# The sexual stories of adults who have lived in out-of-home care as young people

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# Abstract

Young people who are in out-of-home care occupy a space in which what is public and what is intimate intersect. Families, sexuality and reproduction are interconnected and subjected to implicit and explicit government regulation. In contemporary liberal societies, the emphasis on parents caring for their children leads to discourses that call into question the worth of children who are not looked after by their parents. In 17th century Europe, these beliefs were associated with moralism; in contemporary New Zealand, these beliefs are associated with neoliberalism.

Sexual stories are "simply the narratives of the intimate life, focussed especially around the erotic, the gendered and the relational" Plummer (1995, p. 6). Utilising a narrative methodology, this research involved a series of interviews with ten adults who had spent time in out-of-home care as young people to explore the sexual stories of those who have been in out-of-home care to consider three research questions: firstly, how the public and the intimate converge at the intersection between sexuality and the provision of out-of-home care, secondly, the intersection between experiences of out-of-home care, sexual and romantic relationships, and lastly the meaning that adults who have been in out-of-home care have made of their lives. The responses to these questions were underpinned by the theory of meaning making, which is describes "a sophisticated understanding of the relationship between the psychological and the social, between the past and the present, and between emotion and thought" (Kegan, 1982, p. 15).

Participants were aware of being positioned as existing outside of dominant social discourses and being perceived as less worthy because they had been in out-of-home care. The stigma associated with being in out-of-home care intersected with sexual stigma that they experienced. Participants actively sought power, agency and inclusion and imagined that if they were to have socially acceptable relationships with socially acceptable partners, they would experience a sense of social inclusion that they had not experienced before. Relationships were made more challenging by the fact that participants had to discover how to have a healthy relationship when they had seen few examples of these in their own lives. Making meaning was more challenging for adult participants who have been in out-of-home care as young people, as not only did they have very complex lives and relationships of which to make meaning, they often lacked relationships with key family members to help them make this meaning. Participants who had made meaning of their experiences in out-of-home care before entering a relationship expressed more satisfaction within their relationships than those who had not made meaning.

This research calls into question the neoliberal foundations on which the New Zealand child protection system is predicated but acknowledges that in the immediate future young people will come into out-of-home care. Thus, based on the findings of this research this thesis makes several recommendations to improve that system. The first is a system that promotes better connection between young people in out-of-home care and their caregivers and social workers. The second recommendation is the prioritisation of life-story work with young people in out-of-home care. Both deeper connections and more opportunities for young people in out-of-home care to make meaning of the lives will provide a foundation in which social workers and caregivers are able to engage in meaningful sex and relationship education with the young people that they care for.  These changes, as with any development of policy and practice should be informed by the voices of those who are in, or who have been in, out-of-home care

# Dedication

This thesis is dedicated to those who have lived, live now, or who will live in out-of-home care. You inspired me to do this work, and I hope that, in turn, I can improve your experience in out-of-home care.

*Kia tupato o tatou Tamariki. Tangohia tiaki o ta ratou rongo, kia tupato o ta ratou e kite, kia tupato o ta ratou ite. Ma te aha hoki nga Tamariki tupu, pera ka te āhua o Aotearoa.*

Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel. For how the children grow, so will be the shape of Aotearoa.

Dame Whina Cooper

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My greatest thanks are to the people who participated in this project. Thank you for trusting me to tell your most personal stories of love, grief, trauma, hope and resilience. I hope that I have done those stories justice and that this project will lead to change.

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# Glossary and explanation of acronyms

| | |
|---|---|
| **Atua** | Spiritual beings |
| **CYF** | Child Youth and Family |
| **CYPF Act** | Children, Young Persons and their Families Act, 1989. New Zealand's child protection and youth justice legislation until it was renamed in 2017. |
| **EAP** | Expert Advisory Panel. A panel established to oversee the new operating model for Child Youth and Family |
| **FGC** | Family Group Conference |
| **Hāpū** | Clans or descent groups within Māori society. This word also means pregnant |
| **Hui** | Meeting |
| **In loco parentis** | In place of a parent |
| **Iwi** | Tribe, the largest of the groups that form Māori society |
| **Kaitiaki** | "Trustee, minder, guard, custodian, guardian, caregiver, keeper, steward". (Māori Dictionary, n.d.) |
| **Kai** | Food |
| **Kōrero** | This word can be used as a noun or a verb to describe: speech, narrative, story, news, account, discussion, conversation, discourse, statement, information and as a verb meaning to tell, say, speak, read, talk or address. (Māori Dictionary, n.d.) |
| **Mana** | The Māori Dictionary, (n.d.) defines mana as "prestige, authority, control, power, influence, status, spiritual power, charisma - *mana* is a supernatural force in a person, place or object". |
| **Mana Tamaiti** | The right of the child. Used with the Oranga Tamariki (Children's and Young Person's Wellbeing) Act 1989 to describe the paramountcy of the rights of the child. |
| **Marae** | A Māori meeting place, consisting of a complex of buildings where people who share whakapapa meet. |
| **MSD** | Ministry of Social Development. CYF was a service delivery unit of the MSD. |

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| **MVCOT** | Ministry for Vulnerable Children/Oranga Tamariki. The organisation which proceeded and replaced CYF on 1st April 2017, and was consequently renamed Oranga Tamariki. |
| **OCC** | Office for the Commissioner of Children |
| **OT** | Oranga Tamariki—Ministry for Children. The organisation previously named Ministry for Vulnerable Children/Oranga Tamariki. |
| **Pākehā** | New Zealander of European descent |
| **SRE** | Sex and relationship education |
| **Rangatahi** | Youth |
| **Tamariki** | Children |
| **Taonga** | Treasure |
| **Tapu** | The Māori dictionary (n.d.) defines tapu as "sacred, prohibited, restricted, set apart, forbidden, under Atua protection". |
| **Te Ao Māori** | The Māori world, used in more recent times to describe a Māori world view. |
| **Te Tiriti of Waitangi** | The Māori version of the Treaty of Waitangi and the document used to formally establish the relationship between Māori and the British crown in 1840. |
| **Tikanga** | A Māori cultural concept that translates to several things in English including "custom, obligation and conditions and provisions". (Ryan, 1994, p. 90).\ |
| **Tipuna/tūpuna** | Ancestor(s) |
| **Turangawaewae** | Literally place to stand, meaning a place where a person belongs |
| **Whakapapa** | Ryan (1994) describes whakapapa as a Maori cultural concept which translates into several things in English including "genealogy, cultural identity, family tree, lineage and generation". (p. 99) |
| **Whānau** | "Whānau is often translated as 'family', but its meaning is more complex. It includes physical, emotional and spiritual dimensions and is based on whakapapa. Whānau can be multi-layered, flexible and dynamic. Whānau is based on a Māori and a tribal world view. It is through the whānau that values, histories and traditions from the ancestors are adapted for the contemporary world". (Walker, 2015, para. 1) |
| **Whanaungatanga** | "Relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a |

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|---|---|
| | sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship". (Whanaungatanga, n.d.) |
| **Whāngai** | A "customary Māori practice where a child is brought up by someone other than their birth parents—usually another relative. Whāngai may be temporary or permanent. A parent who takes on a child is called a matua whāngai, and the child is a tamaiti whāngai. The child knows both its birth parents and whāngai parents, and the whole community is usually involved in the decision". (Keane, 2011, para. 1) |

# PART ONE: BACKGROUND TO THE THESIS

# Chapter One: The sexual stories of adults who have lived in out-of-home care as young people

## Introduction

In June 2018, 6,365 young people in New Zealand were in the custody of Oranga Tamariki after having been removed from their parents' or guardians' care because of care and protection concerns (Oranga Tamariki, 2019). In New Zealand, the state or its agents have taken young people into out-of-home care for the past 150 years; a framework of protecting children inherited from Europe. Young people in out-of-home care occupy complex public and private spaces. While family life and the act of parenting is often considered a private domain, it is actually subject to hyper-regulation by both the state and society (Foucault, 1978; Green, 2005). In this thesis, I explore and present the sexual stories of adults who were in out-of-home care as young people. In investigating these narratives, I have found that adults who have been in out-of-home care are both impacted by, and aspire to, heteronormative discourses of families, love, sex and reproduction.

Family life is a crucial place for the transmission of ideas about families, relationships and sexuality (Bhattacharyya, 2002; Wilkinson, 1998) and young people in out-of-home care have a public organisation appointed to carry out the role of their parent. Out-of-home care settings are at once both public and private. Expectations exist that domestic activities and interactions will be different to those occurring in organisations and institutions (Green, 2005). Simultaneously, there is a pervasive relationship between homes and organisations, particularly public organisations. Homes, or private spheres may have their own rules, but they are also subject to the regulations of the state. Conversely, public organisations must be responsive to the views of private citizens. Green (2005) writes that residential care settings for young people in out-of-home care are:

> …located with the intermediate zone between public and private spheres, as they both represent a home for children and are part of the public world of work and organizations. Because of this, public and private rules are blurred but public sphere rules tend to predominate. (p. 465)

Out-of-home care settings are public, as they are established by publicly funded institutions provided by the state. However, they are private too, because they constitute homes for the young people who live in them. Hearn and Parkin (2001) explain that within out-of-home care settings there is a co-existence of notions of home and notions of control and, consequently, within out-of-home care settings there are processes usually relating to homes and processes usually relating to institutions. The notion of public and private spaces is physical and metaphorical. Parkin (1989) writes that out-of-home care settings "occupy an anomalous position across the public/private divide. The establishments are frequently called 'homes' with the connotation of the private realm, but they are located firmly within large welfare bureaucratic organizations" (p. 120). The complexities are compounded by the fact that sexuality is personal and political and, like out-of-home care, straddles the public/private divide (Green, 2005; Henrickson & Fouché, 2017; Parkin, 1989).

'Dominant discourses' describe public, or shared understandings of what and how things are. However, members of a society do not equitably create the shared understandings; rather those who are powerful create dominant discourses, which are then not only subscribed to, but perpetuated by, those who are less powerful (Foucault, 1978; Powell, 2013). A dominant discourse existing in modern New Zealand is that good sexuality is reproductive sexuality, and good reproduction replicates powerful structures (Allen, 2003). The discourse of sex as reproduction, and desirable reproduction culminating in desirable citizens, positions young people in out-of-home care as deficient from birth because they are not the type of citizens who are valued within such a discourse (Reekie, 1998). In relation to out-of-home care, both dominant discourses and sexuality intersect the public and the private. Sexuality relates to the intimate and the personal in terms of how a person feels and behaves in response to their experience of sexuality. It also relates to the public in terms of how a person is positioned in relation to their sexual identity and behaviour and how they participate in positioning others. Sexual stories—which will be discussed in more detail below—provide a tool to explore dominant discourses of sexuality at a public level, and then explore what those discourses mean to individuals (Hammack, 2008; Hammack & Cohler, 2009).

Plummer (1995, p. 6) describes sexual stories as "simply the narratives of the intimate life, focussed especially around the erotic, the gendered and the relational". Sexual stories are significant to young people not only while they are in out-of-home care, but throughout their lives. Building on Plummer's work, Hammack (2008) describes such narratives, or scripts, as sexual story possibilities, which the representation of "a cultural script that is readily accessible to members of a particular axis of identity, whether that be a nation, an ethnic group, or a gender" (p. 235). A common theme in the stories of the people who participated in this project was the discordance between reality of their lives and the scripts made available to them. As well as considering what meaning participants made of the discordance between their lives and the script, this thesis explores the strategies participants used to make meaning of those discordances between themselves and the script. Young people in out-of-home care, and adults who have been in out-of-home care, either consciously or subconsciously come to understand they are situated outside of the commonly available scripts in which children have good childhoods in which they are loved and cared for by their parents (Holland & Crowley, 2013). Without finding strategies to make meaning of the experience of having a marginalised script, those who are in or have been in out-of-home care, may experience less congruence and greater levels of exclusion throughout their life. This does not mean that young people in out-of-home care do not have the capacity to challenge those discourses. Burr (2003) posits that while human experience may be largely constituted by the discourses which exist in the social world in which a person lives, "human agents, given the right circumstances, are capable of critically analysing the discourses which frame their lives, and to claim or resist them according the effect they wish to bring about" (p. 122), a capability which Burr describes as 'agency'. I will use the concept of agency throughout this thesis to describe ways in which people and participants are able to critically analyse discourses and claim or resist them depending on their circumstances.

## Background to the Project

When I first embarked on this project, I was concerned with finding ways in which social workers, employed at what was then known as Child Youth and Family (CYF) and is now known as Oranga Tamariki (OT), did or did not speak to children and young people in out-of-home care about sexuality. I was particularly interested in this question as I had experienced a lack of discussions about sexuality when I was a Child Youth and Family social worker. As I reflected on this question, I became aware of the inherent flaws in the question I asked. I had assumed that speaking about sexuality was a proactive act, and as such, an explicit conversation would have a more significant effect on young people than any other way of communicating the information. I had also assumed that the social workers had the potential to be holders of objective knowledge, and that the young people in out-of-home care were able to consume the knowledge objectively. I believed that social workers should be promoting healthy senses of sexual identity, and healthy sexual behaviour in terms of consent. I believed that, by speaking to adults who had been in out-of-home care, I would be able to evaluate the extent to which such education had occurred.

What I know now from hearing the life narratives of ten people who have been in out-of-home care is that my original concern was relatively trivial and based on several false assumptions. The first incorrect assumption I had made was: what is said is more important than what is not said. Explicit discussion about sexuality plays a relatively limited role in people's sexuality identity development, and consequent sexual behaviour (Allen, 2008). This relates to the second incorrect assumption I had made, which was: social workers should hold responsibility for communicating ideas about sexuality to young people. While social workers have a specific role within the child protection legislation, they have very little direct contact with the young people on their caseloads (Office of the Chief Social Worker, 2014). I discovered that participants believed that the significant people in their lives were their families of origin, their friends, their partners, and to a lesser extent, their caregivers. Participants rarely identified social workers as having been significant people in their lives. The third incorrect assumption I had made was: sexuality education consists of information delivered by a relatively objective educator to a young person who is open to learning what they are taught by a specified person. I am now cognisant that messages about sexuality are rarely objective facts: rather they reflect societal discourses (Allen, 2008). Furthermore, discourses about sexuality are intrinsically connected to ideas about family, reproduction and identity (Brannen, Heptinstall, & Bhopal, 2000; Foucault, 1978; Reekie, 1998; Wilkinson, 1998). Young people are exposed to these societal discourses well before anyone explicitly discusses sexuality with them (Allen, 2008).

Having accepted that messages about sexuality cannot be objective and cannot be isolated from other discourses and having accepted that messages about sexuality cannot be simply presented, the focus of the project shifted. I moved away from evaluating sexual behaviour and identity education, to exploring sexual story possibilities. This shift in emphasis, perspective and focus is enhanced by a contemporary approach to sex and relationship education (SRE). Good quality SRE provides education not just about sex as a public health issue, but also gender, sexuality and power (Allen, 2008; Allen, Rasmussen, & Quinlivan, 2014; Sundaraham & Saunston, 2016). Maxwell and Aggleton (2009) found that "young people want to learn about and discuss sexual pleasure, and that SRE should not only focus on the negative outcomes of sexual activity" (p. 19). The authors noted that young women in out-of-home care were particularly prone to having their sexuality and relationships problematised, despite the fact they shared similar concerns about pleasure and power with the general population. Green (2005, p. 457) also observed that the sexuality of young women in out-of-home care is "illuminated and problematised". In research with young people in heterosexual relationships in the general population, Allen (2003) found that young women were just as likely to want sex as love, and young men were just as likely to want love as they were to want sex, but both genders were aware of the expectation regarding whether they should privilege love or sex and spoke in public accordingly. The notion that males want sex and women do not constrains both genders. I approach the issues within this thesis from a sex positive perspective. Queen and Comella, (2008) describe sex positivity as a "cultural philosophy that understands sexuality as a potentially positive force in one's life, and it can, of course, be contrasted with sex-negativity, which sees sex as problematic, disruptive, dangerous" (p. 278). A sex positive approach does not diminish the acknowledgement of the power dynamics existing in sexual identities, behaviours and interactions at a micro-level between sexual partners, or at a macro-level in terms of the power of a societal discourse.

The acknowledgement of the relationship between the societal and the intra-psychic aspects of what is sexual (Plummer, 1995; 2003) makes the notion of sexual stories, and sexual story possibilities particularly useful. Hammack (2005) expanded the notion of sexual stories by proposing that all humans hold sexual story possibilities, which are both reflective of and constitute the society in which they live:

> Sexual desire, arousal and intimacy assume a prominent place in the process by which individuals internalise the sexual story possibilities of a culture… The salience of this process is unique to our culture and historical time in which a categorical system of identity possibilities is imposed on an underlying dimensional experience of far greater affective complexity. Hence, there exists the perception of a cultural press which motivates one to categorically self-label in a way that is most consonant with underlying sexual desire. (Hammack, 2005, p. 281)

The concepts of sexual stories and sexuality story possibilities emerge from the narrative tradition, which explores the way humans co-construct knowledge by the telling of, and listening to, stories (Elliot, 2005; Fivush, 2010; Mackenzie, 2013; Plummer, 1995; Riessman, 2003, 2006, 2008, 2013).

> When asked to list the most important events that any given individual in the culture will experience and the age at which they will experience that event, there is high agreement across research participants of different ages, and different industrialised cultures in identifying the core events that define a typical life. Thus the life script is a schematised framework shared among members of a culture for representing a typical life common across individuals … individuals seem to define their own life narrative in relation to the cultural life script. (Fivush, 2010, p. 98)

Fivush (2010) did not propose that there was anything biologically inherent in a typical life, but rather proposed there is agreement between members of a society about what a typical life is. The impact on this for those who are, or who have been in out-of-home care, is that they learn their script is atypical, and they do not have a script available to them to not only tell their story to others, but to understand it themselves. Those who have a sexual script which differs to the commonly agreed sexual script must go through a process of understanding their own story which is not congruent with those from whom they have been taught, then engage in an effort to make others understand what their script is. The sexual script most readily agreed upon is that good sexuality is reproductive sexuality (Brannen et al., 2000; Reekie, 1998). Women are particularly impacted by this discourse, as their worth in society is inextricably linked to their having children. Malacrida and Boulton (2012) write that the dominant discourse existing in modern English-speaking countries is:

> Motherhood amounts to a status passage from child to woman with an attending enhanced social status … to a socially respected role. Furthermore, the actual practices of becoming a mother and engaging in mothering comprise a set of activities and experiences that shape women into nurturing, caring, and other-oriented people. This practice-based production of nurturing, selfless mothers remains normative for all women despite their personal histories and proclivities. (p. 750)

Women who do not want to have children or are not well-positioned to care for children are inevitably marginalised by society as their social status is contingent, not just on their having children, but on caring for those children well (Malacrida & Boulton, 2012). The discourse of reproductive sexuality is each person should reproduce with only one person of the opposite gender, remain married to and remain sexually active exclusively with that person, while providing good care and financial support for the children, and in turn model such a unit so that in the subsequent generation the children will reproduce the unit. Brannen et al., (2000, loc. 1078) write that "representations of what constitutes a 'proper family' are everywhere in the mass media and form powerful images in the minds and discourses of adults who teach, care and take responsibility for children". In turn, ideas about what is a proper, normal or healthy family become important to young people in out-of-home care, who measure themselves against this paradigm.

