and self-image groups.

I just remember drinking because that's how I got through every day. It was almost like drinking prevented me from killing myself because had I been sober, the idea of living with my nightmare life and just me felt like it was just too big to deal with. I felt so mad like all the time and sometimes I needed a break from being so mad.

And,

when I wasn't drinking I was cutting myself because it's like...well, kind of like it's a different kind of pain. Does that make sense? Anything different was good and it felt good and then I would feel better. I swear that crazy s*** kept me sane some days. Here I am now, nothing like that.

These stories courageously demonstrated that women do not passively sit by and allow violence to occur nor are they passively impacted by sexual violence. The women who were interviewed demonstrated that they made conscious choices and consciously responded to the violence they experienced with sometimes anger but always with conviction and determination.

Fast and Collin-Vezina (2010) suggest that because the media is quicker to focus on the disparities and disadvantages experienced by Aboriginal peoples, the non-Aboriginal population is more likely to formulate stereotypes and will in turn focus on the “negative outcomes”. By “negative outcomes”, the authors mean such examples as post-traumatic stress disorder, “acting out the incomplete mourning process of their

parents” (p. 129), “parenting deficits” (p. 129), diminished self-worth, and self-harm.

While perhaps true, I wish to note that the authors, in almost an ingrained way, convey the transmission of negative stereotypes and how these are sometimes generated however they go on to use deficit based language in their articulation of examples of intergenerational trauma. In my opinion, the identification of the issue ‘how Aboriginal peoples are stereotyped or demonized’ is minimized by the way in which the authors follow up with deficit-based examples. The examples appeared to be presented in such a way that it may have reinforced the negative stereotypes merely through the use of the analogy. By using them and perhaps unintentionally reinforcing these stereotypes by focusing the attention there, it seems that we tend to see those results rather than other, perhaps more positive results or outcomes.

For example, one participant shared that “sometimes I acted like a s*** because that’s what my parents (adopted) expected from me”. When probed for an example or what she meant, she responded;

One time he said I was just like my biological mom but my mom was a drunk who killed herself. So that’s what he thinks I’m like? Well, f***, I’d show him and then take off for three days and come back smelling like I fell off the beer truck. F*** him, I deserve to be treated better than that and they, well he, is supposed to be my dad?? That’s bulls***, do you know what I’m saying?

In my research, I came to find that the way in which the women responded to the violence and their lives was directly influenced by the responses they received from those around them. Take the participant above for example. Her adopted father’s response to

her behavior directly affected how she in turn responded and also how she saw herself. If her adopted father had instead taken the approach saying such things as ‘you are important and special and you deserve to live a full and healthy life not shortened by suicide’ or ‘you deserve to not hurt yourself anymore with alcohol’, it may have facilitated or been conducive to shaping different responses from the participant. While not definitive, she may have wept instead of leaving for days at a time drinking heavily. This is only but an example to illustrate a potential different outcome and is not founded on any reality as shared by the participant.

While responses from the participants varied, many stories shared a striking resemblance. All of the information that the participants chose to share with was profound in its own way. I am honored to be a part of the work that was done. For example, 100% of the participants identified that at some point they had received negative responses from family, friends, or professionals in the community as it pertained to the sexual abuse they survived in foster care. All participants felt that as a result of these negative responses from family, community and friends, they experienced hardships in the form of substance misuse and abuse, depression, anxiety, and social phobias. These outcomes as stated by participants are very consistent with the philosophical approach of Wade and Richardson (2008). At the other end of the spectrum, not one of the participants believed that they were unaffected by the violence in foster care.

Also remarkable and consistent with Wade and Richardson’s philosophical approach, 100% of the participants acknowledged that healthy and positive relationships were paramount to fulfilling feelings of worth, value, safety and a sense of belonging not only in their adult lives but when they were children, noting that this did not always occur. Further, 100% of participants

made one same recommendation that more support is required to children in care who report sexual abuse. This can be in the form of counseling, a specialized advocate, or a support group. Unfortunately, once the event(s) of sexual abuse occurs, many children experienced increased vulnerability by the sheer fact that the violence occurred however the quicker and the more positive the intervention, the more likely the positive outcomes.

All participants felt that at the time they were removed from their biological families, their adult selves do not and while they were children they did not perceive a child protection concern. All the participants felt that their race was a contributing factor to how their families were viewed and assessed by the child welfare system. While all participants felt that their biological families had limitations pertaining to poverty, lack of education, families not spending “quality” time with their children, parenting skills (spanking was cited in 2/3 of the participants indicating dissatisfaction with this form of discipline), and inadequate child supervision, none felt they were in need of protection from an outside supervisory agency.

It is both inspiring and sobering to acknowledge that while every individual will experience violence differently and will respond differently, there are some similarities and experiences that while they are not identical, support the assertion that the participants possess resilience and relied on resilience in their responses to the harm they experienced.

While sometimes overwhelming, I gave great consideration to the stories I heard. When I consider the participant who consumed alcohol to address and manage her anxiety and phobia in order to pick up her children from school and who attracted the child welfare microscope as a result, I also consider what themes that arise in her story. Her anger allows her to stand up to social workers and to tell them to make an appointment if they are going to attend her home. She informs them that she has a right to her privacy and a right to her dignity and that would be

preserved while they rifled through her fridge and the closets of the children.

In her unique, or perhaps not so unique, way, this participant does not succumb to the violation of privacy but rather speaks out and disputes any act which compromises her privacy and the privacy of her children by the child welfare system. She explicitly challenges the deficit based approach to mental health by expressing and challenging the medical and child welfare system with the language of 'disorders'. She exposes the social order and holds the system responsible for their view of her (a practice supported by the philosophical approach of Richardson and Wade). While this does not prevent the social workers from attending her home, it does maintain her sense of dignity. Examples such as this one reinforces the colonial practices of the not only the child welfare system but the medical field which imposes values and conditions. These systems reinforce the deficit based approach to health and wellness in not just Aboriginal communities and families.

In her experience, the act of verbalizing the injustice she feels the child welfare authorities are perpetuating helps her to maintain a sense of integrity and that she has vocalized the injustice and challenged it. It also provides a way in which she can respond to what she perceives to be an inappropriate use of authority, similar to what she experienced when she was sexually abused in care as a child. She also added she wants her children to see her "sticking up" for the privacy of her family. She indicates that she had not felt like anyone had advocated for her as a child and the residue of loneliness she felt motivates her to ensure that her children do not feel the same. In her own way, she challenges not having felt advocated for as a sexually abused child and uses this to her advantage to advocate for her own family in a way "no one" had advocated for her.

In my findings, I note that the participants who were interviewed felt that the societal

response to the disclosure of foster system inflicted sexualized violence was either not believed, intervention was delayed, allegations were ignored, and/or the women generally felt unsupported, alone, guilty or felt ashamed as a result of the abuse and the response to the abuse however all the women were able to identify many ways in which they have responded to the violence.