## The Reproductive Imperative

While the reality is that very few people exist in the 'proper' family described above, the reproductive imperative script continues to exist as the ideal against which European and Anglophone societies measure families and relationships. These societies then tend to conclude that those living in families or relationships which diverge from a heteronormative and reproductive family are lacking. As stated earlier in this chapter, more than 6000 children in New Zealand are in out-of-home care by the state at any one time (Oranga Tamariki, 2019). The charity Grandparents Raising Grandchildren (GRG) estimated that in 2017 in New Zealand approximately 10,000 children were being cared for by their grandparents, rather than their parents (GRG, 2018). Even when the entire family unit is not intact, the most basic principle emerging from this discourse is that adults, particularly women should have children and look after them (Holland & Crowley, 2013; Reekie, 1998; Ribbens McCarthy, Edwards & Gillies, 2000). Furthermore, the dominant discourse proposes that it is the responsibility of women to find a partner who will financially provide for them and the children they bear (Reekie, 1998). Such a discourse is convenient to the liberal, and subsequently neoliberal ideas regarding individual responsibility, including responsibility for one's children (Keddell, 2018; Ware, Breheny, & Foster, 2016). The fact that the discourse is a myth is irrelevant, as the discourse sustains itself because it is adopted both by those who are made more powerful by it and those who are marginalised by it (Reekie, 1998).

Like others in contemporary New Zealanders, one of the first places that young people who enter out-of-home care are exposed to discourses is the mass media. Social workers and other professionals then reinforce the reproductive imperative discourse by making clear to participants what their family of origin is measured against (Dingwall, Eekalaar and Murray, 2014), thereby creating a loop. Young people who have contact with the child protection system receive messages from social workers about families, and they also receive messages from their continued exposure to cultural representations of families meeting the criteria of what they and others considered a proper family. There is then the potential for young people in out-of-home care to internalise these limited sexual stories which emphasised the importance of the reproductive imperative and, in assessing their own childhoods and families against these criteria, find themselves found them lacking. As young people, they have the doubly hard task of having to mediate the discordance between their own lives and the reproductive imperative without having had a consistent caregiver to provide them with guidance and support, or alternative narratives. A young person in out-of-home care must respond to complex and traumatic events, all while developing a "healthy self-esteem and self-awareness without a consistent caregiver" (Cook-Cottone & Beck, 2007, p. 9). Without a consistent caregiver, children must develop an "…'intimate knowledge' relationship with others that involves the interweaving of biographies over time" (Holland & Crowley, 2013, p. 64).

In a study of young people in out-of-home care, Holland and Crowley (2013) found young people "powerfully envisioned families they lived by, sometimes in the form of their birth families and the imagined alternative lives they might have lived with them, a longed for, stable substitute home or an imagined future family of their own" (p. 59). Young people in Holland and Crowley's study used those imagined families, rather than the families they had, to make sense of the world around them. The common perception of the state in New Zealand is that it should be nothing more than a safety net, and the valuable role of helping a young person in out-of-home care creating a coherent sense of self is treated as an optional extra that requires too many resources to action (Atwool, 2016). In advocating for the inclusion of life-story work to be included as part of social work practice with children and young people in out-of-home care, Atwool (2016) writes:

> Every child has a right to his/her own story. The current haphazard approach in Aotearoa New Zealand does not guarantee this and is a significant contributor to poor outcomes. The relegation of life story work to the status of optional extra reflects fundamental systemic issues that need to be addressed. Recognition of children's entitlement to a coherent narrative needs to be embedded in practice at the micro level. This can only occur if appropriate supports are in place at the organisational level, facilitated by macro-level priority being accorded to provision of resources needed to ensure the best possible outcomes for children and young people in care. (p. 9)

With the limited resources they have at micro and macro levels, young people in out-of-home care try to make sense of their families and the world around them using what they see and experience, and they begin making decisions about sexuality and romantic relationships. Almost by definition, the family and relationship experiences that young people who are in out-of-home care have had are problematic, otherwise they would not have been placed in such care. The decisions young people who are in out-of-home care make, and the behaviour in which they engage, also have implications for their family membership throughout their lives. The relationships which participants observed and engaged in, and their understanding of sexuality and relationships, are the focus of this study.

## Narratives, Meaning Making and Stories

Relationship stories contain behavioural and perspective components and contribute to identity development at a personal and a cultural level (Frost, 2013; Frost, Rubin, & Darcangelo, 2015). Frost (2013) writes that "the stories people tell themselves and others about their interpersonal romantic relationships further serve to provide them with a sense of meaning regarding their relationships and are often central in guiding individuals' overarching life narratives" (p. 248).

Internalising the reproductive imperative and assessing themselves against it caused participants to consider what the expected societal script means for them, with limited support to do so. Participants explored what it meant to be the child of a person who did not provide care for their children, in terms of their own identity. Participants also explored what it means not to have had reproductive imperatives modelled to them by their parents in a society which highly values the ability to construct a family unit. Exploration happened for participants in several ways, with the implicit or explicit intention of making meaning of their past, present and future.

Meaning making describes "a sophisticated understanding of the relationship between the psychological and the social, between the past and the present, and between emotion and thought" (Kegan, 1982, p. 15). Meaning making enables people to have a great sense of the society they occupy, their selves and their role within a society which increases psychological wellbeing (Baxter Magolda, 1999; 2009). Adults who have been in out-of-home care must make meaning of the events which brought them into out-of-home care, and also have to make meaning of being in out-of-home care which itself creates trauma (Keddell, 2018; Riebschleger, Day, & Damashek, 2015). Meaning making is made more difficult for adults who have been in out-of-home care as there are few representations of their experiences in popular discourses (Cook-Cottone & Beck, 2007; Holland & Crowley, 2013). Meaning making about sex and relationships is difficult for any young person, but it is particularly so for young people in out-of-home care, who must make meaning of complex relationships within their own lives, often without people to help them make meaning (Cook-Cottone & Beck, 2007; Holland, 2009; Holland & Crowley, 2013). Children come into out-of-home care for reasons including abuse, neglect and abandonment. There is a structural consideration as well; Indigenous people, (Beddoe, 2014, Hyslop & Keddell, 2018; Reekie, 1998; Wacquant, 2009; Ware et al., 2016), other people of colour, (Reekie, 1998; Wacquant, 2009), single parents (Dingwall et al., 2014; Reekie, 1998; Ribbens McCarthy, 2000) and people who are poor, (Dingwall et al., 2014; Hyslop & Keddell, 2018; Keddell, 2014; Reekie, 1998; Wacquant, 2009) are more likely to have contact with the child protection system, and young people whose parents are from these groups are more likely to enter out-of-home care.

This likelihood is discussed in depth in Chapter Four. While there are diverse reasons for entering out-of-home care, participants had few opportunities to learn about or discuss the events leading to them entering out-of-home care, and their experiences in out-of-home care. The lack of opportunities to discuss their experiences occur because their stories challenge the normative discourse of a child being cared for and raised by their parents (Holland & Crowley, 2013; Ribbens McCarthy et al., 2000).

> Children in care are often living with hidden information or multiple stories about their birth family circumstances and coming to terms with families who disrupt many family norms, including (in some cases) what has been described as the only remaining unshakeable norm in western family life, that children's needs take priority in a family. (Holland & Crowley, 2013, p. 58-59)

If young people in out-of-home care and adults who have been young people in such care are to develop congruent understandings of who they are, and where they are positioned in the world, they must make meaning out of life events divergent from a normative life course. The first event is being in out-of-home care, and the second is having relationships with their parents which betrays the expectation that children will be cared for by their parents. The development of an understanding about not only their story, but how they have been positioned, enables those who are, or who have been in out-of-home care to reduce the sense of exclusion they experience by not having an easily accessible cultural narrative available to them. This experience leads to young people in, or adults who have been in, out-of-home care experiencing stigma. Goffman (1963) describes stigma as "an attribute that makes [a person] different from others in the category of persons available for [them] to be, of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak" (pp. 2-3). Those who have been in out-of-home care experience and anticipate stigma, on the basis of having been in such care and on the basis their families have diverged from what they and others consider normal. Stigma is also associated with economic deprivation which disproportionately, negatively effects those who have contact with the child protection system. It is applied within neoliberal discourses and used to "side-step structural explanations of violence and neglect" (Beddoe & Keddell, 2016, p. 155).

In particular, throughout this thesis I refer to the notion of sexual stigma to specifically describe stigma experienced by people on account of their actual or perceived sexual behaviour and/or identity. Herek (2007) defines sexual stigma as:

> The negative regard, inferior status and relative powerlessness that society collectively affords to any non-heterosexual behaviour, identity, relationship or community. Sexual stigma is social shared knowledge about homosexuality's devalued status in society. Regardless of their own sexual orientation or personal attitudes, people … know that homosexual desires and behaviours are widely regarded in negative terms relative to heterosexuality. (pp. 906–907)

Young people in out-of-home care, including those in this study, are prone to having their sexuality stigmatised on the basis of their being in such care (Elze, Auslander, McMillen, Edmond, & Thompson, 2001; Holland, 2009). Participants in this study had been sexually stigmatised on the basis of being/identifying as a lesbian, engaging in sex work, engaging in sex with people from specific ethnic groups, and engaging in sex with multiple partners.

In addition to the stigma young people experience by being excluded from dominant discourses, young people have experienced trauma in terms of their reasons for entering out-of-home care, and are then likely to experience trauma once they are in out-of-home care (Riebschleger et al., 2015). Herman, (1992) writes that:

> Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptions to life. Unlike common misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. (p. 33)

Young people in out-of-home care experience an intersection of marginalisation. They experience exclusion from their communities and the associated stigma, as well as the psychological and physical effects of trauma. The person and the political intersect in terms of trauma and stigma. Herman, (1992) writes: "…psychological trauma is an affliction of the powerless.… Traumatic events overwhelm the ordinary systems of care that give people a sense of control; connection and meaning" (p. 33). A person's ability to make meaning of their life and experiences is all the more important when they also experience trauma. For young people in, or adults who have been in out-of-home care, this is made more difficult by the presence of stigma.

### Out-of-Home Care as it Stands in New Zealand

The New Zealand model of child protection is aligned with, and to an extent inherited from, the Anglo-American model which "primarily (often reluctantly) focus[es] on the guilt or innocence of parents and the work of collecting legally admissible evidence of abuse" (Waldegrave, 2006, p. 60), and removing children from their families when there is evidence that the child is at risk. The social worker's role is as an agent for the child as an individual

(Waldegrave, 2006). Throughout much of this thesis, I refer to 'Child Youth and Family' (CYF) which was the relevant agency while I was both reviewing the literature and collecting the data. Until it was replaced by the Ministry for Vulnerable Children/Oranga Tamariki [MVCOT] (now referred to as Oranga Tamariki [OT], Ministry for Children) on 1st April 2017, CYF existed as a service delivery unit of the Ministry of Social Development and held responsibility for statutory child protection in New Zealand. The policies and practices were largely determined by the Children, Young Persons, and their Families Act 1989 (CYPF Act 1989). The CYPF Act 1989 charged CYF with the rights and responsibilities to:

(a) assess whether or not a child or young person is in need of care and protection;

(b) make applications to the court for any orders that CYF determine are necessary such as custody order, guardianship orders and support orders; and,

(c) taking custody and/or guardianship of children or young people in need of care and protection.

The most recent statistics which break down the types of placement that children in the care of CYF/OT are from June 2017. At this time, 5,380 young people were in out-of-home care, of which 4,716 were in out-of-home placements (the remaining young people were recorded as living independently or remaining at home). There were 1,368 young people living in a non-family placement, and 2,515 lived in a family placement. Five hundred and forty-one young people lived in a Child and Family Support Service (provided by a Non-Government-Organisation) and 116 lived in a Child Youth and Family group home. Of the other young people, 29 lived in a residential placement, while 147 lived in "other supported accommodation" (Ministry of Social Development, n.d.b).

Māori are disproportionately represented in the New Zealand child protection system, an experience they share with other Indigenous groups in post-colonial countries. In June 2018 67%

of the children in out-of-home care had their primary ethnicity recorded as Māori or Māori/Pasifika (Oranga Tamariki, 2019) while, in the 2013 census (the latest available), 19.82% of young people aged 0-19 were identified as Māori (Stats New Zealand, n.d.). Moyle (2014) writes that Māori children taken into out-of-home care experience disconnection from their whakapapa in which "tamariki and rangatahi are taonga and their whakapapa completes them through affirming that they come from thousands of their tūpuna. It links them with their history, citizenship, cultural identity and sovereignty" (p. 8). In 2017, the Commissioner for Children Judge Andrew Beecroft observed that:

> About 60 percent of those detained in a care and protection residence, and 70 percent of those detained in youth justice residences, are Māori. The disproportionality of Māori in youth justice residences is, arguably, as bad as any part of the criminal justice system. This is a matter for serious concern. (OCC, 2017)

The institutionalisation of young Māori in the child protection and youth justice system is consistent with that of Māori incarcerated in the adult justice system (Department of Corrections, 2016) and inpatient admissions to mental health facilities (Ministry of Health, 2015). In the 2013 census, 15% of the New Zealand population identified as Māori (Stats New Zealand, 2014) while in September 2016, 50.9% of the people in prison identified as Māori. In 2012-2013, 709 of 2,275 orders for compulsory inpatient treatment, under Section 30 of the Mental Health (Compulsory Assessment and Treatment) Act 1992, Section 30 (inpatient), were granted to Māori, which represented 31.3% of all orders made (Ministry of Health, 2015).

The disproportionate institutionalisation of Māori is a product of, and contributes to, Māori over representation in negative statistics. Moyle (2013) writes that Māori have experienced "colonisation, cultural genocide, and structural discrimination in the continued over representation of Māori in the system" (p. 98). The vulnerability of tamariki Māori is increased by the levels of poverty that Māori experience. The 'Inquiry into the determinants of wellbeing for tamariki Māori' found that "around 22% of [New Zealand's] 1.07 million children live in poverty. One in six of these children are Pākeha and one in three is Māori" (Māori Affairs Committee, 2013, p. 10). The negative effects of colonisation on Māori including poorer health, lower income, the greater likelihood of being imprisoned, the higher chance of being a victim of violence and a lower life expectancy have been acknowledged by the state for more than 30 years. Despite this acknowledgement, little progress towards mitigating the effects of colonisation has been made. In 1988, the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare published Pūao-Te-Ata-Tū and stated:

> The development of Pākehā institutions, in the 1950's especially, those of 'responsible' government, transformed our [Māori] own transformation. The Māori experience, since those institutions became dominant, has been one of recurring cycles of conflict and tension against a backdrop of ongoing deprivation. This has drained the Māori spiritually and physically. It finds expression today in our atrocious levels of social dependency. (p. 9)

While cultural implications for whānau Māori are explored throughout this thesis to some extent, full exploration of the impact of colonisation on whānau Māori, or even to fully explore the effects of the child protection system on whānau Māori is beyond the scope of this project. Contemporary authors such as Hollis (2006) and Moyle (2013, 2014) have written extensively about this topic, and both authors describe the unsuitability of a European child protection system for Māori.

Another layer of colonisation that exists in Aotearoa New Zealand is the imposition of traditional European attitudes towards sexuality. Before European colonisation, Māori were accepting of diverse sexual practices including same sex relationships, polyamorous relationships, and relationships outside of a life partner. Homophobia and other intolerance towards non-heteronormative behaviour are colonial constructs (Aspin, 2005 Te Awekotuku, 2001). Consequently, Māori who are part of a sexual minority must carefully balance their ethnic and sexual identities (Aspin, 2005; Henrickson, 2006). Furthermore, attitudes towards the sexuality of Māori relate to attitudes towards Māori as parents (Beddoe, 2014, 2015; Provan, 2012; Ware et al, 2016). Reekie (1998) wrote that, while contemporary commentators are reluctant to explicitly discuss the link society draws between the sexuality of people of colour and views around illegitimacy, it does exist, and the "discursive separation of race and illegitimacy in Australian public debate is evident in the controversy surrounding the stolen children" (p. 69). While this speaks to Australia and illegitimacy, it is not hard to draw parallels between the disproportionate number of Māori children in out-of-home care (Ministry of Social Development n.d.), and the attitude towards their parents. Beddoe (2014, 2015) notes the construction in the New Zealand media of a moral panic centred on 'feral families' in which Māori are disproportionately represented. This is discussed further in Chapter Four.

## Purpose of the Study

The purpose of this study is to understand how sexuality and relationships have featured in the lives of adults who have spent time in out-of-home care. The intention of developing this understanding is to increase awareness of those who are currently in, or those who have been in out-of-home care. An increased understanding of the lives of people who have been in such care has the potential to contribute to a knowledge base which policymakers, managers, social workers and caregivers are able to draw from in order to more effectively address the needs of those who are in, leaving, or who have been in out-of-home care—particularly in terms of sexuality and relationships.

Positive sexual and romantic relationships and identities are an important part of overall wellbeing (Allen, 2008; Allen, Rasmussen, & Quinlivan, 2014; Schalet, 2011). In developing an understanding of ways in which sexual stories are constructed among adults who have been in care, there is an opportunity for practitioners working with adults or children who are in, or who have been in out-of-home care, to better understand and address issues in relation to identity, sexuality, and romantic relationships. Within this study I draw attention to the reality that sexual identity and behaviour and romantic relationships are an important part of a person's experience across their life (Allen, 2003; Corlyon, 2004; Schalet, 2011; Wilton, 2000). I also emphasise the ways in which sex and relationships are important aspects in the lives of young people in out-of-home care, aspects that are often neglected in both literature and practice (Barter, 2006; Knight, Chase, & Aggleton, 2006; Mallon, 1998). Given that sexuality and romantic relationships play a significant role in individual wellbeing (Allen, 2008; Allen et al., 2014), the findings presented within this research will contribute towards understanding of the wellbeing of young people in out-of-home care. Furthermore, by exploring sexuality I consider the way in which the public and the private converge in the provision of out-of-home care, as sexuality and out-of-home care are topics in which what is intimate and what is public converges.

It is important to acknowledge that this study does not address whether or not young people should enter out-of-home care in the first place. The value of an out-of-home care system is questioned by many, particularly when there is a history of young people in such care experiencing further abuse while in the care of the state (Confidential Listening and Assistance Service, 2015; Stanley, 2016). In Chapters Three and Four and throughout this study, critical consideration is given to reasons why young people come into out-of-home care including an exploration of poverty, class and sexuality in terms of decisions to remove young people from their parents' care. However, this thesis is written on the assumption that an out-of-home care system will continue to exist in New Zealand and seeks to understand how such care has been provided and how it could be more effectively provided.

## The Research Question

Because this is new research in this area, the primary research question is exploratory: *What are the sexual stories of adults who have been in out-of-home care?* Drawing on the notion of sexual stories (Plummer, 1995) and sexual story possibilities (Hammack, 2005), in this research I consider the sexual and relationship experiences, behaviours and identities of adults who have been in out-of-home care. Within this research, I pay specific attention to the ways in which those experiences, behaviours and identities have intersected with the society participants occupy. The primary research question is necessarily open-ended, which reflects the importance I placed on participants' voices informing the findings, rather than the research question constraining participants' voices. Implicit in this question is an exploration of how the meaning that people make of being in care influences their identity and behaviour in terms of relationships, and in turn relationships impact on how people make meaning.

A further research question falls under this primary question: *How do the public and the intimate converge at the intersection between sexuality and the provision of out-of-home care?* This question guides my approach to how I ask the primary research question and is informed by my responses to it. Being in out-of-home care challenges discourses of families, relationships and reproduction (Brannen et al., 2000; Holland & Crowley, 2013; Ribbens McCarthy et al., 2000) and provides for people who are in, or who have been in out-of-home care, a great deal from which they can make meaning (Holland & Crowley, 2009). Within this project, I interrogate what impact making meaning of those differences and challenges has on romantic and sexual relationships into adulthood. I emphasise the socially constructed nature of parenting, families and sexuality and interrogate the intersection of the social construction of these concepts. I also explore the implications of diverging from socially accepted notions of parenting, families and sexuality.

An additional question then comes from the primary question: *What is the intersection between experiences of out-of-home care, sexual and romantic relationships, and the meaning that adults who have been in out-of-home care have made of their lives?* Romantic relationships have the potential to transform a way that a person considers the past, present and future (Frost, 2013), and being in out-of-home care challenges traditional notions of intimate relationships and of 'traditional' families (Holland & Crowley, 2013; Ribbens McCarthy et al., 2000). Within this thesis, I explore participants' experiences of relationships and consider the impact of those experiences on participants' life stories, including their stories about their families of origin and their experiences of being in out-of-home care. Conversely, I also explore the impact of participants' experiences of being in such care and having families that diverge from the cultural script on participants' sexual stories.

The responses to these three questions provide understanding, and thus have the potential to contribute to better policy and practice responses to young people in and to adults who have been in out-of-home care—which is the purpose of the study.

## Organisation of the Chapters

Part One of the thesis provides the context of the thesis. Following the outline of the thesis contained here in Chapter One, Chapter Two provides an overview of the literature relating to sexuality in the context of statutory child protection and describes the themes that emerge in relation to child protection and sexuality in the literature and in the relevant policies. In Chapter Three, this literature is used to describe the New Zealand child protection system from an historical perspective and explore challenges in terms of children and young people in out-of-home care.

Chapter Four describes the theoretical foundations of the thesis. Social constructionist and symbolic interactionist approaches are described and applied to this study. Meaning making as a theoretical concept is considered in more depth. Chapter Four also includes a discussion about the theory used to explore the state's regulation of intimacy and families, which is central to this study.

Chapters Five and Six develop the methodology of the thesis. Chapter Five expands on the narrative approach introduced in the first part of Chapter One and describes the ways in which it is an appropriate methodological approach for this research. Following this section, the research methods are described. Chapter Six conceptualises the notion of reflexivity in relation to this project and in it, I reflect on the co-construction of narratives with participants. I also introduce the participants, to provide a background to the ten narratives included in this thesis.

Part Two of the thesis presents and considers the findings of the thesis. Four chapters present findings, beginning with Chapter Seven. While Chapter Seven specifically considers meaning making, the theme of need and ability to make meaning runs throughout the findings chapters. Chapter Seven explores the ways participants are positioned in terms of dominant discourses and the ensuing silence and stigma. Participants experienced silence and stigma in terms of being in out-of-home care and in terms of the reasons for entering out-of-home care. The importance of the theme of 'normal' is introduced and discussed in each of the chapters which present the results of the interviews.

Chapter Eight describes how participants make meaning of their experiences in, and once they left out-of-home care. Participants experienced traumatic and non-normative events across their lives, and they lacked people and artefacts to help them make meaning of these events and of their lives. Chapter Eight describes the loss participants experienced, and explores the different strategies participants used to help them make meaning. The chapter considers the ways participants used relationships to make meaning, and the ways they made meaning of relationships.

Chapter Nine describes participants’ attempts to use romantic relationships to redeem traumatic events. Participants' strategies and reasoning are discussed, as well as the levels of success they had using romantic relationships to achieve redemption. Chapters Nine and Ten describe the ways the real and imagined experiences of having children offered participants redemption from their former negative stories.

The thesis concludes with Chapter Eleven, which discusses the findings and outlines implications and recommendations for practice.

## Language Used Within This Thesis

Throughout the thesis I use language which is sometimes contested, and relates to particular contexts. While it is important to acknowledge these contexts when writing, poststructuralist language has been critiqued for being overly complicated and for failing to acknowledge the inevitability that the reader and the writer are able to share an understanding of texts (Olssen, 2016 [1999]). By attempting to remove all assumptions from writing, the meaning has the potential to become less clear and less accessible. In this section I describe the way I have used several contested terms throughout the thesis, and the reasons I have used them in this way.

### Heteronormativity and heterosexuality.

While diverse sexual practices have existed in many societies (Foucault, 1978; Rich, 1980, Wilton, 2000), Foucault names a moment in liberal humanist societies when the practice of same sex activity went from being a behaviour to being an identity. In discussing the "invention of the homosexual" (Foucault, 1978, p. 43) in the 19th century, Foucault (1978) writes "... the sodomite had been a temporary aberration; the homosexual was now a species" (p. 43). The terms 'homosexual' and 'heterosexual' were invented by Karl Kertbeny. Kertbeny was an Austro-Hungarian journalist who coined the terms in an anonymous pamphlet he distributed in 1869 in response to Prussian anti-sodomy laws (Katz, 2007).

The enforcement of heterosexuality contributes to and is a product of patriarchy and male privilege (Rich, 1980; Rubin, 1984). Rich writes that the possibility of same gender relationships between women is made invisible "as a means of assuring male right of physical, economic, and emotional access" (p. 135). 'Compulsory heterosexuality' (Rich, 1980) not only regulates those who are attracted to the same gender: "normative heterosexuality regulates those kept within its boundaries as well as marginalizing and sanctioning those outside them" (Jackson, 2006, p. 105).

To explain these privileging and marginalisation discourses relating to sexuality, Warner (1991) coined the term 'heteronormativity' in *Fear of a Queer Planet* in which he wrote:

> Much of heterosexual privilege lies in heterosexual culture's exclusive ability to interpret itself as society. Even when coupled with a toleration of minority sexualities, heteronormativity has a totalizing tendency that can only be overcome by actively imagining a necessarily and desirably queer world. (Warner, 1991, p. 6)

Bhattacharyya (2002) defines heteronormativity as "the extensive and far-reaching ideological system that seeks to impose a public contract of heterosexual compliance as the only way of living and being - precisely the culture of dominance that forgets sex in favour of social privilege" (p. 21). Rubin (1984) observes and critiques what is commonly accepted in contemporary societies as 'good', 'acceptable', or 'natural' sexuality, and notes it is always "…heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home" (p. 13). Any sexual behaviour falling outside of the 'charmed circle' of sexuality is silenced, and if discovered, causes the person who has engaged in the activity to experience social exclusion (Rubin, 1984).

Drawing on Rubin's work, a wider definition of heteronormativity includes sexual practices which fall outside of "normative sexual hierarchies" (Ward & Schneider, 2009, p. 434). An expanded perspective considers the way other forms of subjugated sexualities such as sex work (McKay, 1999; Ward & Schneider, 2009); sex with multiple partners (Hubbard, 2008); Bondage and Discipline/Dominance and Submission/Sadism and Masochism (BDSM) (Meeker, 2011); and, Asexuality (MacNeela & Murphy, 2015), fall outside of the heteronormative prescription. Throughout this thesis the expression 'non-heteronormative practices' is used to describe behaviours and identities Rubin describes as subjugated sexualities, including same gender sex, sex with multiple partners, and sex work. I acknowledge that, in using the term non-heteronormative, I am using heteronormativity as the bar against which all else is measured. I do not do this to affirm heteronormative behaviour as what is 'normal', but rather to treat heteronormativity as the dominant discourse.

Savin-Williams (2005, 2006) has argued that labels such as ‘heterosexual’ and ‘LGBTQ’ are no longer accurate or relevant, and claim we are living in a time that is ‘post-gay’. Savin-Williams’ approach is problematic, as a post-gay world is not a reality for most people (Henrickson & Neville, 2012; Homfray, 2008; Plummer, 2003). Henrickson and Neville (2012) discuss the importance of ‘naming’ non-heteronormative behaviours and identities to enable people with a sexual minority identity to speak to their experience:

> Until heteronormativity is completely eliminated in every culture—a condition unlikely in the foreseeable future—the process of self-differentiation, exploration, and identity redevelopment in sexual minority individuals (however defined) will continue to be both necessary and fraught, whatever language we choose to use. Individuals may choose not to be limited by the alternative identity paradigms posed by the traditional Western language of “gay”, “lesbian”, “bisexual”, but the process will still occur. (p. 81)

Implicit in this thesis are notions of power and privilege, particularly the power which comes with being part of the dominant discourse in terms of heterosexuality and being part of a traditionally heteronormative unit. Plummer (1995) argues that the dispersal of homosexuality (as a category, not the activity that is understood as homosexuality) must also mean the dispersal of heterosexuality, which would mean the elimination of heterosexual privilege which those who hold patriarchal and heteronormative power would be reluctant to cede. The understanding of heteronormativity I have set out emphasises that heteronormativity is more about privilege than sex, thus the term ‘heteronormativity’ will be used to explore what that privilege means for those who hold it, and those who don’t.

### Sex.

Jackson (1996, p. 22) writes that “we all learn to be sexual within a society in which ‘real sex’ is defined as a quintessentially heterosexual act, vaginal intercourse, and in which sexual activity is thought of in terms of an active subject and a passive object". Such an understanding of sexuality, with vaginal penetration at its centre, not only marginalises other types of sexual activity, but validates non-consensual vaginal penetration as an act of sex, rather than violence. From a poststructuralist perspective, Baudrillard (in Plummer, 1995) posited that everything is about sex, therefore nothing is really sexual. This does not reflect the reality of most people. Throughout this thesis, I use the terms 'sex', 'sexual identity' and 'sexual behaviour' to align with Plummer's definition of sexual stories introduced earlier in this chapter: sexual stories are intimate stories with an emphasis on gender, eroticism and relations with others. I also emphasise Parkin's (1989, p. 115) observation: "sexuality is seen as both private and public, both personal and political".

### Out-of-home care.

Throughout this thesis I use the term 'out-of-home care' to describe statutory out-of-home care, as a "temporary, medium or long-term living arrangement for children and young people who cannot live in their family home [who may live in] foster care, kinship care, permanent care and residential care" (Victoria State Government, n.d.). This terminology is influenced by my current work in the Victorian out-of-home care sector, and I have chosen this term intentionally. My reasons for choosing this term is that it better describes the breadth of experiences for young people placed outside of the care of their parents because the state holds protective concerns for them, compared to other terms including 'state care' and 'foster care'.

### Relationships.

Throughout this thesis I use the word relationship in two ways. The first is in a general way, to describe the way that a person is positioned towards another person, group of people or entity. An example would be discussing the strength of the relationship between a person and their social worker. I also use the word to specifically describe romantic relationships or life partnerships, for instance by discussing a participant who has not been in a relationship for the past ten years. Within the interviews, participants used the word 'relationship' in both ways, and the meaning became apparent in the context of the discussion. Throughout this thesis, I have relied on the reader's understanding of the context to interpret the way in which the term is being used.

### Young People.

I use the terms 'young person' and 'young people' throughout this thesis to refer to those who are considered children or young people in terms of the relevant legislation. The Oranga Tamariki Act 1989, defines a child as being between zero and 13 years old. In terms of care and protection, a young person is between 14 and 18 years old inclusive. In terms of youth justice, a young person is between 14 and 17 years old inclusive. In writing, the terms children and young people are used almost interchangeably (Johansen, 2017). It is important to acknowledge that the notion of childhood is itself one which has been socially constructed in the past 150 years and, while age may be a physiological truth, the meaning assigned to age has changed over time (Gittins, 2009). Walther (1979, p. 3) observes:

> Childhood, the invention of adults, reflects adult needs and adult fears quite as much as it signifies the absence of adulthood. In the course of history children have been glorified, patronised, ignored, or held in contempt, depending upon the cultural assumptions of adults.

Keddell (2018) writes, within New Zealand's policy context, the construction of the child takes on a different meaning, with an emphasis on their lack of culpability, and being treated as "passive victims within the discourse and in need of saving from their parents" (p. 100). The definition of 'childhood' and 'youth' remains contested. The United Nations defines a child as being less than 18 years old in terms of the United Nations Conventions on the Rights of the Child, and "for statistical purposes, defines 'youth', as those persons between the ages of 15 and

24 years, without prejudice to other definitions by Member States" (United Nations, n.d., para. b). Given that the terms children and young people can be used interchangeably, I have chosen to use the only the terms 'young person' and 'young people' for two reasons. Firstly, I wished to use one term to contribute to the ease of reading. Secondly, I felt that of the two terms, young people better captured the personhood of people who are children or young people according to the relevant legislation.

## Conclusion

In this chapter I have introduced the purpose of this thesis. Drawing on Plummer's notion of sexual stories (1995) and Hammack's notion of sexual story possibilities (2005), I explore the intersubjectivities of out-of-home care, sexual and romantic relationships, and meaning making. Having introduced these concepts, I have set out the purpose of this thesis and explored how the research questions enable the purpose of the thesis to be achieved. In this introduction I have provided a guide to the thesis by outlining the content of the next ten chapters and I have described ways I use certain terminology throughout the thesis. Throughout this thesis, I explore the interconnected nature of relationships, families, reproduction and sexuality and the politicisation (Foucault, 1978; Reekie, 1998) of these concepts.

# Chapter Two: Literature Relating to Child Protection and Sexuality

## Introduction

As discussed in the previous chapter, sexuality, reproduction and families are inextricably linked. Over the next two chapters, I provide an overview of the context in which young people are taken into out-of-home care and explore the importance of sexuality in terms of child protection. Literature that specifically considers the intersection between sexuality and out-of-home care will be applied to the research questions. Several recent evaluations of New Zealand's child protective systems and services will be considered to explore ways in which the sexuality of young people in out-of-home care is situated within a New Zealand context.

## Literature About Young People in Out-of-Home Care and Sex

Much social work literature problematises the sexuality of young people in out-of-home care (Holland, 2009) even though such care is not generally associated with sexually risky behaviours (Elze et al., 2001). The literature which problematises the sexuality of young people in out-of-home care reflects the attitudes of professional people working with these young people (Barter, 2006; Green, 2005). This problematisation reflects the stigma experienced by young people in out-of-home care. In a review of 44 peer-reviewed journal articles relating to children and young people in care from a range of countries, Holland (2009) found:

> [A] categorisation of sexual behaviour problems, but no explanation of how they had come to be categorised in this way. Sexual acts such as penetration and masturbation are included as problems, even though the sample age range extends to 17, at which age such behaviours may not be regarded by participants as 'behaviour problems'. Such research can be seen to be contributing to the professional gaze on private aspects of the everyday lives of young people in care, and even to a categorisation of them as pathologised 'other'. (Holland, 2009, p. 231)

As in most jurisdictions, in New Zealand when a young person enters out-of-home care they are referred for a full medical and educational assessment, described as a 'Gateway Assessment'. If any health or educational needs are identified during this assessment, referrals will then be made to the appropriate services (Oranga Tamariki, n.d.). Consequently, young people in out-of-home care are more likely to have a range of professional people examining them and their behaviour including counsellors, psychologists, and psychiatrists. This specialised surveillance increases the chance of age appropriate behaviours being problematised, and consequently receiving diagnoses. The increased chance of young people in out-of-home care being diagnosed with problems as a consequence of this increased surveillance is reflected more broadly in the literature. As Holland (2009) posits, many studies about young people in out-of-home care are not looking to describe the population but focus on the associated risk and problems. This creates a cycle whereby professional people working with young people in out-of-home care demonstrate an increased concern for them, because the literature that informs their training teaches them to be hypervigilant in relation to the risks and problems these young people might experience. This hypervigilance then results in increased diagnoses which are reflected in the literature (Holland, 2009). This is not only a symptom and cause of stigma in out-of-home care but has real-world effects on these young people. If a young person has the term 'sexually inappropriate behaviour' erroneously recorded on their file, it may be present throughout their time in out-of-home care and impact on the placements that are available to them.

The problematisation of the sexuality of young people in out-of-home care is not necessarily reflective of problems experienced by the group. In the United States, James, Montgomery, Leslie, & Zhang, (2009) used data from a more general longitudinal study to consider if young people in the American child welfare system were more likely to engage in sexually risky behaviours if they had been in out-of-home care. The study found that while those who had been in out-of-home care were more likely to have had consensual penetrative sex for the first time when they were younger than 13, and also to have been pregnant, they were no less likely to use contraception and protection from Sexually Transmitted Infections (STIs).