Two participants said that most of the violence they experienced they no longer recall specific events. This form of responding is not uncommon to children who disconnect themselves from traumatic experiences in order to emotionally, mentally, and psychologically survive the events (Steinberg & Schnall, 2008). Both participants referred to it as “like disassociation” or “it’s kind of like I disassociated”. This important act of responding to violence can sometimes help survivors in the moment but can sometimes cause challenges later in life as they may have symptoms that they cannot identify what the source is because they were not fully psychologically, emotionally or mentally present at the time the trauma occurred (Steinberg & Schnall, 2008). This way of responding can sometimes be challenging for some survivors however as it is also sometimes used as a way of protecting oneself emotionally and psychologically in the moment when traumatic events are occurring. It furthermore may contribute to or inhibit positive community engagement.

While all participants shared that their positive community engagement had taken sometime to achieve, they felt that regardless of their experiences, positive community participation had been a response that they felt they had mastered and that this response in itself provided a venue for healing and developing connection. This last portion has illuminated the resilience of the participants.

While my intent is not to argue the transferability of this research to a larger constituency,

it is noteworthy to identify patterns and identify what may appear to be consistent themes, one of which being that societal and familial responses to sexualized violence will influence the resilience and the way in which a survivor responds to violence and its aftermath.

In the coming section I have attempted to deconstruct how the way in which these women were treated came to be so that I could better understand the nature of their responses within the context of the themes.

Critical Indigenous Colonial Analysis

Colonialism is in part western behaviors and ideologies, both systemic and at a micro level, which uses the cultural knowledge and identity of First Peoples against them. It reduces the inherent worth or “status” of one individual or group and provides the rationale for one to master over another (Todd & Wade, 1994). This has occurred in a number of ways with Aboriginal peoples including the implementation of the *Indian Act* of 1876, residential schools, the segregation of First Peoples to reserves and the resulting poverty partly because of their isolation, the criminalization of poverty leading to children being apprehended because of poverty, the negative stereotyping of ‘the village raising the child’ leading to the perception that parents are incapable of raising their child on their own, the demonization of spiritual beliefs, and the demoralization of a traditional Indigenous education (ceremony and traditional practices as an education).

The child welfare system today continues to exploit Aboriginal children and families and continues to attempt to assimilate once they have become involved with the families. Razack (2011) and Todd & Wade (1994) contest the notion that Aboriginal people are “beyond help” and that efforts to protect them are futile. This philosophical approach to the continued acts of colonization which occur today in the child welfare system is sobering when we consider the

decades which have elapsed since settlers floated to Canadian shores. Mainstream child welfare continues to believe their ways of enforcing child protection and removing children are superior to more historical approaches such as allowing the community to take responsibility for their own children. As long as social workers continue to set a double standard and apply European/western standard for the care of Aboriginal children, Aboriginal children will continue to be removed by child protection in Aboriginal communities.

Having said this, we can further look at the experience of Aboriginal women from a colonial lens once they have aged out of care. The sexual victimization of Aboriginal girls in the foster system does not stand alone as one unfortunate event which occurs to a child. It makes one wonder why Aboriginal women continue to struggle for active and equitable positive participation in society. A woman who experiences intravenous drug usage, becomes involved with the criminal justice system and was sexually abused while in the foster system, may not have the equitable opportunity to graduate from high school, complete post-secondary education and obtain gainful employment. These are referred to in my research as possible effects, a material circumstance which is imposed on someone.

As a survivor, she may be burdened with some or all of these potential effects and responses: stunted self-image, illicit substance abuse or misuse, mental health, delay in healing thereby preventing her from participating meaningfully and fully in society, and participates in self-harm either through her perception of the world and/or her behaviors. These coping mechanisms, also referred to as resilience by Ungar (2007), or responses by Wade and Richardson (2010) therefore may prevent, delay, or obstruct the equitable opportunity to such effects and responses as graduating from high school, completing post-secondary education, in obtaining gainful employment in addition to maybe impeding or possibly hindering her ability or

desire to foster meaningful relationships.

A survivor of foster system-inflicted sexual abuse may also not have the same opportunities as her non-sexually abused counterparts to positively or effectively parent her child(ren) or maintain a positive self-image of herself. These are some realities of the effects of and responses to sexual violence for women as they age. Having said this, these statements can also be blanket statements which can refer to Aboriginal women in a limiting way in that they may sound as though the statements are all encompassing. From my research, I observed that regardless of the presence of some of these challenges, the women also experienced many accomplishments, joys, and developed meaningful relationships to replace the harmful ones they experienced while in foster care.

Through the use of thematic analysis of participant interviews, I intended to challenge whether the deficit based assumptions were accurate during the course of my research by looking at patterns and themes which reflect responses to sexualized violence. For example, Aboriginal girls who have suffered sexual abuse at the hands of the child welfare system may respond to the trauma by engaging in intravenous drug usage (this assumption was discussed in detail in the literature review of my thesis), thus leading them to homelessness (Downs, English, Hiripi, Holmes, Kessler, O'Brien, Pecora, 2005). This assumption that all sexually abused Aboriginal females experience these responses in turn reinforces stereotypes of Aboriginal women as substance misusers and fuels colonial ideology that Aboriginal women possess inherent characteristics which is conducive to homelessness and substance misuse.

It also reinforces the demonization of Aboriginal women as inept, self-destructive or incompetent and reinforces the psycho-colonization of Aboriginal women (Todd & Wade, 1994). By psycho-colonization, I am referring to the engrained belief that some Aboriginal individuals

and groups have of their inherent worth and value as discussed above.

I wanted to explore whether one of the effects of sexual abuse of Aboriginal girls in the foster system is the elimination or minimization of their positive participation and engagement in society. Aboriginal groups in Canada have largely had their voices silenced, a residual effect of colonization. Critical Indigenous and colonial analysis provided the opportunity to identify the ways in which this practice was established and how that practice has presented itself and been maintained in the child welfare system. For all of the participants, they were apprehended from their families for “neglect” or “lack of parental supervision.” While I did not specifically question what kind of neglect was alleged to have happened and while I did not question what the “lack of parental supervision” involved, I did hear the following three comments from participants; “what I experienced in foster care was far worse than anything at home,” “They took me because we were poor as hell,” “it wasn’t until I became a (identifiable characteristic-participant states her occupation) that I was able to recognize that the courts failed my family as Aboriginal people and that they were perceived to be less than the western or European standard. I would still be at home had I not been an Indian.”

What I heard in these statements was the criminalization of poverty of Aboriginal families and the criminalization and/or demonization of the Aboriginal race. While participants were not specifically asked for details involving their removals from their biological families, they easily shared information which explicitly alluded to why they had been removed. Each expressed resentment and anger, sometimes sadness and grief, over the separation from family stating that they did not believe they had ever been a child in need of protection. This is not to say that all Aboriginal children who are removed are not in need of protection. Sadly, some children are in need of protection. As it turned out with my sample, these participants did not feel

they were in need of protection as children. Interestingly, one participant shared that one of her biological parents killed themselves after she had been taken into care but that to her knowledge the parent had not experienced mental health prior to apprehension.