It is important to acknowledge that young people in out-of-home care experience marginalisation in terms of the reasons that they were brought into out-of-home care, and their experience of being there. This marginalisation may include being more likely to have lived in poverty (Keddell, 2018; St. John & Wynd, 2008), being more likely to have experienced violence (Elze et al., 2001) and being less connected to a caregiver (Warwick, Knight, Chase & Aggleton, 2009). Young people in out-of-home care are more likely to: experience clinically significant behaviour problems, including the use of drugs; engage in a higher rate of criminal behaviour; to have spent time with 'deviant' peers; have experienced more acts of caregiver abuse; and, have lower scores on school engagement (Elze et al., 2001). When the factors that Elze et al. identified were controlled for, there was no correlation between being in out-of-home care and risky sexual behaviours. These marginalising factors, and the determination of which factors lead to a deficit in healthy sexual identities and behaviours are significant in terms of the central question of this thesis. Furthermore, it is crucial to consider the way in which the behaviours mentioned above are constructed both as individual problems and social problems. An exploration of marginalising factors that contribute to healthy and unhealthy sexual identities and behaviours, as well as the social construction of healthy and unhealthy sexual identities and behaviours, is a focus within this thesis.

## Social Workers and Carers' Responses to Sexuality

While most of the literature relating to child protection and sexuality considers the behaviour of young people in out-of-home care—particularly the deficiencies in their behaviour—the literature that is discussed in this section considers how the sexuality of young people in such care is positioned by institutions, and the individuals within those institutions. As described in the previous section, there is a circular relationship between the problematisation of young people in out-of-home care in the literature and in practice. Child protection authorities are also particularly active in the sexual regulation of women and girls (Barter, 2006; Dalley, 1998; Ericsson, 2005; Green, 2005). Barter (2006) found that care workers in residential institutions believed that young women in out-of-home care either engaged in sexual interactions to gain power over males, or because they felt forced into acting sexually. There is no room for the concept of the "female pleasure and desire principle" (p. 354) in these two approaches; this principle acknowledges that girls may want and enjoy sex. The residential care workers' responses mirror the literature about the sexuality of young women in out-of-home care which also fails to present the possibility and reality that females experience sexual desire (Barter, 2006). The findings that the sexuality of young women in out-of-home care is problematised and that girls are more likely to be considered sexually vulnerable, are replicated in international and historical literature. Ericsson (2005) considered the regulation of sexuality within a Norwegian child welfare residential facility throughout the 20th century by examining case notes. In the first half of the century, girls in the facility were perceived and portrayed by staff as being sexually delinquent. The problematised sexuality of either a mother or an adolescent girl was sufficient reason for a young person to enter out-of-home care. In the second half of the century, the perception of the sexuality of girls in out-of-home care drastically changed, and rather than being seen as *a* risk, they were seen as *at* risk.

> When the topic of adolescent girls re-emerged as an explicit discourse in child welfare in the early 1980s, it was in the form of incest: Girls were no longer seen as perpetrators and seductresses, but as victims of sexual abuse from grown up men … 'problematic' sexuality still seems to reside in girls. The sexual behaviour of boys is seldom made an issue in contemporary child welfare institutions. (Ericsson, 2005, p. 141)

There is a long history of problematising the sexuality of groups of people who are marginalised: women, people with disabilities, people who are not heterosexual, the poor, and people who are not white (Reekie, 1998). The link between this problematisation of these groups' sexuality, and societal disapproval of these groups reproducing is explored more in Chapter Four. Young people in out-of-home care constitute a marginalised group by virtue of being in such care—living out of the care of their parents places them at the margins in societies that value traditional family units (Holland & Crowley, 2013). Young people who are in out-of-home care who are also a part of another marginalised group may experience an intersection of marginalisation and have limited agency in relation to making decisions about their sexuality.

The problematisation of the sexuality of young people in care is reflective of the dynamics within the institutions in which out-of-home care is provided. In another exploration of the gender dynamics within child protective institutions, Green (2005) found that statutory child protection organisations and residential institutions reflect the patriarchal dynamics existing in society as such institutions are hierarchical and masculine, with a disproportionate number of men in positions of decision making, and a disproportionate number of women in lowly regarded caregiving roles. Within these institutions, managers and staff perceived men as more rational and authoritative, while they associated women with emotionality, irrationality and nurturing (Green, 2005). People are more likely to reproduce the way that they see gender being performed as they grow up (Bhattacharyya, 2002; Butler, 1990; Schalet, 2011) thus the workers and the systems, which limit the possibilities for female sexual agency, demonstrate expectations to young people in out-of-home care that will contribute to the way they think about gender and sexuality across their life.

The expression of normative gender roles within institutions impacts emerging gender identities of all young people in out-of-home care and has the potential to even further marginalise young people who hold an already marginalised sexual or gender identity. Young people in out-of-home care who have diverse gender or sexual identities are particularly vulnerable to harm caused by implicit or explicit heteronormative and homophobic interactions with social workers and caregivers, and greatly benefit by having their sexual minority identity affirmed by social workers and caregivers (Mallon, 1998). Social work has a problematic relationship with people with diverse gender or sexual identities. Even though social justice and a commitment to equality are at the centre of the social work profession, social workers have often enacted the heteronormative agenda of the state (Cocker & Hafford-Letchfield, 2010 and Henrickson & Fouché, 2017).

Young people with a sexual minority identity who spend time in out-of-home care experience what Mallon (1998) describes as a triple threat. Firstly, young people with a sexual minority identity are likely to experience stigma at a societal and a structural level contributing to poor mental health. Secondly, young people with a diverse sexual identity are more likely to have had their parents abandon them and refuse to provide care for them while they are still children. This is because of parental disapproval of a sexual minority identity, and the mental health issues stemming from the stigma associated with being part of a sexual minority. Thirdly, when young people with a sexual minority identity enter out-of-home care, particularly residential facilities, they are not treated as well as young people identifying as heterosexual. In some instances, young people in out-of-home care who identify with a sexual minority are subject to physical and sexual violence inflicted by staff and other residents on the basis of their sexual identity and are subject to violence and the humiliation of conversion therapy (Gilliam, 2004). Young people in out-of-home care experience an intersectionality of marginalisation when they are part of one or more other marginalised groups (Gilliam, 2004; Mallon, 1998).

Mallon's other relevant finding was that, in managing at least two marginalised identities—being in out-of-home care and being part of a sexual minority—these young people have the potential to co-construct an integrated identity in a positive way. The resilience that young people in out-of-home care or those who are part of a sexual minority must learn, are transferable to the other aspect of their marginalised identity. In discussing adults who identify as either gay or lesbian who grew up within the out-of-home care system in the United States, Mallon (1998) writes:

> With few exceptions, these gay and lesbian people view themselves as resilient individuals, who having purposefully sidestepped hiding as heterosexuals, have had to grapple throughout their young lives with the challenge of balancing concealment and transformation to emerge as individuals who have accepted who they are … for many this balancing act has required a high degree of resilience and self-awareness that proves advantageous when you live as an outsider in your own family's home. (p. 34)

While the resilience that Mallon (1998) finds young people in out-of-home care have is both positive and significant, it should not mitigate the responsibility of those who deliver such care to be responsive to diverse sexual and gender identities.

### The Role of Staff and Caregivers in SRE

Those who are involved in the delivery of services to young people in out-of-home care—including decision makers, paid employees in these care settings and caregivers—are charged with the responsibility of looking after the young people in their care 'as a good parent would' (OCC, 2015; CCYP, 2015). A good parent should promote positive sexual behaviours and identities (Schalet, 2011). However, research suggests no one talks to young people in out-of-home care about sex and relationships (Dudley, 2013; Elze, 2001; Knight et al., 2006). Elze et al. (2001) found a dearth of data about communicating sexual information to young people in out-of-home care and asks:

> Given the relatively high rate of engagement in sexual behavior, and the very early onset of sexual activity for a significant number of youth in this sample coupled with high rates of pregnancy …. who is currently taking on the task of talking to children and youth in the child welfare system about their sexuality, sexual risks and ways to protect themselves from unwanted pregnancy and sexually-transmitted diseases? (p. 998)

The significant question that Elze poses, is: "Whose job is it to take on the task to speak to young people in out-of-home care about sexuality?" People at various managerial levels are charged with the responsibility for providing care for the young person including:

- The Minister, who acts as the delegate of the state and has the young person placed in its custody. Levels of responsibility then cascade through the Ministry:
- Managers who have responsibility for structuring and overseeing the delivery of services.
- Social workers who have the professional responsibility for overseeing the wellbeing of the young person.
- Care-workers or accredited caregivers who provide care to the young person.

There is a dispersal of responsibilities within these roles. Consequently, young people in out-of-home care do not receive the rights and responsibilities afforded to all young people because the essential responsibilities are diffused. In describing the disproportionate rate of pregnancy among young people in out-of-home care as a breach of their constitutional right to healthcare, Dudley (2013) assigns blame to the system and its social workers:

> System failure is to blame. System failure refers to a malfunction in the delivery of services that is necessary to the healthy upbringing of children, and primarily manifests in three ways: (1) poor case management; (2) social workers' discomfort with and lack of training on pregnancy prevention; and (3) social workers' conscientious objection to family planning and sex education, which often occurs due to political forces. The result of these failures is a general unwillingness among caseworkers to discuss contraception, and accounts for the lack of funding for pregnancy prevention efforts. However, because caseworkers are responsible for managing each child's case, they must also ensure that children receive proper care. (p. 92)

Social workers are delegated the case management for young people in out-of-home care, including ensuring their physical health and emotional wellbeing needs are met. Part of their health and emotional wellbeing needs include the right to receive appropriate SRE. Thus, in failing to deliver SRE, social workers are negligent in their responsibilities to the young people whom they case manage. This dereliction of duty is supported by a wider out-of-home care system which fails to properly equip social workers to have such conversations with these young people, and facilitates social workers failing to have these conversations because of their political or religious beliefs.  Ely, Flaherty, Akers, & Bonistall Noland, (2012) found that students completing a Council of Social Work Education accredited social work degree in the United States, “perceived an inability to set aside personal biases when dealing with the emotional issue of abortion” (p. 44) and that 49% of the students would not refer a client to termination services. McKay (2015) found that Master of Social Work Programs in the United States did not sufficiently address sexuality in the curricula; thus social workers graduate unprepared to properly address their clients’ sexuality needs. It is a concern that social workers and the institutions for which they work are ill-equipped to challenge the wilful failure to provide good SRE to young people in out-of-home care and are ill-equipped to provide good SRE themselves.

Knight et al. (2006) found that social workers within the out-of-home care sector in the United Kingdom were fearful of discussing sexuality with young people in their care. Social workers’ reasons for not offering SRE included a lack of policies or guidelines, and a lack of confidence in delivering the information. Social workers were unsure of their own responsibilities or limitations and feared being accused of advocating young people to have sex if they provided information about contraception, or even of being accused of sexual impropriety. Thus, while social workers should hold responsibility for providing SRE to the young people whom they case manage, those designing policy, practice and education should ensure that social workers are sufficiently well-equipped to provided SRE in a skilled and meaningful way. Social workers working with young people in out-of-home care should know that they are both obligated and supported to provide appropriate SRE to these young people.

Writing from a United Kingdom context, Knight et al. (2006) observe that within current managerial approaches to social work (shared by the United Kingdom and New Zealand) any interaction between a worker and a child that relates to sexuality is supervised by managers from fear that the social worker or the agency might be accused of sexual impropriety. Thus, social workers and caregivers may be reluctant to engage in explicit conversations about sex and relationships with young people out of a fear that the conversation will be perceived as sexually inappropriate or coercive (Foucault, 1978; Knight et al., 2006). Despite it being the responsibility of those who care for young people in out-of-home care to meet their needs as a good parent would, anxiety about sexuality overwhelms those responsible for caring for these young people, which leads to them failing to provide them with appropriate information about sexuality (Knight et al., 2006; Office of the Chief Social Worker, 2014;).

Social workers in Knight et al.'s (2006) study believed that caregivers or residential care-workers should take responsibility for providing sex education, as they are the ones who have day-to-day care and face-to-face contact with these young people. Conversely, caregivers felt ill-equipped to deliver SRE to the young people in their care and faced issues when they held beliefs about sexuality and contraception which were different to the young person's families, or the statutory authorities' stances. Social workers spoke of offering education to caregivers about SRE, but caregivers not taking up the opportunities to engage in this learning. As they are the people involved in the provision of out-of-home care who have contact with the young person every day, caregivers and residential care-workers do have an important role in providing SRE, which is best delivered within the context of a strong and ongoing relationship (Allen, 2008; Allen et al., 2014; Corlyon, 2004). At the same time, it is important to acknowledge, since caregivers are generally volunteers and residential care-workers are required to have only an entry level qualification, they can and should be supported by social workers to provide this information to the young people for whom they care. While young people in out-of-home care should have access to SRE from their social worker and their caregiver or residential care-workers, these responsibilities are diffused, and they do not receive it from anyone. This diffusion of responsibilities is discussed more in Chapter Three. The diffusion of responsibilities is not only confusing for the adults involved in providing care, but also for the young people who receive the care. Svoboda, Shaw, Barth & Bright (2012), write:

> Youth in foster care are in a unique position of trying to meet the challenging psychosocial and sexual demands of adolescence while engaged with various child welfare staff, providers, and/or foster parents through potentially numerous placements, schools, friends, and neighborhoods. (p. 868)

There are three aspects to the observation that learning about sex and relationships is harder for young people in out-of-home care than it is for other young people. The first, is the diffusion of responsibilities for the young people that is discussed above. The second aspect in terms of the application of these responsibilities relates to the dearth of adults or institutions who demonstrate an ability to have healthy and productive conversations with young people about sex (Bhattacharrya, 2002; Allen et al., 2014). The third aspect relates to young people in out-of-home care experiencing instability in their relationships with adults, compounding the first two factors. The importance of stability of relationships is particularly crucial as conversations involving SRE are of little value if they are between people with whom the young people do not have a sense of connectedness (Allen, 2008; Allen et al., 2014; Corlyon, 2004). In a study of African-American young people in out-of-home care, Diamant-Wilson and Blakey (2019) found, among the cohort that did consistently use condoms, “people who motivated the participants the most to protect against STIs/HIV were those with whom the youth had a strong connection and who communicated openly about safer sex practices” (p. 471), emphasising the impact of the detrimental impact of poor quality relationships between young people and their social workers and caregivers. In a qualitative study funded by the United Kingdom Department of Health exploring pregnancy and parenthood among young people leaving out-of-home care, Warwick et al. (2009) undertook interviews with young people in out-of-home care, or who had recently left care, and with professional people who had worked with them. The study found that "young people in care spoke frequently about feelings of insecurity of rejection and of being unloved" (p. 168) which contributed towards the sexual, romantic and reproductive decisions that they made. The study also found that young people in out-of-home care received no sexual education from social workers.

The implicit heteronormativity existing in out-of-home care settings provides a foundation upon which there is a lack of explicit information about sexuality provided to young people in these settings, in the literature and in the practices of those working with these young people. The theoretical problem of the silencing of sexuality becomes a real problem for young people who are living in out-of-home care. This is particularly the case for those young people in care who hold a marginalised identity, in the absence of explicit information about sexuality, practices and discourses promoting heteronormative values (Bhattacharyya, 2002). Heteronormative values are likely to further marginalise young people who are already experiencing marginalisation. Yet as Elze et al (2001), Knight et al., (2006) and Mallon (1998) all identify, confusion is not a justification for the abdication of the responsibility to provide SRE which comes with providing out-of-home care. There is a need to proactively promote positive sexual identities and behaviours, and all of those who are involved in the provision of out-of-home care are responsible for meeting this need. Knight et al. (2006) found that when adults provided SRE to young people in out-of-home care, they were responsive to the information. However, young people experience an intersection of challenges as they often miss SRE at school due to numerous moves between schools while they are in out-of-home care and are further challenged because they may receive inconsistent and incorrect information about sexuality and relationships from their families (Knight et al., 2006).

Young women who are in, or who have recently left out-of-home care, become pregnant at a younger age that the general population (Barn & Mantovani, 2007; Cashmore & Paxman, 2007; Corlyon & McGuire, 1999; Diamant-Wilson & Blakey, 2019; Dudley, 2013; King & van Wert, 2017; Putnam-Hornstein, Cederbaum, King and Needell, 2013; Svoboda et al., 2012). Corlyon and McGuire's (1999) study found that young people who are in, or who have been in, out-of-home care are around 2.5 times more likely to become teenage parents than those not in out-of-home care. The study also found that between 14% and 25% of young women leave out-of-home care pregnant or with a child, compared with fewer than 4% of young women in the same age group in the general population. Putnam-Hornstein et al. (2013) found in Los Angeles County that 40% of teenage young women who had children, had also had contact with child protective services, and among young women in foster care at the age of 17, more than 25% had given birth by the age of 20. Furthermore, the children of the young women who gave birth had contact with the child protective system at twice the rate of the general population. Another study in the United States significantly found that young women in out-of-home care at 19 are 47% less likely to become pregnant than 19-year-olds who have left out-of-home care (Dworsky & Courtney, 2010). In New South Wales, Australia, a longitudinal study of young people leaving out-of-home care found that within 12 months of leaving care, nearly a third of the women were pregnant or had given birth. This figure is disproportionate in relation to the general population in New South Wales, in which only 2% of women had become pregnant or given birth before the age of 20 (Cashmore & Paxman, 2007).

It is important to assert that it is not necessarily problematic that a young woman in out-of-home care, or who has recently left it, becomes pregnant. Much of the literature, including that which is commissioned by government entities contains an assumption that reproduction is a right which should not be extended to marginalised groups, including young women. This assumption is critiqued in Chapter Four. However, it is important to consider the factors relating to a young woman in out-of-home care, or who has recently left it, becoming pregnant. Svoboda et al. (2012) found the reasons young women in out-of-home care are more likely to become pregnant at an early age are because they "have inconsistent relationships with adults, experience less stability in their living arrangements, have a history of trauma, and have on the whole less access to prevention messages than their peers outside of foster care" (p. 874). Corlyon and McGuire (1999) found the lack of connection to a caregiver is a significant fact in terms of young people's decisions to have children early in their life.