The criminalization of poverty in Aboriginal communities is an ongoing social issue affecting Aboriginal children across Canada. For example, in my own family of origin, my mother, father and 4 siblings lived off very little with very few resources because of the isolation of where we lived in Northern Ontario in the bush. Similarly, many Aboriginal peoples living on reserve and some in remote reserve communities find themselves isolated in communities perhaps without clean running water with few personal, medical/dental, governmental, and financial resources. At times, as a result of residential school and the diminished relationships between some Aboriginal communities and mainstream resources and government, some Aboriginal families intentionally avoid using mainstream doctors, for example, for fear of being reported to child protection authorities with some unfounded allegation. Other times, without the basic infrastructure for medical/dental, personal, and social services, many families struggle to meet the standards set by child protection authorities.

A child who has not seen a dentist for more than 4 years does not necessarily constitute a child protection concern but perhaps rather an accessibility concern. Where a child may not have weather appropriate clothing may not constitute a child protection concern but sometimes a resource concern. It is examples such as these with the demonization of Aboriginal peoples, colonialism, fueled by negative depictions of Aboriginal peoples in the media, and the insufficient understanding of traditional ways of being and living such as understanding Aboriginal cultural protocols and practices, and of child rearing which lead to sometimes unfounded child protection concerns.

For example, it is not uncommon for Aboriginal children to miss multiple days per calendar year of mainstream school while attending cultural events, community events, and seasonal protocol days, ceremonies, and commitments. However, the concern is when the western and European standard determines that a child missing too much mainstream school is disadvantaged, neglected, and may be “lacking supervision.” I reference this as “mainstream school” because I believe the cultural days and events are a primary source of education and cultural immersion for Aboriginal children in that something is being taught which facilitates the child’s growth. Examples such as these are some of the colonial examples that draw attention to Aboriginal families by not only the child welfare system but also the formal and mainstream educational system.

It is the lack of understanding of Aboriginal protocols and the importance of cultural teachings which leads most social workers into a place of removing as a ‘protective measure’ failing to exercise least intrusive measures where a founded concern exists. This is where the importance of Aboriginal specific teams in child welfare is crucial in delivering culturally competent, agile, and humble services. The idea of culturally competent, agile, and humble services is not just about providing more effective services but about the rights of the Indigenous child.

Chapter Six: Recommendations and Conclusion

Recommendations

The cellular memories I held in my body would haunt me well into my adult years.

- Participant

When I consider the plethora of responses to sexualized violence as experienced by the participants of this study, I am reminded that resistance and many of the responses are in themselves accomplishments and testament of resilience and growth. The ways in which the participants responded to the effects of the violence as well as the ways in which they navigated the responses of society truly speaks to the astuteness of Aboriginal women when responding to violence.

Nelson-Garbell and Staller (2005), interviewed young girls who had been sexually abused. While not always in the foster system when they were sexually abused, the young girls provided their recommendations to other young girls being sexually abused. Largely, many of the individual recommendations included telling someone about the abuse.

There is significant research to suggest that there exists a vast number of reasons why child victims fail to disclose sexual abuse or delay in disclosing sexual abuse (Allnock, 2010). Faced with a system which may not always believe sexual abuse allegations, children are often left to secrecy to respond to the events of sexual abuse in the foster system. Once cloaked in secrecy, children experience a greater risk of experiencing shame, guilt, self-blame, self-hate and at times, even ongoing abuse.

The purpose of the enclosed recommendations in this thesis is intended to provide insight

and enhance services to Aboriginal girls in the foster system, especially those who are sexually abused. A further purpose of the recommendations is not to provide a review of the existing literature pertaining to similar recommendations, but rather to focus on participant thoughts and ideas, and to provide a literature which echoes the specific thoughts and ideas made by the research participants. This echo brings into questions why the supporting sources of the recommendations exists and is published yet Aboriginal girls in foster care who are being sexually abused are still not getting the compliment of supportive services in order to provide enhanced outcomes for them once they age out of foster care.

Participants were not specifically asked what recommendations they had but all did provide them in their naturally occurring dialogue by saying such things as “do you know what I think social workers should do?” or “the best thing the foster system could have done for me is...” While recommendations are not necessary in qualitative research, the intention of these recommendations is not only to honor the knowledge shared by participants but also to address some of the deficiencies that have systematically occurred in the child welfare system in BC and been discussed in this research. Some of these include children not being protected from sexualized violence while in the care of the province, children not being believed when they disclose sexualized violence that has occurred in the child welfare system, and access to trained social workers and trained foster parents who have the knowledge, skills, and abilities to evaluate, assess and effectively respond to the sexualized violence of Aboriginal girls.

Participant Recommendation	Rationale	Supporting Literature
More effective screening processes for/of caregivers	In the face of a lack of foster homes, caregivers are more often provided with the benefit of doubt and do not	Kendrick, 1994

	<p>undergo thorough screening and a lengthy screening process providing as many opportunities as possible to rule them out as a suitable caregiver. There have been previous recommendations to have caregivers undergo personality tests, etc to explore their propensity for sexual violence against children. Some authors believe that the appropriate professionals have the ability to predict sexual abuse by some perpetrators. (Kendrick, 1994, pg. 4)</p>	
<p>Personalized child advocates</p>	<p>When children do not feel they can talk to a social worker, they need to feel they can speak to someone who is connected to them on a personal level. Advocates are required but cannot provide a child with the resources required when they have a hefty caseload. Special advocates have only one child on their caseload and are completely dedicated to the advocacy of their one child. Advocates would be screened similarly to how a social worker or foster parent is screened (see recommendation #1)</p>	<p>National CASA</p>
<p>Encouraging children to talk about abuse, normalizing responses to abnormal events</p>	<p>One participant said that when she moved foster homes, no one talked about the sexual abuse so she did the same and never discussed it until she was in her late teens. She questioned why no one ever brought it up, and she felt that by the sheer fact no one</p>	<p>Allnock, 2010</p>