Corlyon and McGuire (1999) also found that the factors which increased the likelihood of a young woman in care becoming pregnant included a lack of education, instability in placements, general poor physical and psychological health and less general support. Attitudes which increased the likelihood of a young woman in care becoming pregnant included a 'living for the day' approach, and her not feeling involved in the decisions made about her life. Another finding of the study was that boys in care were more likely than the general population to believe that girls pressurize them into having sex, were less likely to be concerned about whether they got their girlfriend pregnant and were less likely to discuss contraception with a new partner. Both boys and girls, but boys in particular, were much more likely than the general population to have a goal of being married in four years, or living with a boyfriend or girlfriend, and were much more likely to want to have at least one child. Pregnancy was seen by some young people as a positive choice, as a mark of responsibility, and a positive aspiration, as well as having someone to love. King and Van Wert (2017) found demographic and behavioural factors which were most closely associated with young women in out-of-home care becoming pregnant were: entering out-of-home care when they were aged between 13 and 16; moving in and out of out-of-home care; having a history of absconding from placements; and living in residential care at the time of conception. Barn and Mantovani (2007) found that for young people who are in or who have being in out-of-home care, "having a child at a young age may be a way to stabilize one's life that has been continuously disrupted, thereby giving the young woman a sense of purpose and direction, competence and self-assuredness" (p. 236).

Thus, while it is not necessarily negative that young people in out-of-home care have, and want to have children while they are young, it is important to consider why this happens. Pregnancy at a young age has an impact on the parent, and the child. If young people in out-of-home care become parents to meet a need that might otherwise be met through receiving responsive and appropriate care from those who are charged with responsibility for them, then the failure to provide such care should be examined. The literature describes the two significant factors which affect the ability of young people in out-of-home care to make decisions about parenting. Firstly, young people in out-of-home care do not receive the same level of SRE provided to young people in the general population (Barter, 2006; Corlyon & McGuire, 1999; Dudley, 2013; Elze et al., 2001; Warwick et al., 2009). Secondly, like anyone else, young people in out-of-home care want to feel loved and want to feel connected to those who should care for them—they do not always have this experience (Corlyon & McGuire, 1999; Warwick et al., 2009). Young people who are in or who have been in out-of-home care, have the right to feel included and connected to others in ways other than having children, however this need is often not met.

The above themes: a silence about sexuality, and absolution of responsibility to deliver SRE to young people in out-of-home care by all who are charged with their care, and the lack of connection young people in such care experience, are relevant to the entire intersection between sexuality and out-of-home care. These themes sit on a foundation of the perpetuation of heteronormative values in out-of-home care settings (Barter, 2006; Mallon, 1998) and the problematisation of the sexuality of young people in out-of-home care (Barter, 2006; Ericsson, 2005). This, I argue, creates a context in which young people who need positive connections and good quality SRE the most, receive it the least.

## New Zealand Literature Relating to Child Protection and Sexuality

In the previous section, I wrote about the relatively explicit silence but implicit problematisation that exists in relation to the intersection between young people in out-of-home care and sexuality. Thus, it is unsurprising there is no literature specifically relating to the sexuality or sexual behaviour of young people in out-of-home care in New Zealand—although research conducted by Abel and Wahab (2017) on young people engaging in sex-work, which is explored below, considered their out-home-care status. Except for a discussion about coercive sexual experiences, sexuality and romantic identity development were not in the terms of reference for any of the three major reports about child protection in New Zealand completed in 2015. These included a Report by the Office of the Chief Social Worker (2015), by an Expert Advisory Panel on Child Youth and Family (2015) and by the Office of the Children's Commissioner (2015), all of which are discussed in this and subsequent chapters. Given the lack of specific information about out-of-home care and sexuality in New Zealand, general information about both child protection and general information about sexuality in New Zealand is helpful to consider the cultural context of the issue.

The document that comes closest to a consideration of young people in out-of-home care and sexuality, is a report completed by the Office of the Chief Social Worker of CYF (2015) titled 'Review of practice: The sexual exploitation of vulnerable adolescents in Auckland'. Between February 2011 and December 2012 in Auckland, a group of young men calling themselves the 'Roast Busters' were involved in sexual activities with young women (sometimes under the age of sexual consent) and placed descriptions, photos and recordings of the young women on a Facebook page. Of the 14 young people the review considered (some of these were the young men, others were the young women), 11 had been in contact with CYF at some stage between February 2011 and December 2012. The report found that CYF social workers were underequipped to work with young people, particularly in relation to sexual behaviour. The sheer number of cases that CYF sites were dealing with, combined with the lack of resources available to social workers, meant the social workers' abilities to engage in best practice with young people was reduced (Office of the Chief Social Worker, 2015).

As I have described above, the provision of SRE is complex because social workers feel ill-equipped to have conversations about sexuality and because they are unsure of their responsibilities. The provision of SRE is complex, and social workers working with young people in out-of-home care are not provided with sufficient time to engage with such complexity (Abel & Wahab, 2017; Dudley, 2013). A workplace study of CYF a year earlier had found that social workers spent only 25% of their time face-to-face with children, young people and their families, and that only 6.1% of this time was face-to-face with children and young people (Office of the Chief Social Worker, 2014). Thus, even if social workers were to be educated and confident enough to provide SRE, within the current structure they would not necessarily have enough time to develop the types of trusting and continuous relationships with young people which are most conducive to the provision of SRE. In a report concerned with adolescent wellbeing completed by the Prime Minister's Chief Science Adviser, Bagshaw (2011, p. 138) writes that "trusting relationships between young people and health care practitioners is essential in assisting with information on sexually healthy development". While Bagshaw specifically references health care practitioners, social workers are equally well placed to provide this information to young people as trained professionals who should hold strong relationships with the young people for whom they are allocated responsibility.

In a study of young people involved in sex work, in which many of the young people were in the care of Child, Youth and Family, Abel and Wahab (2017) found that young people experienced difficulties developing a relationship with their social worker for a range of reasons. These reasons included: feeling that social workers had a lack of time for them; sensing a rigidity in the responses that social workers were able to offer to them and feeling like social workers could not relate to their non-normative experiences. The authors also found that the participants understood that social workers viewed the young people to be at risk, but resisted those labels – and instead perceived the behaviours which were considered 'risky', particularly trading sex, to be demonstrations of resilience that challenged middle class values.

This silence that surrounds sexuality occurs on an interpersonal and a structural level. Sexuality in young people is not discussed or acknowledged as a significant aspect of wellbeing by any government institutions in New Zealand. The Prime Minister's Science Advisor's report into youth wellbeing found:

> Currently there is little policy focus on sexual and reproductive or youth health and very little investment. Schools provide sexuality education in an inconsistent manner and although the health curriculum is a guide it is only delivered for a limited number of sessions and most programmes delivered do not carry the hallmarks of effective education that the research has shown to be necessary. (Bagshaw, 2011, p. 140)

The lack of focus on sexuality either in research or practice occurs within New Zealand's culture of silence around sexuality. In determining why New Zealand has disproportionately high rates of STIs, Braun (2008) identified that New Zealanders are "poor communicators … conservative but highly sexual; and the 'laid back' Kiwi persona with a 'she'll be right' attitude, meaning we do not worry about things that can or do go wrong" (p. 1819). Braun's observations demonstrate that what appears to be a lack of concern with sexuality is a cultural illusion, whereby New Zealanders" 'laid back' approach to sexuality is a front for the great deal of anxiety they hold about sexuality. Thus, even though young people in New Zealand need SRE, there is a scarcity of adults who can comfortably provide them with this information or create an infrastructure in which this information is provided.

## The Argument for the Provision of SRE to Children and Young People in Out-of-Home Care

In New Zealand (Dalley, 1998), as in other countries (Ericsson, 2005; Foucault, 1978; Warwick et al., 2009), institutions designed to protect children have played a role in regulating sexuality and relationships in families, and the young people in their care. On its website CYF described its mission as "keeping children safe" (CYF, n.d.a). It described a care and protection residence as a "safe and secure place". Throughout the website, the words "safe" "secure" "nurturing" and "care" were used multiple times. Words such as "happiness", "enjoyment" or "fulfilment" are not used. This language privileges the immediate safety needs of children and young people over other aspects of their wellbeing. The paramountcy principle set out in Section 6 of the Oranga Tamariki 1989 Act states: "the welfare and interests of the child or young person shall be the first and paramount consideration". However, the words "welfare" or "interests" are not defined within the Act. In a study of social workers working in a New Zealand Non-Government Organisation which provides child and family welfare services, Keddell (2017) found the social workers conflated children's *best interests* with children's *needs.* Such approaches privilege safety over wellbeing, as opposed to seeing wellbeing as an integral part of safety and protection. The emphasis on safety over wellbeing is part of the risk management paradigm which has a persistent focus on regulation in order to avoid blame in the case of an adverse event (Parton, 1996). A risk management approach to social work promotes practice which has the least risk of organisational culpability for an adverse outcome, rather than practice which has the greatest possibility of increasing the wellbeing of the client (Smith, 2008). To manage risk, states foster vulnerability which facilitates governments exerting control over people who are marginalised, and who have complex lives (Henrickson & Fouché, 2017; Keddell, 2011). Keddell (2011) writes, risk "provides the basis of the legitimacy of social regulation that child protection relies on" (p. 1254). The risk paradigm is discussed in more depth in Chapter Four.

While SRE that contributes to positive sexual identities increases sexual and general safety (Allen, 2008; Allen et al., 2014; Sundaraham & Saunston, 2016), Bhattacharyya (2002) observes that traditionally the need for sexual education outside of the biological or mechanical has been dismissed because of a belief that "the public good is not served by the pursuit of individual pleasure and so the public purse will not be wasted on training people to reach this goal" (p. 1340). However, providing young people with the skill set to behave and think about sex in a confident and competent way contributes to their wellbeing in terms of increased identity satisfaction and sexual fulfilment, increased sexual health and reproductive choices and an increased ability to identify unhealthy or abusive behaviours (Allen; 2008, Allen et al., 2014; Moore, 2009; Schalet, 2011). While SRE is only one aspect of developing positive sexuality and relationship identities and practicing healthy sexual and relationship behaviours, it provides a space where a dialogue about sex can begin, and dominant discourses can be challenged. This approach, which privileges identity affirmation and increased wellbeing over meeting immediate or perceived safety needs, challenges the approach that CYF had of valuing safety over wellbeing. CYF's approach is consistent with the risk paradigm, whereby organisations are motivated to do what has the least possibility of their being ascribed blame for a negative outcome, rather than doing what has the greatest possibility of a positive outcome for a young person.

The implicit nature of the regulation of sexuality of young people in out-of-home care sits within a context of a persistent and silent approach towards the managing of sexual lives. Plummer (1995, p. 155) writes: "there has been a long history of people being kept away from dangerous stories of the intimate life". However, Foucault (1978) observed that while sex has been a taboo topic during the past three centuries, conversely, discourses about sex and hypervigilance of sexual activity has been at an all-time high. Foucault observed that, while those acting in authoritative and therapeutic roles are unwilling to engage in an open dialogue about sexuality, incongruously, the implicit policing of the sexuality of their clients is an important part of their role. The silent nature of the regulation increases the power that those in authoritative and therapeutic roles have over those who are being observed, as they have the power to articulate dialogue about sexuality while the client does not. For young people in out-of-home care, this regulation occurs within a context in which the observations of their behaviour are often sexualised by the caregivers and professional people who work with them (Holland, 2009). The conversations that social workers and carers should be having with young people in out-of-home care are explicit conversations about healthy relationships and positive sexual identities. These conversations are not occurring, and in place of those conversations, young people in out-of-home care are learning that they are troubled and at risk of inappropriate sexual behaviour. Young people learn this through the conversations they have with social workers and caregivers where sexuality is implicitly discussed, and through the cultural discourses available to them. Those conversations and discourses will be discussed more in the following chapters.

## Conclusion

Much literature relating to the provision of out-of-home care problematises the sexuality of young people, which reflects and perpetuates problematisation of the sexuality of young people in those settings by those working in them. However, the issue of the sexuality of young people in out-of-home care goes further than those who are delivering services to them being remiss. Carers in out-of-home care settings feel ill-equipped to have conversations about sex and relationships with the young people to whom they are providing care to, and in New Zealand, these carers operate within a context in which sexuality is rarely explicitly discussed. In the absence of explicit discussion, social workers, caregivers and out-of-home care-workers are more likely to fall back on heteronormative discourses, or to address sexuality only from a risk management perspective. While social workers are carers should be held to account to deliver quality SRE to young people in out-of-home care, their institutions must support the social workers and carers to do this. Both the reproductive imperative and the risk management perspectives in relation to out-of-home care and sexuality are symptomatic of the wider discourses existing in the state and society and will be explored further in the following two chapters.

# Chapter Three: The Basis for Child Protective Systems

## Introduction

In the first part of this chapter, I provide a description of the history of the New Zealand state's intervention in the care of children to provide a context for discussions about child protection in this country. In providing this history, I will demonstrate the role of child protection and out-of-home care in the regulation of the family in New Zealand. In the second part of this chapter key issues will be identified and discussed. Firstly, child protection within a neoliberal context will be considered, particularly in terms of the regulation of sexuality. Secondly, the roles of the institution, social workers and carers will all be considered particularly in terms of what it means for a public entity to be acting in the role of a parent, and the implications this has in terms of sexuality. Throughout the chapter, international literature, and the broader evaluations of the child protection system will be applied. This literature demonstrates the discomfort that those working in the child protection system experience when dealing with issues of sexuality, and the consequent derelictions in responsibility.

## Historical Overview: Child Protection and Out-of-Home Care in New Zealand

As discussed in the previous chapter, pre-colonial Māori society had a different attitude towards children and families than those of the British settlers and the colonial governments which were established. Jenkins and Mountain Harte (2011, p. x) write that within traditional Māori society:

> The fundamental principle for raising children was the underlying belief that children were favoured as gifts from the Atua (spiritual beings), from the Tipuna (ancestors) and preceded those unborn, which meant that they were tapu (under special rules and restrictions). Any negativity expressed to them was breaking the tapu by offending the Atua and the Tipuna gone before. Because of their intrinsic relationship to these spiritual worlds, the children inherited their mana (power, prestige). They were treated with loving

> care (aroha) and indulgence. Punitive discipline in whatever degree, as a method of socialising children, was an anathema to the Tipuna.

The basic unit in which Māori children were raised was the whānau, a family unit which includes "physical, emotional and spiritual dimensions and is based on whakapapa [and is] multi-layered, flexible and dynamic" (Walker, 2015, para. 1). The whānau unit has been described as three generations of family, or a group of people sharing a domestic unit. The whānau is in turn supported by the hāpū, a larger tribal unit; hāpū exist within iwi (Jenkins & Mountain Harte, 2011; Mikaere, 2002; Walker, 2015). The extended whānau had responsibilities to the child, and the child's identity was that of belonging to a wider whānau group (Jenkins & Mountain Harte, 2011; Mikaere, 2002; Walker, 2015). A practice known as whāngai regularly occurred, whereby a child may live with a whānau member other than their birth parents for various reasons, including: if that person was in a better position to provide the child with care; if it was appropriate to teach the child something specific; or in order to ensure inheritance. As part of whāngai, the child maintained knowledge of who their birth parents were. While the practice of whāngai has continued and still exists, the prevalence of the practice diminished after the 1920s, which is discussed below.

When New Zealand's colonial system of child welfare was established, the Crown determined it would not be feasible to extend the protection and policing provisions to Māori, partly because it was difficult to apply urban structures to the rural environments that Māori occupied, and partly because Māori children fared so poorly in Pākehā institutions. However, by the 1920s Māori were increasingly coming into contact with the Child Welfare Division and being taken into state care, as Māori began moving to more urban areas and have more contact with Pākehā institutions (Dalley, 1998).

Statutory child protection in New Zealand's settler society "largely involved removing [children] from what were considered unsavoury or dangerous family environments and providing them with rigorous training and moral programming believed important to equip them for productive, morally correct, adult lives" (Doolan & Connolly, n.d., para. 5). Laws in New Zealand were influenced by the development of similar laws in Britain, most notably the Poor Law Amendment Act of 1834 and the Prevention of Cruelty to Children Act of 1898 (Dalley, 1998; Doolan & Connolly, n.d. para. 5)[1].

In the mid-19th century in New Zealand, care for children who were not able to live with their parents was provided primarily by churches and other charitable institutions. Care was primarily provided to children who were considered either destitute or delinquent. The Neglected and Criminal Children Act 1867 gave provincial councils the rights and responsibilities to develop 'industrial schools', into which courts placed "neglected, indigent or delinquent children" (Dalley, 1998, p. 16). These industrial schools were punitive with a strong focus on work and regulation. The Government was reluctant to intervene in what it saw as family matters but concluded that "the state should take some charge of deserted children under those circumstances, and train them in such a way that they could not swell the criminal ranks of New Zealand" (*Hansard,* 21 August 1877, p. 53 in Koopman-Boyden & Scott, 1984, p. 101). In 1890, the Children's Protection Act gave the police the authority to intervene when children were being harmed.

In New Zealand in the late 19th century a wave of children was left destitute after the end of the gold rushes, and "residential institutions formed the basis of government social services for children" (Dalley, 1998, p. 16). At the same time, the practice of 'boarding out' of infants became more prevalent, a practice in which children (primarily of unmarried women) were not committed to the state but stayed in homes and whose board was paid for, primarily by

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[1] British sovereignty was established in New Zealand in 1840. New Zealand was proclaimed a dominion in 1907 and adopted the Statute of Westminster in 1947 whereby New Zealand was granted full sovereign basis (Cabinet Office, 2004).

their mothers. This led to a concern about 'baby farming', a concern that was amplified by the execution of Minnie Dean, a caregiver who in 1895 was convicted of murdering one child in her care with suspicion that she had also killed other children in her care. Caregivers were depicted as "callous women, who took the money and left the child unattended, or worse" (Dalley, 1998, p. 52). The 1907 Infant Life Protection Act provided the Department of Education the authority to inspect "all licensed foster homes where infants under six years of age who were being maintained away from their birth families" (Dalley, 1998, p. 51).

The first legislation specifically dealing with the care and protection of children in New Zealand was the Child Welfare Act of 1925. Reasons why children could be removed from their parents' care included: abandonment or neglect of a child; "delinquency"; not being properly controlled; or "living in an environment detrimental to a child's physical or moral well-being". It is notable that these reasons all demonstrate a greater concern for the parent's actions than the wellbeing of the children (Doolan & Connolly, n.d. para. 6).