	<p>talked about the sexual abuse reinforced that it was a bad thing and may very well have been or partially been her fault. For many years this participant questioned whether the sexual abuse was her fault because she was almost 10 years old and while she was well able to, she never told her abuser that she did not want him to touch her and she never refuted his advances. She felt that if the next foster home (or the social worker) had talked about the abuse and it being the adult's fault and explaining why men sexually assaulted little girls, that she would not have internalized the experienced and self-blamed. This can and is often exacerbated with several moves in foster care.</p>	
<p>Faster intervention when a child has been violated or abused</p>	<p>Many foster children wait until the abuse manifests into "symptoms" before they are provided intervention. Examples of intervention provided to participants included access to a counselor, added access to supportive family, play therapy, art therapy, self-confidence building exercises and extracurricular activities, a personalized advocate, a trained social worker who knew how to talk to a child about sexual abuse, trained teachers who knew how to manage the effects a child might experience after they are sexually abused, and (sadly) a 'friend' which was defined as "just someone who</p>	

	would listen without expressing horror or discomfort by my disclosure”.	
Youth support groups	Children who have experienced sexualized violence require the support of peers who have experienced similar trauma.	
Trained social workers	Participants argued that social workers were either not trained to quickly identify when sexual abuse was occurring and/or not properly trained to normalize, assess, and respond to a child who has been sexually violated.	
Trained foster parents	One participant said that when she moved foster homes, no one talked about the sexual abuse so she did the same and never discussed it until she was in her late teens. She questioned why no one ever brought it up, and she felt that by the sheer fact no one talked about the sexual abuse reinforced that it was a bad thing and may very well have been or partially been her fault. For many years this participant questioned whether the sexual abuse was her fault because she was almost 10 years old and while she was well able to, she never told her abuser that she did not want him to touch her and she never refuted his advances. She felt that if the next foster home (or the social worker) had talked about the abuse and it being the adult’s fault and explaining why men sexually assaulted little girls, that she would not	

	<p>have internalized the experienced and self-blamed. This can and is often exacerbated with several moves in foster care.</p>	
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These recommendations seem as though they should be a ‘given’, meaning they should simply exist without question. Unfortunately, as demonstrated in the stories of the participants involved in this research, these recommendations do not currently exist to all Aboriginal and non-Aboriginal children. While they may exist on some level or in some geographical location, for example some metro urban cores have more services than remote communities, they may not be accessible or they may not be provided at all or to everyone. With social workers experiencing increased caseloads, the advocacy required to respond to a child who has been sexually abused while in care may take an immense amount of time, commitment, and resources. Compounded with social workers who may lack skills in identifying sexual violence and its indicators, the risk to Aboriginal girls in care is heightened to alarming proportions.

Conclusion

The normalacy of the sexual violence I had experienced as a child would normalize very abusive behaviour perpetrated by men in my adult and teenage years. – Participant

Safety and dignity are at the heart of the rights of the Indigenous child (Richardson & Wade, 2010). I define safety as the inherent right to food, shelter, dental and medical services, belonging either in a community of origin, an alternative permanency arrangement or with a family of origin, and the inherent right to have your caretakers foster and provide the means through which identity, sense of self, culture and self-love is developed and fostered. Dignity, while having some overlap with safety, I define as the inherent right to respect yourself and view

yourself as a worthy and valuable member of a group or community. I also acknowledge self-love as a critical component of dignity. These definitions are by no means extrapolated from any other source other than my own experience of abuse at the hands of the child welfare system and the steps I have taken as an adult to understand my experiences and contextualize the reasons why caregivers abuse children in their care.

I believe that through my research I have highlighted the critical need for social care providers such as caregivers, social workers and policy makers, to ensure that supportive measures are in place for Aboriginal children in care, especially those who are sexually abused while in care. The participants who participated in this study courageously acknowledged that as a result of some negative social responses, they turned to a place of secrecy, self-blame, self-hate, and self-harm to respond to, manage and navigate the aftermath of caregiver inflicted sexual abuse. In the same breath, the participants confirmed that when positive and supportive responses were provided, they felt supported, loved, and experienced a sense of belonging.

None of this is new information but it is important information that must be emphasized and must be implemented. The participants can confirm that in recent times, supportive measures were not in place when they experienced sexual violence in foster care which is indicative that our current child welfare system is desperately lacking what it needs to protect Aboriginal children. Blackstock, Brown, and Bennett (2007) explicitly state that the child welfare system requires some reflection and action pertaining to how they service or impose a disservice when serving Aboriginal children and families. While I have a deep respect for their recommendations on reconciliation and how that may successfully occur, I am concerned that while this reconciliation is occurring between government, policy makers and Aboriginal leadership, there are still thousands of Aboriginal children sitting in foster care waiting for the healing to happen

so that they can be safe(er).

Action cannot lie primarily with the policy makers and the reconciliation process. It must lie with the front line individuals who work directly with the children. Educating social workers and foster parents and screening families carefully before placing children are the primary and immediate steps that can be enacted to better care for Aboriginal children while they are in care. From there, educating the workers and the public on social responses to sexualized violence is a step in the right direction to enhance outcomes for survivors of foster system inflicted sexual abuse. While the bulk of the responsibility perhaps should not fall into the laps of these front line individuals, the responsibility does fall there because they have the most immediate and intimate relationship with the Aboriginal children in care and they also have the capacity to work from a different perspective whereby they may be less likely to remove a child or can inform supportive social responses.

The current child welfare system is structured in a prescribed vacuum which, in my opinion, does not provide enough flexibility to allow social workers the ability to make more informed decisions. For example, the current Vulnerability Assessment with the Ministry of Child and Family Development is positioned so that it disadvantages Aboriginal families at the onset as discussed in my findings. My experience in the child welfare system or that of the participants is, unfortunately, not a unique one.

Richard (2012), states that Aboriginal families are 4.2 times more likely to become involved with the child welfare system than their non-Aboriginal counterparts. The Canadian Child Welfare Research Portal echoes the devastating over-representation of Aboriginal children in the child welfare system. While there are endless claims of support relating to the over-representation of Aboriginal children in the child welfare system (Sinha, Trocme, Fallon,

MacLaurin, Fast, Thomas, Prokop, Bennet, 2011) my intent was to devote my self to a “rigorous methodological path” (Yin, 2009, p. 3). My intent was not to provide a means in which to statistically generalize (Yin, 2009, p. 15) the experiences found in the lived experiences of the participants to any community or group but rather to raise a questioning of historical and current Aboriginal child welfare practices by looking at the responses of Aboriginal women to sexual violence inflicted by the foster system in BC. This paper provides evidence to call into question although not to analytically or statistically generalize (Yin, 2009, p. 15) the practice of safety assessment in child welfare by looking at the responses of Aboriginal women to sexual violence inflicted by the foster system in BC.

The statistics relating to Aboriginal child welfare are catastrophic at best (Sinha, Trocme, Fallon, MacLaurin, Fast, Thomas, Prokop, Bennet, 2011). Driven by a colonialistic history, maintained by an absence of authentic Aboriginal relationships, and threatened with future genocidal events, Aboriginal child welfare practice must change in the spirit of enhancing outcomes for Aboriginal children in care. The objective of this research is in part to ensure that the voices of the survivors of foster care inflicted sexual abuse do not fall on deaf ears. It is the joint responsibility of all policy makers, front line workers, educators, social workers, care givers, and community to uphold the dignity of the children we care for. In the words of one of the participants “All I ever wanted was to feel like someone cared.”

Appendix A

Introductory and Interview Guide

Complete an introduction of myself, where I am from, and the status of my research.

Explain that the purpose of my research is to will look at how sexual abuse in foster homes has affected outcomes for Aboriginal girls after they leave provincial government custody. The purpose is to look at how Aboriginal women have resister the effects of sexual abuse in foster care.

Explain Informed Consent and ensure form is signed.

Discuss the potential length of the interview and the participant's right to terminate the interview or to disqualify herself from the research after beginning. In order to disqualify herself after the day of the interview, I will need written instructions.

Introductory questions:

1. Can you confirm that you are 19 years old_or older?
2. Can you explain, in your words, your understanding of my research?
3. Can you tell me how you intend to care yourself once we complete our interview? It is critical that I am confident that you will have a safety care plan in place in the event you need to access it and I would like to provide you with some options to choose from: meditation, sleep, exercise, spending the night with a friend or a family member, the number to the crisis hotline, or something else that perhaps I have not thought of that would work better for you.

4. Can you tell me how you would like to see yourself referred to in my research? For example, do you prefer “participant number one”, “female number one”, etcetera
5. Can you confirm that you understand what it is I intend to do with the data I collect and who will see it? No one but me will see your data in its raw form. Once it is transcribed, you will be referred to by the term or name you chose above. The transcribed data may be viewed by my Supervisor, my Committee, and the final thesis paper will be viewed by a panel. Your anonymity or confidentiality will be maintained for not only the duration of the research but also after the research has successfully been completed and defended.
6. You are aware of my research objective. I would like for you to tell me of your experiences when you left government custody. You are free to lead this interview in any way you wish. In the event you feel you would like me to ask questions as opposed to listening, you may let me know and I have some you can choose from. They are listed below.

Interview Guide:

1. If you were to spend a few minutes describing who you are to a complete stranger, what would this sound like? What would you say?
2. Can you tell me a bit about daily life and how you spend your days? Things you enjoy doing?
3. Do you believe you have experienced or continue to experience effects from sexual abuse or responses to sexual abuse which occurred while you were in the foster system? How do you experience this?

4. Do you think your past experiences of sexualized violence have informed your current educational choices or status of education? Why or why not?
5. Some survivors of foster system inflicted sexual abuse and much research related to this topic states that survivors may experience health issues (physical, emotional, psychological). Has this been your experience? If so, how have you responded to and challenged these effects? This means how have you coped? What have you done to get through those times?
6. If I use the term “high risk behaviour”, do you understand what I mean? Do you feel your experiences in the foster system affected you in terms of engaging in high risk behaviour?
7. Looking at snapshots of your life such as the age of 16, or 18, or 21 (depending on age of participant), was there a time that was particularly challenging in terms of the effects of sexual abuse? If so, how have you responded to and challenged these effects? This means how have you coped? What have you done to get through those times?
8. Have the effects of the sexual abuse you experienced while you were in the foster system impacted relationships in your life (if at all)? This may mean with partners, friends, authority figures, family, and the community in general. If so, how have you responded to and challenged these effects? This means how have you coped? What have you done to get through those times?
9. Have the effects of the sexual abuse you experienced while you were in the foster system impacted your sense of identity and self-image? If so, how have you responded to and challenged these effects? This means how have you coped? What have you done to get through those times?

10. Have the effects of the sexual abuse you experienced while you were in the foster system impacted your cultural identity? If so, how have you responded to and challenged these effects? This means how have you coped? What have you done to get through those times?

11. Is there anything that we have not talked about that you feel is important to mention in this interview?

Appendix B

Informed Consent Form

PROJECT TITLE: GIVING VOICE TO ONE LEGACY OF FOSTER CARE: HOW ABORIG-
INAL FEMALES HAVE RESISTED THE EFFECTS OF SEXUALIZED VIOLENCE IN THE
FOSTER SYSTEM

FUNDING: none

Principle Researcher: RACHELLE DALLAIRE, master's Student in Social Work (Indigenous Specialization), University of Victoria, Victoria BC. [rachelle_dallaire@yahoo.com/](mailto:rachelle_dallaire@yahoo.com) (250) 857-6200.

My name is Rachelle Dallaire and I am extremely appreciative for your choice to support my research and for your participation. I will be completing this research in partial requirement for completion in an Indigenous Master's of Social Work degree in social work from the University of Victoria. Please note that this means that this material will be used in my UVIC Master's thesis. I will be completing this research under the supervision of Dr. Jeannine Carriere however if you require information regarding the ethics process, you may contact the UVIC ethics department at (250) 472-4545 or ethics@uvic.ca.

Purpose and Importance of Research: The purpose of my research is to explore how Aboriginal women have resisted the effects (this means how they have coped with or how they have gotten through challenging times) of sexual violence in foster care once they have aged out of foster care. Specifically my research addressed the limited research about the reports of sexualized violence of Aboriginal girls in foster care. The limited research prevents government from enacting policies and intervention measures to support Aboriginal girls sexually abused in foster care.

While this research will not provide quantitative data (numbers and statistics) it will draw aware-

ness to the abuse which continues to exist in provincial foster care and acknowledge the ways in which Aboriginal women resist the effects of sexualized violence in foster care. I am looking for participants who are Aboriginal females, minimum age of 19, have lived in the foster system in BC, and experienced sexual abuse while in the foster system in BC.

Benefits and Compensation: The potential benefit to you is to have your voice, story and experience heard without feeling compromised by having your identity revealed. It is unethical to provide undue compensation or inducements (payment, rewards, or excessive gifts) to participants to participate in research so no compensation will be made for your participation. If you believed that you would be compensated and only chose to participate because of the compensation, please withdraw now. Your participation is completely voluntary and if you decide to participate you may withdraw at any time without consequences or explanation. Your services (if applicable) received from any organization or your position in the community is not jeopardized in any way.

Protection of Information: Please note that if you withdraw, your information will not be used in the analysis. Your data will be destroyed. In terms of protecting your anonymity (your privacy and confidentiality) all the information will be collected and presented in a manner that is not directly attributed to an individual participant. Your confidentiality and the confidentiality of your information will be protected, stored in a secured filing cabinet, and all files will be password protected and available only to me. In the event my supervisor requests access to your information, your data will be attributed to a pseudonym of your choice and for your protection. Your interview will be audiotaped so that I can transcribe the interview. This audiotape will at all times remain in a secure location which is locked. No one, including my supervisor (faculty member at the university who is supervising my research) will have access to the audio tape. A

transcript will be made available to you so that you can ensure the transcription is a true and accurate reflection of your submissions during the interview process. The transmission of this transcript will be done via courier at no cost to you. Once you approve the transcript, I will begin my thematic analysis (looking for common themes in the data that participants share with me). The final results of my research will be presented in a final document in the form of my thesis and will be presented to my supervisor, my committee (one member- Dr. Cathy Richardson) and an unidentified panel for my oral defense. Please note that in the event my supervisor requests to review the transcriptions, the transcriptions will be protected by pseudonym (a name that we make up or create for you).