Between 1925 and 1948, the Department of Child Welfare placed an emphasis on preventative work, which was a "fulfilment of the notion that the best environment for the children was the home" (Dalley, 1998, p. 163). As Māori moved to urban centres, they were more likely to come into contact with the state and were less able to access the intrinsic support systems that existed within traditional Māori communities. Specifically, this led to Māori being drawn to the attention of the Department of Child Welfare and the Children's Courts, both of which had a tendency to measure Māori against European cultural expectations and find Māori to be morally and socially inferior. Children's courts also saw more young women who were brought before them for morality offences, often involving American servicemen stationed in New Zealand during World War II. The children that sometimes resulted from the non-marital relationships between American servicemen and New Zealand women were also more likely to come into contact with the Department of Child Welfare on the basis that extra-marital sex was in and of itself considered an indication that a woman may lack the capacity to care for her child. Until the late 1960s, the Department of Child Welfare had a responsibility to inquire into the condition of all infants born outside of marriage, and there were legal distinctions between births within marriages and 'illegitimate births' until 1969 (Dalley, 1998).

In the 1950s New Zealand was swept by a wave of moral panic (Dalley, 1998; Soler, 1988). In 1954 a 'Special Committee on Moral Delinquency in Children and Adolescents' was formed and produced what is known as the 'Mazengarb Report' which was sent to all NZ households. What the report described as the declining moral standard was attributed to the sexual behaviour of girls, and the impact of working mothers. The report placed great emphasis on the sexuality of young women stating that "it is unfortunate that in many cases girls, by immodest conduct, have become the leaders in sexual misbehaviour and have in many cases corrupted the boys" (AJHR, 1954 in Soler, 1988, p. 189). The committee urged the Department of Child Welfare (DCW), children's courts and police to regulate the sexual behaviour of young women, going so far as to recommend that "legislation should be passed to 'punish' a girl who had allowed a person to 'indecently handle' or have intercourse with her" (Soler, 1988, p. 204). In response, the Child Welfare Act was amended, to target "the allegedly central role of girls and young women in fostering illicit relationships by creating the new category of 'delinquency' for all adolescents who committed indecent acts, or allowed them to be performed on them" (Dalley, 1998, p. 187).

In 1969, when the legal status of children born outside of marriages was changed so that it was not distinct from children born to married parents, the attitudes of workers, and the policies of the Child Welfare Division of the Department of Education reflected these changing social attitudes. Between the late 1960s and early 1970s, the Child Welfare Division paid attention to the issue of births outside of marriage and, after considering a campaign to reduce premarital sex, instead decided on the promotion of contraception (Dalley, 1998).

In 1961, the Child Welfare Act was again amended. There were few provisions contained within the amendment, but they marked a move towards out-of-home care being a short-term solution and emphasised the role of the family, giving families the right to review orders made about a child or young person. This Child Welfare Act was reformed in 1974 and replaced by the Children and Young Persons Act 1974. While this may have been described as an important piece of legislation at the time, it has since been described as "a consolidation and clarification of what had become an entrenched approach to child welfare… and tended to continue a benign 'child rescue' model of practice" (Doolan & Connolly, n.d., para. 10). The state enacted policies which moved further away again from providing institutionalised care and in its place providing foster care in which "foster parents undertake the care of children as temporary members of their family" (Koopman-Boyden & Scott, 1984, p. 55).

The way children were cared for in New Zealand by the state changed significantly in 1989. During the 1980s, there was a substantial increase in both the number of notifications received by what was then known as the Department of Social Welfare (DSW), and the dissatisfaction expressed about the way in which the DSW dealt with children in out-of-home care (Doolan & Connolly, n.d). As a result, a report was commissioned, the final product 'Pūao-te-Ata-Tū', condemned the way in which the DSW failed to appropriately respond to the cultural needs of the disproportionately high number of Māori children in its care (Ministerial Advisory Committee on Māori Affairs, 1988). The Children, Young Persons and Their Families Act 1989 changed the way in which the DSW approached both the investigation of child abuse and the care of children in its custody with an increased focus on the whānau, hāpū and iwi of the child. The Act introduced the family group conference (FGC), a meeting in which family and professionals meet to discuss a plan for the child or young person.

In the 1970s, concerns had emerged about the impact that living in large institutions had on young people, and by the 1980s more young people began living in smaller residential institutions which were mixed gender. As a result of these concerns, in the 1990s most large residential institutions closed (Pollock, 2018). A recent consideration of residential institutions found that children in residential care had often been abused and neglected while in care (Stanley, 2016). Following the closure of larger residences, the preference moved toward being in home care, with caregivers contracted to CYF (or its predecessors) or an approved agency. The caregivers may or may not have been known to the child.

In the 1990s and into the 2000s, the Children, Young Persons and their Families Act was considered revolutionary, both nationally and internationally. Specifically, the involvement of families in the care of their children through processes such as the Family Group Conference, the de-institutionalisation, and the responsiveness to the Indigenous population was seen as ground-breaking. The law influenced legislation in Canada, Sweden, Norway, Denmark, Israel, Ireland and Australia (Nixon, Burford, Quinn & Edelbaum, 2005). However, in the second decade of the 21st century, the Government sought to determine why there were still such poor outcomes in relation to child wellbeing (EAP, 2015; EAP, 2015b). The resulting reports are discussed below. Throughout the first century of the provision of child protection and out-of-home care in New Zealand, it is apparent that the regulation of sexuality of young people and of mothers is a significant factor. The intersection of the regulation of sexuality with the promotion and regulation of reproduction is a feature of other states' provision of child protection and out-of-home care which is discussed more in Chapter Four.

## Current Conversations About Out-of-Home Care in New Zealand

In 2015 and 2016, several reports addressing the quality of child protection in New Zealand were released. While the reports did not all directly relate to each other, they all explored the quality of care (particularly residential care) provided to young people in out-of-home care.

The first of these reports stemmed from the Confidential Listening and Assistance service established in 2008 “as an independent agency to provide assistance for people who had suffered abuse and neglect in state care before 1992” (Confidential Listening and Assistance Service, 2015, p. 9). The service spoke to people around the country in meetings and listened to their experiences, many of which described trauma. Boys’ homes consisted of prison-like environments with institutionalised violence, whereas girls’ homes “made assumptions of promiscuity. Young girls sent there for care were subjected to internal examinations, and isolated in solitary units at the start of their time there” (Confidential Listening and Assistance Service, 2015, p. 24). The participants who shared their stories with the panel chose to do because they did not feel safe while they were in out-of-home care and did not want young people who would be placed into similar care in the future to have the same, negative experience. In March 2016 Judge Carolyn Henwood who had led the report told Radio New Zealand that the report had been disregarded, and fallen by the wayside (Radio New Zealand, 2016).

In March 2017, the findings of the Confidential Listening and Assistance Service Report assumed a place of prominence in the New Zealand media once again. Three claimants filed a claim with the Waitangi Tribunal requesting "an independent inquiry to find out why so many Māori children were put in welfare homes where they suffered abuse" (Smale, 2017). Such concerns were also included in an investigation completed by Stanley (2016) which found that:

> From the 1950s to the 1980s, the New Zealand government took more than 100,000 children away from experiences of strife, neglect, poverty and family violence and placed them under state care in residential facilities. Under a discourse of protection for delinquent, out of control or abused children, the state took over as parents. Yet, in this role, the state failed. In these institutions, children endured abysmal conditions, inadequate resources, dysfunctional workers, social isolation and cultural dislocation. (p. 2)

In 2015, the Office of the Commissioner for Children (OCC) which was mandated to monitor Child, Youth and Family (and consequently is mandated to monitor Oranga Tamariki) released a report that evaluated the services which the organisation provided. The report found that Child Youth and Family's practice was inconsistent, and poorly monitored. It was not clear whether young people in out-of-home care "are better off as a result of state intervention … [but] the limited data we do have about health, education, and justice outcomes is concerning" (OCC, 2015, p. 5). The report also found that "CYF focuses more on keeping children safe, and less on improving their long-term outcomes" (OCC, 2015, p. 6). At the time they released the 2015 report, the OCC stated their intention to release such a report annually. The 2016 report found that Child Youth and Family was still insufficiently child-centred and, that while the organisation was moving towards more positive and productive practice, there is still significant room for improvement (OCC, 2016). Subsequent reports in 2017 and 2018 focussed on secure residences and community group homes and also found there was considerable room for improvement.

Also, in 2015, the Government's Expert Advisory Panel (EAP) released a report with the purpose of informing and overhauling CYF. The report led to the establishment of Oranga Tamariki and the associated legislative changes. The background to this report was the 'Green Paper for Vulnerable Children' on which the fifth National Government commenced work in July 2011 with the intention of "promoting a national discussion about how New Zealand can improve the lives of its vulnerable children" (Ministry of Social Development, 2012, p. 4). Submissions were sought, and consequently in 2012, the 'White Paper on Vulnerable Children', alongside the 'Children's Action Plan' was released. The Children's Action Plan led to the establishment of a Modernising Child Youth and Family EAP, with the mandate to determine "the extent to which the current operating model for CYF was delivering positive outcomes for children and young people, and any changes required to improve these outcomes" (EAP, 2015, p. 34). They also included consideration of any wider changes required to legislation and services provided by other agencies.

The Interim Report of the Expert Panel was released in July 2015. The report found that young adults who had been in out-of-home care experienced "dramatically worse outcomes than the rest of the population" (EAP, 2015, p. 8). The Expert Panel's definition of 'dramatically worse outcomes' was leaving school with fewer qualifications, receiving a government benefit, or receiving a community or custodial sentence. The panel was concerned that:

> …fiscal analysis shows the government is spending a considerable amount in lifetime costs for children and young people who come to the attention of CYF. Unfortunately, most of this relates to subsequent benefit receipt and involvement in the adult criminal justice system. (EAP, 2015, p. 8)

The Panel made their approach clear within the report, stating:

> The purpose of the care, protection and youth justice system is to ensure children and young people are in loving families and communities where they can be safe, strong and flourish. Although government has a role, it cannot fulfil this purpose on its own. Most of care and support children need must be provided through loving families rather than state or community agencies. (EAP, 2015, p. 5)

Following this report, the panel set about developing a new child protective and youth justice legislative framework, which was presented in the final report, as "the current system is failing to provide the safe, stable and loving care that children need, and is not supporting them to fulfil their potential as adults" (EAPb, 2015, p. 5) and "the overhaul of the system must place the child and their need for a stable, loving family at its centre" (EAPb, 2015, p. 8). The child centred approach described throughout the report signalled that the notion of whānau, hāpū and iwi, which had been a central element of the Children, Young Persons and their Families Act, should not be so heavily emphasised in the subsequent legislation. Furthermore, the report suggested that Child Youth and Family adopts a 'social investment' approach, including building an "actuarial valuation model for vulnerable children and young people" (EAPb, 2015, p. 21). Such an approach is in line with the Ministry's 'Community Investment Strategy' which "aims to better align funding to those with the highest needs, and to programmes and providers who demonstrate they are meeting these needs, with evidence about what works" (Ministry of Social Development, n.d., para. 1). The community investment approach has been criticised by social work commentators as "propaganda disguised as deep enquiry" (Hyslop, 2016, para. 12), particularly given the lack of acknowledgement of childhood poverty in New Zealand, and the interrelationship between child maltreatment and material poverty (Keddell, 2018; O'Brien, 2016). In relation to social bonds, which are a key feature of the social investment strategy, Henrickson and Fouché (2017) write:

> Social bonds are also controversial because they are seen by critics to use the least powerful people in society as objects, off the back of whom the wealthy and privilege stand to gain even more wealth. Investors may bring pressure to bear on agencies and workers to produce measurable outcome that may or may not be related to the benefit of the child, client, resident, patient or inmate. Social bonds are perceived by critics as a way for government to privatise essential services that are rightly the function of public welfare; privatised structure may incentivise unethical agencies to cover up problems such as abuse or underperformance. (p. 68)

Thus, a contradiction exists: while the EAP established that the state could not act in isolation to protect and care for children as children need loving families, the report failed to address the need of the state to act to prevent social determinants that lead to lack of safety in young people's lives. Keddell (2018) notes the approach the Expert Panel took towards young people, particularly in terms of the social investment approach is not predicated on their human rights or citizenship, but on the basis that "children are seen as potential citizens of the future, and investment is positioned as required in order to equip them for an economically productive future" (p. 102).

The historical context of child protection in New Zealand set out a history of child protection which largely sought to seek women and young people to adhere to an acceptable way of thinking and behaving established by the state and its agents, rather than seeking to address the welfare of young people in terms of what wellbeing means to them. In Chapter Four I will further discuss the relationship between poverty, reproduction and the state, and particularly the way poverty and regulation are interconnected in terms of the state exerting influence over the reproduction of its citizens.

## The Establishment of Oranga Tamariki

The establishment of a new ministry with responsibility for child protection was announced on 28th July 2016 and the name 'Ministry for Vulnerable Children, Oranga Tamariki' was announced the following month (Kenny & Walters, 2016). The name, which was determined by "a cross-agency working group consisting of officials from the State Services Commission, Treasury, and the Ministry of Social Development" (Kenny & Walters, 2016, para. 14), immediately became controversial as some commentators observed it problematised the children who would come into contact with the service and negated the fact that the Ministry should seek to achieve wellbeing for all children. When the then Minister for Social Development, Anne Tolley, appeared before the United Nations Committee on the Rights of the Child, the Committee questioned the Minister about the name and the fact that the Ministry's focus was solely on vulnerable children as opposed to all children (Kirk, 2016). Judge Andrew Beecroft, the Children's Commissioner, stated that the Children's Commission would not be using the English part of the name as it is "negative, emphasising children's vulnerability rather than their wellbeing" (Collins, 2016a, para. 3). Henrickson and Fouché (2017) also critique the language of vulnerability, arguing that in addition to dehumanising those persons who are so labelled, the term ignores "the complicity of political, social, and economic environments in creating vulnerable persons, and marginalising them" (p. 2), thus the language serves as a method of organisational convenience and social control.

On 13th July 2017, The Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Bill was passed into law. The bill renamed The Children, Young Persons, and Their

Families Act 1989 as the Oranga Tamariki Act 1989, with an accompanying title of the Children's and Young People's Well-being Act 1989. The legislation (Oranga Tamariki, n.d.):

- Changed the purpose and the principles of the Act to emphasise *mana tamaiti,* which is the right of young people to be at the centre of decision-making. At the same time the Act emphasises the importance of whakapapa and whanaungatanga.
- Provides for young people to remain or return to living with a caregiver until they are 21, with the right to access transition support and advice until the age of 25.
- Extends the age to which the youth justice system deals with issues up until a young person is 18.
- Requires more monitoring of services and accountability to Parliament from the Minister and Ministry.

One of the first actions of the sixth Labour-led Government was to change the name of the Ministry, to Oranga Tamariki, Ministry for Children. At the announcement, Tracey Martin the Minister for Children stated that the word vulnerable was removed from the Ministry because "that word actually stigmatised those children … One of the things Oranga Tamariki is trying to do is to get the rest of New Zealand society to realise that these children are in circumstances where they need our support" (Radio NZ, 2017b, para. 6). The Labour Government's action to change the name of the agency reflects a different perspective from the previous government, one that perceives the vulnerability of young people as part of a shared societal responsibility, rather than a positioning of young people as a result of their parents.

## Child Protection Within a Neoliberal Context

The Minister for Social Development under the fifth National Government, Anne Tolley, oversaw the establishment of the Ministry for Vulnerable Children, Oranga Tamariki . At the time of establishing the Ministry, then Minister Tolley stated that a motivation for transforming CYF is that "too many kids who come into contact with CYF end up on a benefit, or in prison, or with few qualifications" (Jones, 2016, para. 2). Minister Tolley's stated motivation for improving the lives of children and young people in contact with the child protective system is to reduce their reliance on government services. Both within her defence of the name of the new Ministry, and in her rationale for intervention with children and young people, Minister Tolley's implicit message is that vulnerable children require state intervention to transform them from their trajectory for deviance. O'Brien writes "…'vulnerable' children and families are identified because they exhibit particular characteristics and/or behaviours. Furthermore, their identification leads to a focus on managing and supervising 'the deviant', an integral part of roll-over neoliberalism" (2016, p. 15). Māori are disproportionately affected by this neoliberal approach towards the provision of welfare (Keddell, 2018; Ware et al., 2016).

In this instance, Minister Tolley posited that young people in out-of-home care become deviant because they are less likely to participate in the production of capital. This idea of deviance intersects with the policies described earlier in the chapter which defined deviance as having sex and reproducing outside of traditional married family units. Traditional family units consist of a man working outside of the home and a woman providing all or most of the domestic labour in addition to secondary income. The composition of family units is subject to regulation by the state and by society. This regulation comes in the form of policies to discourage reproduction amongst the poor, and in the form of the promotion of dominant discourses which devalue reproduction outside of working, two-parent, heteronormative families (Reekie, 1998), something which is discussed more in the following chapter.

New Zealand's policies which police the poor and privilege the rich in order to protect children who are described as vulnerable are similar to policies in the United Kingdom. In a speech announcing changes to the child protection system in the United Kingdom with a view towards the privatisation of child protective services, the then Prime Minister David Cameron stated:

> Children's services support the most vulnerable children in our society. They are in our care; we, the state, are their parents; and we are failing them. It is our duty to put this right; to say poorly performing local authorities: improve, or be taken over. We will not stand by while children are let down by inadequate social services. (Prime Minister's Office, 2015, para. 6)

Cameron's assertion is that the correct response to inadequate child wellbeing in the country is not to question the neoliberal policies that have led to increased child poverty in the United Kingdom (Cummins, 2016), but to perpetuate neoliberalism by removing the operationalisation of child-protection from the state and giving the responsibility to profit-making entities. It is necessary to consider the implications of child protection and out-of-home care being provided by an entity whose focus is on profit rather than the good of those who receive the service, or on the wider community. Henrickson and Fouché (2017) observe: "when neoliberal governments plan for the delivery of other services to individual tax-payers, citizens, and residents, there is certainly another text that is preached. Individual recipients of legitimate government resources and services are demonised". Wacquant (2009) argues that neoliberal states create and perpetuate messages about 'insecurity', which are then used to justify increased regulation of the poor. In New Zealand, this can be observed by the portrayal of poor families, and particularly poor Māori families as 'feral', contributing to moral degradation in New Zealand and in need of control (Beddoe, 2014; 2015; Hyslop & Keddell, 2018). At the same time as growing restrictions are placed on the poor, there is an increasing liberalisation of policies, particularly economic policies, that previously constrained the wealthy. The Conservative Government in the United Kingdom, which has been in power since 2010, and the National Government, which was in power in New Zealand between 2008 and 2017, enacted policies which provided the rich with more freedom and the poor with more constraints (Cummins, 2016). Cummins (2016, p. 77) writes that "the shift that has occurred [in Anglophone countries in the past two decades] is that living in poverty has almost come to be seen as an indicator of a lack of the capacity to parent".