Risks: emotional. Please be aware that due to the nature of the research, there may be an emotional risk to you as the participant. I have included resources for your benefit and encourage you to mobilize their use in the event you require them (see #2 below).

If you voluntarily wish to participate your participation will include the completion of an interview which may last for one hour to one and a half hours, depending on how much information you choose to provide.

By agreeing to participate, you are agreeing that:

1. You understand the purpose of my research
2. If the conversation steers into a description of a sexual assault, my intent will be to pause the interview in order to provide you the opportunity to re-frame your thoughts and dialogue. You will be offered an opportunity to take a break from the interview and an opportunity will be provided to review your safety and support plan if you feel you need this. I have included the following contact numbers so that you have them available:

Women's Sexual Assault Center has a 24 hour crisis line and can be reached at 250-383-

3232, The Victim Information Line is only available Monday through Friday during the business hours of 8:30a.m.-4:30 p.m. but can be used as an alternative 800-563-0808, and Transition House has a crisis line and can be reached at 250-380-7527.

3. You have a self-care plan in place once you leave the interview. This is for your protection. Please note the resources provided above for your reference and benefit.
4. You are providing me with permission to record or document this interview.
5. You will provide me with a written statement indicating how you would like me to dispose of your evidence of the interview once I have successfully completed my research and oral defense.
6. You guarantee that you are age of majority or older.
7. That confidentiality is assured in accordance with the law and is limited by threats of harm to self or another or disclosure of abuse of a child. This means that if you tell me that you intend to hurt someone or hurt yourself or that you know of a child being abused, I am required by law to report it to the appropriate authorities. Please note that should you be referred to this research project by a third party, this researcher will in every way protect your confidentiality by never disclosing whether you have agreed to participate or not.

Please note that completion and submission of the interview constitutes consent.

Print name:

Signature:

Witness

Date:



Certificate of Approval

PRINCIPAL INVESTIGATOR	Rachelle Marie Dallaire	ETHICS PROTOCOL NUMBER	12-534
UVic STATUS:	Master's Student	ORIGINAL APPROVAL DATE:	04-Mar-13
UVic DEPARTMENT:	SOCW	APPROVED ON:	04-Mar-13
SUPERVISOR:	Dr. Jeannine Carriere	APPROVAL EXPIRY DATE:	03-Mar-14
PROJECT TITLE: Giving Voice to One Legacy Foster Care: How Aboriginal Females Have Resisted the Effects of Sexualized Violence in the Foster System in BC			
RESEARCH TEAM MEMBER: None			
DECLARED PROJECT FUNDING: None			
CONDITIONS OF APPROVAL			
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p>Modifications To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p>Renewals Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p>Project Closures When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>			
Certification			
This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.			
 Dr. Rachael Scarth Associate Vice-President, Research			

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Certificate Issued On: 04-Mar-13

Reference List

- Ahterens, K.R., Courtney, M.E., Katon, W., McCartney, C., Richardson, L.P. (2012). Association between childhood sexual abuse and transactional sex in youth aging out of foster care. *Child Abuse & Neglect*, 36(1), 75-80. doi: 10.1016/j.chiabu.2011.07.009
- Allnock, D. (2010). *Children and young people disclosing sexual abuse: An introduction to the research*. (Research Briefing, NSPCC Fresh Start). Retrieved from NSPCC at http://www.nhs.uk/whatson/safeguarding/children_disclosing_sexual_abuse_pdf_wdf75964.pdf
- Anderson, R. (2007). Thematic content analysis (TCA). Descriptive presentation of qualitative data. Retrieved from <http://www.wellknowingconsulting.org/publications/pdfs/ThematicContentAnalysis.pdf>
- Anisman, H., Bombay, A., Matheson, K. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations people in Canada. *Journal of Aboriginal Health*, 5(13), 6-47. Retrieved from http://www.naho.ca/jah/english/jah05_03/V5_I3_Intergenerational_01.pdf
- B.C. Ministry of Children and Family Development, British Columbia Federation of Foster Parent Associations. (2001). *Dealing with difficulties in foster home: A guide for Foster Parents*. (MCF Publication No. MCF 509 6000/Rev.01/01). Retrieved from <http://www.mcf.gov.bc.ca/foster/pdf/difficulties.pdf>
- B. C. Ministry for Child & Family Development. (2012). *Child safety and family support policies. Chapter 3: Child protection response*. (MCFD Internal Publication). Victoria, BC: Queen's Printer.

- B.C. Ministry of Children and Family Development (2014). *Children and Youth in Care Caseload*.
- Bernard, H. R., & Ryan, G.H. (1998). Text analysis: Qualitative and quantitative methods. In H. R. Bernard, (Ed.), *Handbook of methods in cultural anthropology* (pp. 595–645). Walnut Creek, CA: Altamira.
- Biehal, N., & Parry, E. (2010). Maltreatment and allegations of maltreatment in foster care. A review of the evidence. (The University of York Social Policy Research Unit and The Fostering Network, Working Paper No. WP 2437) Retrieved from <http://www.york.ac.uk/inst/spru/research/pdf/FCabuse.pdf>
- Biron, G.M. (2000). *Breach of trust: My harrowing years as a foster child in the care of the British Columbia Ministry of Social Services and Housing*. Prince George, BC: Iron Bee Press.
- Blackstock, C., Brown, I., Bennett, M. (2007). Reconciliation: Rebuilding the Canadian child welfare system to better serve Aboriginal children and youth. In, I. Brown, F. Chaze, D. Fuchs, J. Lafrance, S. McKay, & S. Thomas Prokop, (Eds.). *Putting A human face on child welfare: Voices from the prairies* (pp.59-87). Prairie Child Welfare Consortium [www.uregina.ca/prairiechild/index.html/] Centre of Excellence for Child Welfare [www.cecw-cepb.ca]
- Braun V, Clarke V (2006): Using thematic analysis in psychology. Retrieved from http://science.uwe.ac.uk/psychology/drictoriaclarke_files/thematicanalysis%20.pdf] *Qualitative Research Psychology* 2006, 3:77-101.
- Brennan, S. (2011). Violent victimization of Aboriginal women in the Canadian provinces, 2009. (Component of Statistics Canada catalogue no. 85-002-X Juristat) Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf>

- Canadian Council of Child & Youth Advocates. (2011). Special Report- Aboriginal Children Canada Must Do Better: Today and Tomorrow. (Submitted to: UN Committee on the Rights of the Child By: Canadian Council of Child and Youth Advocates). Retrieved from www.cccya.ca/content/laws-publications/Index.asp?langid=1
- Canadian Press. (2012, February 19). Canadian foster care in crisis, experts say. *CBC News*. Retrieved from www.cbc.ca/m/touch/canada/story/1.1250543
- Cain, C. (1991) Personal stories: Identity acquisition and self-understanding in alcoholics anonymous. *Ethos* 19(2). 210-253. doi: 10.1525/eth.1991.19.2.02a00040
- Carriere, J., & Strega, S. (Eds.). (2009). *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, MB: Fernwood Press.
- CBC News. (2009, February 25). Foster care in Saskatchewan in 'crisis': Children's Advocate Report finds government officials routinely break their own rules. *CBC News*. Retrieved from <http://www.cbc.ca/news/canada/saskatchewan/foster-care-in-saskatchewan-in-crisis-children-s-advocate-1.786044>
- Chartrand, P.L., McKay, E., Whitecloud, W., & Young, D. (2001). Chapter 14 Child Welfare: The Justice System and Aboriginal People. (The Aboriginal Justice Implementation Commission, Report of the Aboriginal Justice Inquiry of Manitoba). Retrieved from http://www.ajic.mb.ca/reports/final_toc.html
- Child Family Community Services Act of 1996, [RSBC 1996] Chapter 46. Victoria, BC: Queen's Printer. Retrieved from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96046_01
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chicago, IL: Chaplain Hall at the University of Chicago.
- Craib, K.J.P., Moniruzzaman, A., Norris, K., Pearce, M.E., Patterson, K., Schechter, M.T., Spittal, P.M..... Christian, W.M. (2008). The Cedar Project: Historical trauma, sexual

- Abuse and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities. *Social Science & Medicine*, 66, 2185-2194. doi: 10.1016/j.socscimed.2008.03.034
- Downs, C.A., English, D., Hiripi, E., Holmes, K., Kessler, R.C., O'Brien, K.,... Pecora, P.J. (2005). Improving family foster care: Findings from the northwest foster care alumni Study (The Foster Care Alumni Studies Report). Retrieved from Research Services at Casey Family Programs website: http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf
- Elias, B., Hall, M., Hart, L., Hong, S.P., Mignone, J., Sareen, J. (2012). Trauma and suicide behavior histories among a Canadian indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science Medicine* 74, 1560-1569. doi: 10.1016/j.socscimed.2012.01.026
- Elias, B., Medved, M., Mota, N., Munro, G., Sareen, J., Tefft, B. (2012). Correlates of suicidality: Investigation of a representative sample of Manitoba First Nations adolescents. *American Journal of Public Health*, 102(7), 1353-1361. doi: 10.2105/AJPH.2011.300385
- Fast, E., & Colline-Vezina, D. (2010). Historical trauma, race-based trauma and resilience of indigenous peoples: A literature review. *First Peoples Child and Family Review*, 5(1), 126-136. Retrieved from http://www.fncaringsociety.com/sites/default/files/online-journal/vol5num1/Fast-Collin-Vezina_pp126.pdf
- Fereday, J., & Muir-Cochrane. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1). Retrieved from http://www.ualberta.ca/~iiqm/backissues/5_1/pdf/fereday.pdf
- Fossey, E., Davidson, L., Harvey, C., & McDermott, F. (2002). Understanding and evaluating

qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36, 717-732.

Retrieved from

http://www.stesapes.med.ulg.ac.be/Documents_electroniques/MET/METDON/ELE%20MET-DON%20A-8082.pdf

Frankish, J., Laliberte, N., Li, K., Miller, C., Schechter, M.T., Shoveller, J., Spittal, P. (2003).

Foster care, sexual abuse, and being female predict younger age at first injection.

Canadian Journal of Infectious Diseases, 14(A), Abstract retrieved from:

<http://www.homelesshub.ca/Library/Foster-Care-Sexual-Abuse-and-Being-Female-Predict-Younger-Age-at-First-Injection-37400.aspx>

Fuller, C.M., Garfein, R., Ikeda, R.M., Ompad, D.C., Shah, N., Strathdee, S.A., Vlahov, D.,....

Baily-Maslow, S. (2005). Childhood sexual abuse and age at initiation of injection drug

Use. *American Journal of Public Health*. 95(4), 703-709. doi:

10.2105/AJPH.2003.019372

Gandhi, A., Ofstegage, A., Radday, A., Sholk, J., & Stanzler, C. (2011). *Empowering Victims of*

Domestic Violence. (Social Issue Report). Cambridge, MA: Root Cause. Retrieved from

Root Cause Social Impact Research: <http://rootcause.org/documents/DV-Issue.pdf>

Goldbeck, L., Heil, K., Oswald, S.H. (2009). History of maltreatment and mental health

problems in foster children: A review of the literature. *Journal of Pediatric Psychiatry*,

35(5), 462-472. doi: 10.1093/jpepsy/jsp114

Gough, S., & Reid, A. (2000). Guidelines for reporting and evaluating qualitative research: what

are the alternatives? *Environmental Education Research*, 5(1). Retrieved from

http://people.stfx.ca/x2010/x2010mbm/SOCI%20300_Research%20Project/My%20SOCI%20300%20Survey/Qualitative.pdf

Guibord, M., Bell, T., Romano, E., & Rouillard, L. (2011). Risk and protective factors for

Depression and substance use in an adolescent child welfare sample. *Children and Youth*

Services Review, 33, 2127-2137. doi: 10.1016/j.chilyouth.2011.06.019

- Haight, L. (2009, February 25). Overcrowded Saskatchewan foster homes breed abuse: report. *National Post*. Retrieved from <http://www.nationalpost.com/related/topics/Overcrowded+Saskatchewan+foster+homes+breed+abuse+report/1329220/story.html>
- Hart, M.A. (2010). Indigenous worldviews, knowledge, and research: The development of an indigenous research paradigm. *Journal of Indigenous Voices in Social Work* 1(1). Retrieved from http://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/15117/v1i1_04hart.pdf?sequence=1
- Hsieh, H.F., & Shannon, S.E. (2005). Three approaches qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288. doi: 10.1177/1049732305276687
- Kendrick, A. (1994). Fostering assessment in the context of child sexual abuse: A literature Review. Dundee: Tayside Region Social Work Department. Retrieved from University of Strathclyde, Glasgow School of Social Work, Andrew Kendrick website: <http://homepages.strath.ac.uk/~zns01101/tayfosas.htm>
- Kingsley, C., Mark, M. (2010). *Sacred Lives: Canadian Aboriginal Children Speaking out Against Sexual Exploitation*. Save the Children Canada.
- Kirby, S., & McKenna, K. (1989). *Experience, research, social change: Methods from the margins*. Toronto, ON: Garamound.
- McKay, S., & Thomas Prokop, S. (2007). Identity, Community, Resilience: The Transmission of Values Project. In, I. Brown, F. Chaze, D. Fuchs, J. Lafrance, S. McKay, & S. Thomas Prokop, (Eds.). *Putting A human face on child welfare: Voices from the prairies* (pp. 25-58). Prairie Child Welfare Consortium [www.uregina.ca/prairiechild/index.html/] Centre of Excellence for Child Welfare [www.cecw-cepb.ca]
- Miller, C.L., Johnston, C., Spittal, P.M., Li, K., LaLiberté, N., Montaner, J., and Schechter, M.T. (2003). Opportunities for prevention: Hepatitis C prevalence and incidence in a cohort of