Despite a dearth of measures to assess child poverty, most people and institutions agree that child poverty in New Zealand and other Anglophone countries has increased over the past 30 years (Cummins, 2016). Proponents and critics of neoliberalism agree that the state has not adequately provided care for the most vulnerable children (Cummins, 2016; O'Brien, 2016; Prime Minister's Office, 2015), but disagree about whether the state should attempt to better provide those services by regulating those living in poverty, or to increase available support to ameliorate their hardship.

Innovative approaches in the social services offer an alternative to regulation. In the U.K, Cottam (2011, 2018) advocates for 'Relational Welfare' which is a co-constructive design approach to social-services, whereby service users work in partnership with services to allocate resources to achieve the greatest good. The key features of the approach are "the intensive use of distributed systems; blurred boundaries between production and consumption; an emphasis on collaboration; and a strong role for personal values and missions" (Cottam, 2011, pp. 136-137). In advocating for this approach, Cottam (2018) argues:

> …modern welfare must create capability rather than manage dependence; it must be open because all of us need help at some stage in our lives, and when we are thriving many of us have help to offer; it must create possibility rather than seek only to manage risk; and it must include everyone, thereby fostering the connections and relationships that make good lives possible. (p. 10)

In contrast to current conventional approaches that ration services and control behaviour dehumanise marginalised people, and in doing so, perpetuate cycles of powerlessness and need, a Relational Welfare approach emphasises the intention of social services should be to make good lives possible. It emphasises the dynamic nature of need, the fact that people who are thriving have something to give to members of their community and places human connections at the heart of good lives. In Victoria, Australia, some of these principles have been applied through the development of Targeted Care Packages which are parcels of flexible funding offered by the Department of Health and Human Services (DHHS) to be used to assist children exit, or to prevent them from entering Residential Care by supporting them in Home Based Care placements, Kinship placements or to return or remain at home with their families of origin. These packages acknowledge the fact that not only is out-of-home care an uneconomically sound model for ensuring the safety and wellbeing of young people, in many cases it is detrimental to their wellbeing (DHHS, 2018).

A relational welfare approach also provides a basis for social workers to act in a way in which they engage with their clients through the development of more meaningful connections. Alexander and Charles (2009, p. 18) suggest:

> [Social Work] professional standards and expectations regarding social workers' relationships with clients should be re-evaluated and include an acknowledgement of the mutual nature of all relationships. Integration of the concept of bidirectionality in human development and the potential for mutually caring, intimate and meaningful relationships into social work practice would enhance the profession's capacity to contribute to change and provide leadership in the development of effective methods of practice.

Relationships between social workers and the people with whom they work who are mutually caring, intimate and meaningful will create meaningful improvements in people's lives and communities, rather than simply enacting the state's agenda (Alexander & Charles, 2009; Hyslop & Keddell, 2018). As previously stated, there is not ample room within this thesis to fully consider the question of the circumstances under which children should be removed from their parents' care and placed into the custody of the state. Nevertheless, in examining the current system, it is important to consider the context in which it exists, namely a context in which the regulation of marginalised groups is more palatable to wider societies than the support of marginalised groups. This preference exists regardless of which approach achieves the greatest outcome (Cottam, 2018; Henrickson & Fouché, 2017; Wacquant, 2009).

## Child Protection and the Risk Paradigm

One aspect of the neoliberal paradigm is a persistent focus on risk (Featherstone, Gupta & Morris, 2017; Keddell, 2011; Oak, 2015). Within a risk paradigm, social workers are compelled to make a decision with the least amount of associated risk, as opposed to the decision that has the greatest possibility of success (Parton, 1996). The notion promoted by those in power that we live in a time of insecurity, and that more policing is required because of increased vulnerability' (Wacquant, 2009) only exacerbates the concern about risk. Parton (1996) writes:

> Risk is not a thing or a set of realities waiting to be unearthed but a way of thinking. As a consequence, social work's increasing obsession(s) with risk(s) point to important changes in both the way social workers think about and constitute their practices and the way social work is itself thought about and thereby constituted more widely. (p. 98)

Risk impacts the way systems are structured, and the way practitioners practice (Featherstone et al., 2017; Oak, 2015; Parton, 1996; Smith, 2008). Risk-averse practices aim to function, or create systems, in ways which give the least chance of an organisation or practitioner being blamed for a deficiency, rather than giving the best chance of a positive outcome for a social service user (Smith, 2008). Within the risk assessment paradigm, the knowledge of those who are positioned as experts is valued over people's knowledge about their lives (Keddell, 2015), but furthermore, within the risk paradigm is a decreased focus on practitioner knowledge, and an increased focus on automated or manualised risk assessments operated by practitioners inputting data, and programs assessing such data to determine risk (Oak, 2015; Parton, 1996). Oak (2015) argues that risk assessment tools do not exist to address the vulnerability of children, but instead "are part of the wider neo-liberal, managerialist systems of risk management which function to foster practitioner conformity with, and accountability to, such systems" (p. 16).

Parenting is an intimate and personal task, and part of children's development is learning the imperfect nature of their parents (Winnicot, 1964). The paradigm of risk within which care and protection authorities now operate, limits the space that exists for imperfect, personal interactions. Instead, risk is used as a justification for both the surveillance and punishment of the poor and as a way to personalise wider social issues such as poverty, inequality and marginalisation (Featherstone et al., 2017; Keddell, 2011). Ideas about child protection, risk and neoliberalism will be discussed specifically in relation to intimacy in Chapter Four.

### The State as Parent

Within contemporary Western countries there is an expectation that childhood should be a happy time in which children feel secure and loved (Ribbens McCarthy, 2000). While the notion of childhood has emerged in these countries in the past 200 years, the expectation that it should be treated as a discrete time and that children should be afforded more protection has become embedded (Gittins, 2009). Child protective systems in European and Anglophone countries exist because within those societies, when parents are unable to provide a secure and loving childhood, there is an expectation that the state will step in and provide a good childhood to the young person. Bullock, Courtney, Parker, Sinclair & Thoburn (2006) write that complete responsibility for young people in out-of-home care is rarely assigned to any agents of child protective services and “attachments tend to be partial and open to disruption as the professionals and the children come and go. In sharp contrast parenthood in our society depends upon personal, comprehensive and continuing commitment” (p. 8). The OCC hold CYF (and subsequently Oranga Tamariki) to account by stating:

> When children are in care, CYF is effectively their parent. We expect parents to love and nurture their children, to provide them with everything they need to thrive, and to advocate on their behalf when accessing health, education, and other services. It is critical for these vulnerable children that their parent is willing, able, and well-supported to do the same. (OCC, 2015, p. 55)

Discourses including academic literature and formal reports posit statutory child protection authorities as *in loco* parentis, or in place of a parent, to young people placed in their care (Hannon, Wood & Bazalgette, 2010; OCC, 2015). Implicit in the belief that the state has an obligation to establish itself as *in loco parentis* are several implicit assumptions. One assumption is; all children have the right to have a parent who cares for them. Although this belief is a modern discourse, it exists around the world, and is codified in the United Nations Conventions of the Rights of the Child (United Nations, 1989), which states in Article 7 that a child should have, "…as far as possible, the right to know and be cared for by his or her parents". Another implicit assumption with the positioning of the state as *in loco parentis,* if a child or young person does not have a parent or guardian to provide them with a sufficient level of care, the state has the responsibility and capacity to do so. Bullock et al., (2006, p. 10) write that although "the 'state' as an impersonal entity clearly cannot provide the day-to-day care that would normally be taken to constitute 'parenting' [however] it has to assume responsibility for ensuring parenting whether it wishes to or not, otherwise children might die or roam the streets". *In loco parentis* has historically been understood as a person who:

> Assumes towards the infant the moral obligation of making such a provision for him [or her] as his father [or mother] would in duty be bound to make. The assumption of the character may be, and generally is, implied from the acts of the person putting himself in loco parentis, as where he pays for the maintenance and education of the infant or establishes him in life. The fact that the father [or mother] of the child is living does not prevent another person from putting him [or her] self in loco parentis, but if the child resides with the father [or mother] and is maintained by him [or her] it affords an inference, although not a conclusive one, against the assumption of the character by another person. (Jowitt, 1975 p. 950, cited in Hall & Manins, 2001, p. 118)

While in some situations *in loco parentis* is restricted by time and place (for instance in the case of a teacher while the child is at school); in the case of a statutory child protection institution, if the organisation holds a custody order, it applies to all aspects of a child's day to day life. The Oranga Tamariki Act defines custody as "the right to possession and care of a child or young person". In some situations, in addition to having custody over a child, the statutory child protection institution may also have guardianship over a child. The Oranga Tamariki Act uses the definition provided in the Care of Children Act 2004 which is: "all duties, powers, rights, and responsibilities that a parent of the child has in relation to the upbringing of the child and every duty, power, right, and responsibility that is vested in the guardian of a child by any enactment" [2].

The provision of out-of-home care for young people is conceived of as both a last resort and something that should be provided to the highest standard of parental care, with the New Zealand Office for the Commissioner for Children stating that the organisation charged with statutory child protection should provide the love, nurture and responsiveness that a parent would when a young person is in care (OCC, 2015), a standard echoed in the Australian context by the State of Victoria's Commissioner for Children in its report 'As a Good Parent Would?' (2015). While it may be the case that young people in out-of-home care have poorer health and educational outcomes in care and in adulthood, the high expectations for outcomes of young people in out-of-home care disregards the fact they are also more likely to have experienced violence, lived in poverty, and received a lower standard of healthcare and education before entering care (Forrester, Goodman, Cocker, Binnie, & Jensch, 2009).

Because the intention of the state and state social workers is for young people who enter the out-of-home care system to be moved out of it as quickly as possible (Hannon et al., 2010), the organisation charged with responsibility for these young people has fewer opportunities to plan the highest quality of care. The organisation enters a double bind where, on the one hand it is expected to step in as *in loco parentis* in relation to all aspects of a child's life (Forrester et al, 2009; Hannon et al., 2010), while significant aspects of parenting, such as being a stable person

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[2] The Care of Children Act, 2004 replaced the Guardianship Act, 1968. Of note was the decision to replace the term "custody" with "day to day care" to emphasise the children's rights and parental responsibilities over parental rights. The definition of guardianship in the Children, Young Persons and Their Families Act, 1989 was replaced by the Care of Children Act, but the definition of custody remained unchanged.

within the young person's life, developing a lifelong attachment to the young person, and transmitting values to the young person are antithetical to current practice, which is to move the young person out of out-of-home care as quickly as possible. Thus, young people in such care do not have an *in loco parentis* model that replaces a parent. When young people are in out-of-home care it is considered little more than a contingency plan, even though in many instances young people remain in out-of-home care until they 'age out' of the system, which until recently for most young people in New Zealand occurred at 17. In 2014, of the 1,743 children who left CYF custody, 284 'aged out' of the care system when they turned 17 (OCC, 2015). It is a reality for many young people that they will remain in out-of-home care until they are no longer considered young people. One young person interviewed for the OCC report stated, "she said I was only going to be in care for a week. It's been three years." (2015, p. 5). Despite the fact that hundreds of young people become adults while they are in the custody of OT, the organisation is only able to act *in place* of a parent rather than acting *as* a parent.

Child Youth and Family (n.d.a) described its mission:

> We help families help themselves. We believe all children belong in families that will love and nurture them. We team up with many different groups and people so that families have the support they need to help their children thrive.

Nowhere in this mission did it state an intention for the organisation to act as a parent to children who parents are unable to provide the love and nurture that they mention; however, the standard the OCC holds CYF/OT to is to do so. An integral part of the Child Youth Persons and their Families Act 1989 (and the successor Oranga Tamariki Act 1989) is the organisation's ability and obligation to apply for young people to be placed in their custody. The mission of CYF reflect a public sentiment in New Zealand that it should be the role of the child protection authority to work in a way to prevent a need to become *in loco parentis* to children, by providing preventative care to families so young people do not need to enter out-of-home care. However, the OCC report reflects a public sentiment that, if the child protection authority does take on an *in loco parentis* role, the organisation should provide care that exceeds the standard conventional parents provide for their children. The notions of 'as a good parent would' which is the standard prescribed by the OCC, and 'in place of a parent' are different. 'As a good parent would' fails to take into account the notion that young people who are not cared for by their parents have specific caring needs which young people who are cared for by their parents do not. Thus, the organisation caring for them has specific responsibilities which parents do not, particularly in terms of compliance and accountability. These responsibilities to demonstrate compliance with legislation and Departmental/Ministerial policy and procedure are more likely to reflect the government's preference to mitigate risk than to care for a young person as a parent would.

Child protection has moved away from the historical preference for an external authority such as the state to act as *in loco parentis* using boarding houses; the practice of the state acting in the place of parent to a child is now the least preferred option. Thus, a conundrum exists in which child welfare agencies should focus on front end preventative work to mitigate the need for young people to enter out-of-home care, but provide the highest level of care for young people who do, despite it being a last resort and least preferred option (Hannon et al., 2010). This conundrum exists in a climate in which there is increased policing of families who are marginalised, a reduction of state benefits available to them, and a rationing of state services (Beddoe, 2014; 2015; Henrickson & Fouché, 2017; Wacquant, 2009).

The vision of Oranga Tamariki is; "New Zealand values the wellbeing of tamariki above all else" (Oranga Tamariki, n.d.b). Oranga Tamariki describes their building blocks as: "A child centred system; high aspirations for Māori children; an investment approach; strategic partnerships; a practice framework which describes the values, principles, definitions and approaches to deliver positive outcomes for vulnerable children and engaging all New Zealanders" (Oranga Tamariki, n.d.b). In contrast to Child Youth and Family's mission to keep children safe, Oranga Tamariki's value states a commitment to positive outcomes which encompasses both safety and wellbeing.

Child protections institutions have a complex task: they must work to keep young people with their families but also assess whether they need to be removed from those families. This occurs within a neoliberal context in which the state and the public demonstrate more willingness to pay for high-cost out-of-home care rather than to provide funding which they perceive as 'paying someone to look after their own children'. These ideas are developed further in the following chapter.

### *In loco parentis* Status in Relation to Sexuality

When a court places a young person into out-of-home care in New Zealand, the young person is placed into the custody of the Chief Executive (CE) of Oranga Tamariki. The legislation compels the CE to employ social workers who are responsible for the assessment of abuse and neglect, applying to the court to place young people in the custody of the CE and monitoring placements. Section 81 of the Act enables the Chief Executive to place a young person with family or whānau (who have been approved as caregivers), other approved caregivers, an Oranga Tamariki residential facility or with residential services provided by an approved contracted service. Thus, in contrast to young people who live with their biological parents without state intervention, young people in out-of-home care experience a separation between the entity with legal responsibility for their care, the person charged with monitoring their care, and the person charged with providing their day to day care.

In June 2017 Oranga Tamariki had around 3,672 approved caregivers. Of those, 2,222 were family/whānau caregivers, while 1,450 were general caregivers (Ministry of Social Development, n.d.). Caregiver assessments of both family/whānau and non-family/whānau are extensive. All assessments involve police checks and Ministry of Social Development checks of all people aged 17 or over living in the proposed home, identity checks, referee checks, home checks and a range of interviews. Family/whānau caregivers must also be part of an assessment hui. Non-family/whānau caregivers must also undertake medical checks and attend programmes about providing care (CYF, n.d.b). Caregivers were described by Child Youth and Family as the

> …heart and home of Child, Youth and Family ... a trusted adult, role model, friend and teacher. Caregivers help heal hurt children, give them safe boundaries, and help them build trust in others and help change their lives" who "join a team of people committed to doing their best for a child. (CYF, n.d.c., para. 1)

Oranga Tamariki are more specific in their expectations of caregivers, stating that in relation to the young people for whom they care they should (Oranga Tamariki, n.d., para. 3):

- make them feel welcome and loved
- provide more than just food, shelter and supervision by helping them feel part of a family
- meet a range of needs and help them to learn, grow and heal
- persevere and be patient—no matter what
- support them to maintain relationships with their family and friends
- help them develop skills, knowledge and experiences to prepare for young adulthood

Oranga Tamariki's expectations are consistent with the type of relationship that young people need with their caregivers, in order to address the trauma they have experienced by coming into, and for the events leading up to their being taken into, out-of-home care. Fundamental caregiver behaviours consistent with Oranga Tamariki's expectations are also consistent with the types of caregiving leading to lasting placements and increased wellbeing. Oke et al. (2011) defines these as: emotional bonding; the caregivers' enlarged view of family and their parental regard for the young person; the ability to work within a 'compromised space' between the statutory authority and the young person’s birth family; and the ability to repair and rebuild and the demonstration of resilience, tenacity and maintenance of hopefulness throughout the placement. While no research exists about the relationship between heteronormativity and caregivers in New Zealand, research in the United Kingdom found that caregiver approvals “remains configured by dominant familial and sexual scripts related to what normatively constitutes the ‘right kind’ of family or parent” (Wood, 2016, p. 1720). For gay and lesbian caregiver applicants, “this means that they must consistently display their family and themselves in ways that are conventional, conservative or ‘ordinary’” (Wood, 2016, p. 1720). Also, in the United Kingdom, Hicks (2006) found that gay men are stereotyped in caregiver assessments and, in this respect, “conventional views about the family, about gender, and about sexuality predominate, and so gay men come to represent something of a problem” (p. 110). Hicks notes the irony of such a narrow understanding of intimacy and families given that the purpose of foster care is to provide a family for a young person which is by nature not conventional.

CYF required its social workers to visit every week for the first four weeks of a placement, then every eight weeks (CYF Practice Centre, n.d.) and Oranga Tamariki requires social workers to visit young people in care every eight weeks (Oranga Tamariki, n.d.d). While these visits may be meaningful and useful it means that there a significant difference into the type of relationships young people are able to build with their social workers, and the types of relationships they are able to build with the caregivers with whom they live. While social workers may hold more knowledge about relevant care, protection, and out-of-home care processes and have more authority to make decisions, caregivers have more of an opportunity to build a relationship with the young person. There is a complex delineation between who holds responsibility for the young person and who provides care to the young person. This bifurcation means that in many cases, neither caregivers nor social workers take responsibility for speaking to young people about sex and relationships. Knight et al. (2006) interviewed young adults who had recently left care in the UK, as well as the professional people who had worked with them.