- young injection drug users. *Hepatology*, 36 (3), 737–742, doi: 10.1053/jhep.2002.35065
- Modeling, Analysis and Information Management Branch. (2013). *Aboriginal Children in Care Report*. Victoria, BC: Ministry of Child & Family Development.
- Morse, J.M., Barrett, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2). Retrieved from <http://www.ualberta.ca/~ijqm/>
- National Coalition for Child Protection Reform. (2011, January). *Foster Care vs. Family Preservation: The Track Record on Safety and Well-being* (Issue Paper 1). Alexandria, VA: National Coalition for Child Protection Reform.
- National Society for the Prevention of Cruelty to Children. (2011). Research Briefing. London, England: National Society for the Prevention of Cruelty to Children Inform.
- Native Women’s Association of Canada. (2010). *What their stories tell us: Research findings From the Sisters In Spirit initiative*. Ottawa: NWAC. Retrieved from: http://www.nwac.ca/sites/default/files/reports/2010_NWAC_SIS_Report_EN.pdf
- Nelson, B., & Richardson, C. (2007). A change of residence: Government schools and foster home sites of forced aboriginal assimilation –A paper designed to provoke thought and systemic change. *First Peoples Child and Family Review*, 3(2), 75-83. Retrieved from http://www.fncaringsociety.com/sites/default/files/online-journal/vol3num2/Richardson_Nelson_v2_pp75.pdf
- Nelson-Gardell, D., & Staller, K.M. (2005). “A burden in your heart”: Lessons of disclosure From female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415-1432. doi:10.1016/j.chiabu.2005.06.007
- Office of the Auditor General of British Columbia. (2008). *Management of Aboriginal Child*

- Protection Services: Ministry of Child and Family Development*. Victoria, BC: Auditor General of British Columbia.
- Ortlipp, M. (2008). Using and keeping journals in the qualitative research process. *The Qualitative Report* 13(4), 695-705. Retrieved from <http://www.nova.edu/ssss/QR/QR13-4/ortlipp.pdf>
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd Ed.). Newbury Park, Ca: Sage.
- Razack, S.H. (2011). Timely deaths: Medicalizing the deaths of Aboriginal people in police custody. *Law, Culture and the Humanities*, 9(2), 351-374. doi: 10.1177/11743872111407022
- Representative for Children and Youth. (2009). B.C. Office of the Provincial Health Officer. *Kids, crime and care*. Health and well-being of children in care: Youth justice experiences and outcomes. (Joint Special Report, February 23). Retrieved from <http://www.rcybc.ca/Images/PDFs/Reports/Youth%20Justice%20Joint%20Rpt%20FINAL%20.pdf>
- Richard, K. (2012). *Our heads above water: Minimizing risk in Toronto in Aboriginal child welfare*. Toronto, ON: Native Child and Family Services of Toronto
- Richardson, C., & Wade, A. (2008). Taking resistance seriously: A response based approach to social work in cases of violence against Indigenous women. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice* (pp. 204-217). Winnipeg, MB: Fernwood Press.
- Richardson, C., & Wade, A. (2010). Islands of safety: restoring dignity in violence-prevention work with Indigenous families. *First Peoples Child and Family Review*, 5(1), 137-145.

- Retrieved from http://www.fncaringsociety.com/sites/default/files/online-journal/vol5num1/Richardson-Wade_pp137_145.pdf
- Riessman, C.K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications, Inc.
- Robertson, L. H. (2006). The residential school experience: Syndrome or historic trauma. *Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health*, 4 (1), 1-28.
Retrieved from, http://www.pimatisiwin.com/online/?page_id=381
- Sikka, A. (2009). *Trafficking of Aboriginal women and girls in Canada*. Ottawa: Institute on Governance.
- Singh, V.S., Thornton, T., & Tonmyr, L. (2011). Determinants of substance abuse in a population of children and adolescents involved with the child welfare system. *International Journal of Mental Health and Addiction*, 9, 382-397. doi: 10.1007/s11469-011-9320-y
- Sinha, V., Trocme, N., Fallon, B., MacLaurin, B., Fast, E., Thomas Prokop, S., Bennet, M. (2011). *Kiskisik Awasisak: Remember the children, Understanding the overrepresentation of First Nations children in the child welfare system*. Ottawa: Assembly of First Nations.
- Steinberg, M., & Schnall, M. (2008). *The stranger in the mirror: Disassociation-the hidden epidemic*. New York, NY: Harper Collins.
- Subvista Qualitative Research & Consultancy. (2010, March 25). The process of thematic analysis [Web log post]. Retrieved from <http://subvista.wordpress.com/2010/03/24/new/>
- Todd, N., & Wade, A. (1994). Domination, Deficiency and Psychotherapy. *The Calgary Participator*, Fall, 37-46.
- Trocme, N. (2007). Forward: Voices discovering each other as they rise from Canada's fragmented child welfare system. In, I. Brown, F. Chaze, D. Fuchs, J. Lafrance, S.

- McKay, & S. Thomas Prokop, (Eds.). *Putting A human face on child welfare: Voices from the prairies* (pp.XIII-XIV). Prairie Child Welfare Consortium
[www.uregina.ca/prairiechild/index.html/] Centre of Excellence for Child Welfare
[www.cecw-cepb.ca]
- Ungar, M. (2007). Contextual and cultural aspects of resilience in child welfare settings. In, I. Brown, F. Chaze, D. Fuchs, J. Lafrance, S.McKay, & S. Thomas Prokop, (Eds.). *Putting A human face on child welfare: Voices from the prairies* (pp.1-23). Prairie Child Welfare Consortium [www.uregina.ca/prairiechild/index.html/] Centre of Excellence for Child Welfare [www.cecw-cepb.ca]
- Vancouver Sun. (2013, March 27). BC not meeting the needs of the most vulnerable children in care: report. Retrieved from
<http://www.vancouversun.com/news/meeting+needs+most+vulnerable+children+care+report/8153896/story.html>
- White, C.R., Gallegos, A.H., O'Brien, K., Weisberg, S., Pecora, P.J., & Medina, R. (2011). The Relationship between homelessness and mental health among alumni of foster care: Results from the Casey young adult survey. *Journal of Public Child Welfare*, 5,(6), 369-389.
- Yin, R. K. (2009). *Case study research: Design and methods* (4th Ed.). Thousand Oaks, CA: Sage.