> [Most professionals] felt that the person with the most one-to-one contact with the young person, such as the foster carer or residential worker, had responsibility for talking to the young person about sex and relationships, data from the young people interviewed revealed a very different picture. Only six of the young women mentioned residential workers as having talked to them about sex and only one young person, a young man who had been looked after all his life, reported that his foster carer had talked to him about sex and contraception. (p. 61)

The delineation between carer and decision maker does not exist in most parental relationships but it adds a layer of complexity to caring for young people in out-of-home care. Oke et al. (2011) describe the position of caregivers as 'jam in the sandwich' as they are:

> …independent practitioners, paid an allowance by the Local Authority to care for children who 'belong' in another family and whose birth family members may be unsupportive or suspicious. The Local Authority sets guidelines and limits to a carer's involvement and shares the legal responsibility for the child with birth parents. (p. 9)

In some cases, the context that Oke et al. (2011) describe can be even more complex. As described earlier in this chapter, in some cases Oranga Tamariki will hold custody of a child, but not guardianship. New Zealand law specifies that the responsibility for routine medical matters relating to a young person lies with the person with custody (or day to day care), but only provides guardians with the right to make decisions about medical treatment other than routine medical matters. While there are no limits to the age at which a child can make medical decisions for themselves, in a risk averse climate social workers and caregivers may avoid facilitating medical appointments relating to contraception (Knight et al., 2006).

The challenge of dividing the role of decision maker and carer is made more complex because child protection social workers are not equipped to engage with complex developmental issues such as sexuality and relationships in the lives of the children and young people legally in their care (Knight et al., 2006; Office of the Chief Social Worker, 2015). Instead of engaging with complex issues, social workers prioritise risk assessment and administrative case management over relationship building with clients, as this is the organisation's requirement of them within a risk management paradigm (Parton, 1996; Stalker, 2003). Furthermore, child protection social workers are often unsure about what information is appropriate to share about sexuality because social workers are unsure of the boundary between their role as a professional agent of the institution and their personal selves in developing relationships (Knight et al., 2009). Social workers are also unsure how to speak to young people about sex and relationships (Corlyon, 2004) because they have not been trained to do so. In place of training and direction about sexuality, social workers fall back on their own personal and moral positions about sex and relationships in the lives of young people and their families, which are weighted toward dominant heteronormative discourses (Green, 2005; Mallon, 1998). The silence around sexuality is filled by background heteronormative social discourses. Wilton (2000, p. 139) writes: "it is noteworthy that even critical accounts of public service provision very seldom recognise lesbians and/or gay men as a service user group".

Institutions, social workers and caregivers are different entities with different and sometimes competing agendas and goals. While the institution holds the overarching responsibility for the wellbeing of the young person, including ascribing responsibility for providing information about relationships and sexuality, studies conducted in the United States (Elze et al., 2001) and the United Kingdom (Barter, 2006; Corlyon & McGuire, 1999; Knight et al., 2006; Warwick et al., 2009) demonstrate that institutions have failed to do this, and consequently young people have not adequately received the sex and relationship information which young people not in out-of-home care receive. Good quality SRE should be communicated to young people by a number of people in their lives both in their education settings and in their homes (Allen et al., 2014). Further complexity exists because caregivers are not sufficiently confident or equipped to provide young people with appropriate messages about sexual education (Knight et al., 2006), let alone deal with the complexity of providing care support and education but not imposing their own values. The appropriateness of caregivers transmitting such values to young people in their care was tested in the British Court in 2011 in *Eunice and Owen Johns v. Derby City Council.* Eunice and Owen Johns had applied to the local authority to become foster carers, having previously let their accreditation lapse. The local authority refused their request, on the basis that the Johns stated that there was no circumstance in which they would tell a child or young person in their care that same sex attraction was acceptable. The High Court found that "the attitudes of potential foster carers to sexuality are relevant [to their ability to care for children]" and upheld the Council's decline (Brayne, Carr & Goosey, 2015, p. 77). Caregivers with strong religious beliefs may challenge what is appropriate for them to share with children in their care, but many caregivers find it difficult to determine what is and what is not appropriate to share about sex and relationships. There is a missed opportunity to contribute to the sexual wellbeing of young people out-of-home care, as one study found that having a safe and stable relationship with a caregiver increased consistent condom use in young people in out-of-home care (Ahrens, McCarty, Simoni, Dworsky & Courtney, 2013).

Despite this lack of knowledge, caregivers are reluctant to engage in training about sex and contraception (Knight et al., 2006). In a study of social workers' approaches to sexuality education in the UK, one child protection social worker shared that "we had three training events for foster carers [about sex, relationships and education], but they were cancelled because we only had a couple of people who wanted to take part" (Knight et al., 2006, p. 62). This reflects the wider social context in which sex, and vigilance pertaining to sex, is at once pervasive but implicit. Caregivers are willing to place effort into acting in hypervigilant ways in order to regulate the sexuality of the young people they care for but are unwilling to place effort into exploring the most appropriate ways to support young people in their care to develop positive sexual identities.

In the UK, National Minimum Standards for Fostering (Department of Education, 2011) exist. One of these standards calls for the caregiver to act as *in loco parentis*, but other standards limit the caregiver's ability to make decisions in the same way as a legal parent. The standards state: "children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions", but also require the caregiver to maintain contact with the child's birth family and adhere to a standard of care that is not required for natural guardians. Similarly, in an online resource for caregivers, CYF stated a requirement for caregivers to "help the child to fit into the family", and then in a different part of the document, compelled the caregivers to acknowledge that the children will have "their own special identity and things from their family, whānau and background that are unique and important to them, like their religious or spiritual beliefs, their culture, where they come from and how they look" (CYF, 2014, p. 8). While it is possible for caregivers to balance assimilating a child into their family, while at the same time encouraging the child to identify with their family of origin, this is a complex task. In Warwick et al.'s (2009) study one caregiver commented "sometimes they [young person in out-of-home care] will have the parents around so it's not your responsibility as the carer [to talk to young people about sex and relationships] and it depends on who they want to talk to" (p. 82).

When a child or a young person has been removed from a family of origin, that family's ability to transmit values to the child or young person is limited, and the ability of the families with whom they live to transmit moral and social values to a child or young person is also limited because it is not within their remit. Wilkinson (1998, p. 112) observes, "families are the foundation of civil society, where we first learn moral values. Families generate social capital -

the trust and relationship skills which enable individuals to co-operate". Families of origin are also important conduits for sex and relationship education. Those who spend any time with their families of origin benefit from their contact; but some young people have no contact or a fractured relationship with their families (Diamant-Wilson & Blakey, 2019). Social workers feel uncertain about their ability and role in transmitting information about sexuality to children and young people on their caseload (Corlyon, 2004; Office of the Chief Social Worker, 2015). This diffusion of responsibilities, uncertainty about roles and lack of knowledge about how to deliver sex and relationship education well, results in a void of information and support for the developing young person to access this type of information. The effects of this are felt not only while the young person is in out-of-home care, but throughout their life. Young people are likely to have limited support systems once they leave out-of-home care (Barn, 2010; Cleaver, 2016) which compounds the need for them to receive the support they need from the adults who should care for them while they are still in out-of-home care.

## Conclusion

Existing literature demonstrates that organisations providing out-of-home care tend to be patriarchal (Green, 2005), and marginalise the sexuality of girls (Barter, 2006; Ericsson, 2005) and of young people who identify as gay and lesbian (Mallon, 1998). The literature also demonstrates the need for young people in out-of-home care to access more information about sexuality and relationships. SRE provides this information and is a basis for conversations challenging discourses about sex and relationships. There are layers of complexity to these conversations taking place as, although child protection institutions are positioned as *in loco parentis* to children in care, the responsibilities to young people in out-of-home care are diffused. Within the risk management paradigm in the provision of out-of-home care in New Zealand, conversations about sex and sexuality are avoided not just because of ignorance, but also because of the fear of impropriety. Social workers are not well positioned to respond to these complexities, as their caseloads are high and they do not have the opportunity to engage in the required reflexive responses.

As public institutions, organisations providing statutory child protection and out-of-home care reflect the environments in which they exist. While institutions providing child protection and out-of-home care in New Zealand have a long history of regulating sexuality issues, Oranga Tamariki operates within a neoliberal paradigm in which there is increasing policing of the poor. Evaluations of historical (Stanley, 2016) and current (OCC, 2015; OCC, 2016) child protection strategies demonstrate that in New Zealand statutory child protection organisations have failed to provide responsive out-of-home care to young people. Having provided the context in which policies and decisions about child protection are made, a more in-depth consideration of the regulation of intimacy is included in the next chapter.

# Chapter Four: The Theoretical Basis to the Thesis

## Introduction

The literature presented in the first three chapters explored and analysed the intersection between young people in out-of-home care and their lived experience. In presenting this literature, I explored the historical and contemporary contexts of this intersection and the marginalisation and exclusion that young people in out-of-home care experience. In this chapter I present and employ the theory which provides the epistemological foundation of this thesis. The theories within this chapter are presented in two distinct parts:

In Part One I develop my theoretical framework based on the literature I set out in the previous chapters. Specifically, I present social constructionism, interactionism and meaning making as the specific epistemological and theoretical bases for the thesis, that are used to understand and explore the relationship between young people in out-of-home care and the communities which they are a part of. In Part Two, I present the theories concerning the state's regulation of intimacy and families. Malthusian ideas of whose lives and whose reproduction is valued will be explored and applied to young people in out-of-home care. The ideas of Bourdieu (1996) and Donzelot (1979) will be utilised to explore the state's regulation of intimacy. The chapter concludes by applying these theoretical ideas to the intersection of child protection and sexuality.

## Part One: The theoretical framework underpinning the research approach

### A Social Constructionist Epistemology

The narrative tradition sits within a social constructionist perspective which underpins this thesis. This perspective rests on the belief that "meaning does not inhere in the object, merely waiting for someone to come upon it" (Crotty, 1998, p. 43). Social constructionism provides a way to think that acknowledges the very real feelings people have in terms of lived experiences, and to consider the ways individuals make meaning of those experiences depending on their specific social contexts. Social constructionism disrupts what people know by questioning how they come to know it (Crotty, 1998; Ezzy, 1998; O'Leary, 2010). As explained in the previous chapter, such a disruption is useful when exploring ideas about vulnerability and deviance.

A narrative, social constructionist approach was appropriate for this project because it provides a methodology designed to capture the intersection between individual experiences and dominant discourses about sex and relationships (Plummer, 1995, 2003). Narrative approaches are not only concerned with how people narrate their experiences, but with the scripts they do not have access to (Fivush, 2010). Dominant cultural scripts have the potential to become so pervasive that they eliminate the space for people to speak of experiences which do not fit within the paradigm. Furthermore, people who have experiences falling outside of the dominant paradigm only have the accepted script available to them and must describe their life experience in terms of their non-compliance with the culturally-expected script (Fivush, 2010; Plummer, 1995). Riggins (2007) describes this phenomenon as 'othering' Riggins writes "Self and external Other may be understood as unique individuals (I and You) or as collectivities that are thought to share similar characteristics (We and They)" (p. 4). This understanding is then used to affirm the power of those who are positioned as normal, and *others* those whose discourses are already marginalised.

Those who hold positions of power construct parents and children who are living in poverty, or whose children are abused and neglected, as *the other*. Those in positions of power are able to construct themselves as the *we* by creating discourses in the media, creating policies, and providing services which privilege two-parent heteronormative families. Those who benefit from this dominant discourse use it to affirm the power of those who are positioned as normal, and the lack of power of held by those who are considered to be others is perpetuated. The theme of being othered appears consistently throughout this chapter and the results chapters. Participants were othered, because of their status of being in out-of-home care and because of their stigmatised sexual identities. Riggins (2007) observes that those who are marginalised do not have the opportunity to contribute to dominant discourses, and consequently dominant discourses measure them against those who are not marginalised.  Even the language and narratives used by those who are themselves marginalised reflects the structures and ideas promoted by, and convenient to those who hold power. When a researcher conducts interviews with people whose identities have been marginalised, there is both a challenge and value in constructing an approach which acknowledges that these scripts may represent the participants' reality, but may also reflect dominant and disempowering discourses.

Social constructionism, when approached from a narrative perspective, provides a tool to examine the scripts that are readily available to people and considers the implications for a person of not having an available script to use to describe their experience.  While social constructionism and post-structural approaches eschew essentialism, the type of social constructionism associated with narrative theory does not go so far as to deny the existence of a level of reality (Hammack, 2005; Homfray, 2008; Plummer, 1995). Plummer (1995) argues that a complete denial of any form or sense of reality is in itself a modernist task: "there is no 'absolute' as the early scientist thought, but neither is anarchistic and epistemological nihilism the way ahead" (p. 143). Hammack (2005) warns of the dangers of accepting either a purely essentialist or a purely constructionist view of the world, instead promoting a narrative life course theory which can "acknowledge the dialectical process between internal, external, biology and culture, person and society … [moderating] the polarizing metatheoretical perspectives in sexual orientation research" (p. 269).  Approaches such as those described above are framed as 'moderate constructionism' by Homfray (2008) who advocates for such a moderate constructionist approach when researching and discussing sexuality, because it is less important to consider what aspects of sexuality are due to biological predisposition, and which are due to social constructions, than to consider how people can, and how people do express their sexual identities.

## Social Constructionism, Interactionism and Identity Development

In addition to being social constructionist and narrative, Plummer describes his thinking and the notion of sexual stories as 'interactionist' (Plummer, 1995, 2003). He positions interactionism as a part of social constructionism, and writes:

> Interactionism insists on being a humble theory, not claiming too much and not dealing with major abstractions and false dualisms. Indeed the real task of an interactionist is to simply look as social life as people 'do things together'. Its core interests lie in the doing of ethnographies and in an intimate familiarity with ongoing social (sexual) worlds. (Plummer, 2003, p. 524)

Symbolic interactionism "is concerned with how the members of a society manipulate cultural resources—meanings and symbols—in order to construct a common world and their place in that world" (Brickell, 2006, p. 416). Plummer (2003) explains why interactionism may be applied to narrative research about sexuality, as interactionism's "concern with meaning, process, interaction and a grounded familiarity with everyday life make it a prime tool for approaching all aspects of social life as they emerge and transform" including the erotic and the sexual (p. 528).

Symbolic interactionism was first used as a tool to understand sexuality by Gagnon and Simon (Epstein, 1991; Whittier & Simon, 2001). Gagnon and Simon (2011 [1973]) theorised three layers through which sexuality is understood: 'cultural scenarios', 'interpersonal scenarios', and 'intrapsychic scenarios' through which sexual scripts are developed. Epstein (1991) argues that Gagnon and Simon's sexual script approach offered an acknowledgement of personal identity present within the theory, which other social constructionist approaches to sexuality had not. The sexual script approach provides the basis for the notion of 'sexual stories' (Plummer, 1995; Gagnon & Simon (2011). The notion of 'sexual story possibilities' (Hammack, 2005) encompasses an understanding of sexuality which acknowledges the intrapsychic aspects of sexuality, the societal context in which that exists, and the post-modern possibilities available in terms of sexual identity and behaviour. Any notion of naming and self-labelling is socially constructed and cannot fully represent the complexity of a person's sexual identity but allows people to identify and express themselves to some extent. Also writing from an interactionist perspective, Ahmed (2006) emphasises that naming sexual identities including heterosexuality is not about describing behaviour, but rather about describing how people are positioned within society, writing:

> In the case of sexual orientation, it is not simply that we have it. To become straight means that we not only have to turn towards the objects that are given to us by heterosexual culture, but also that we must 'turn away' from objects that take us off the line. The queer subject within straight culture hence deviates and is made socially present as deviant. (p. 21)

Using terms such 'gay' or 'lesbian' within a sexual story context means that both the socially constructed nature of naming and the reality for individuals is captured but the contextual complexity is also acknowledged.

Thus, the approach that I have used within this study to consider the sexual lives of people is social constructionist, narrative and interactionist. This approach considers that while individuals may have their own intrapsychic, or even physiological processes which impact on their sexual behaviours, desires and identities, such qualities exist within a specific cultural context. Mackenzie (2013) writes: "the stories we tell are shaped by and through our social positions, our embeddedness in structures of social constraint and possibilities, and the intimacies of desire and social relationships" (p. 3). The notion of sexual stories and sexual story possibilities offers a paradigm that goes beyond outmoded labels such as 'heterosexual', 'gay' or 'lesbian'. Thinking in terms of sexual stories and sexual story possibilities provides an opportunity to explore how people think and behave, as well as how people think they should behave in terms of the interconnection between sex and love, relationships, wellbeing, religion and spirituality as well as their social world (Hammack, 2008; Hammack & Cohler, 2009). It is important to acknowledge that sexual identity cannot be neatly compartmentalised, and rather it is an aspect of a person's entire set of identities (Hammack, 2008).

Recent theory about identity emphasises the importance of the context in which the identity is created, acknowledges that identity is dynamic, and points to the reality that self-identifying can be a fraught process (Burr, 2003; Hammack, 2008). Hammack (2008) defines identity as "ideology cognized through the individual engagement with discourse, made manifest in a personal narrative constructed and reconstructed across the life course" (p. 223). Therefore, the term sexual story possibilities acknowledges that a person may hold multiple and sometimes competing identities, and the identities available to them are often limited by discourses privileged by society. What then becomes significant is how people can use those discourses to make meaning of themselves and the world around them. Sexual story possibilities describe the meanings people make about their sexual identities and sexual lives.

Like sexual story possibilities, meaning making is a more wide-ranging notion which acknowledges a person's social context and their individual experience of that context. McAdams (2005) writes that the meanings people make over their lives

> …are more than either the idiosyncratic tales of either self-contained individuals or the passive recitations of society's dominant narrative forms. Instead, life stories represent the creative, contested, and constantly evolving interplay between a storytelling agent and a complexly structured and storied world … Even in the most heroic tales authorship is always joint – a project shared by the narrator himself [sic] and the world wherein his [sic] story is told. (p. 253)

People who are in, or who have been in out-of-home care have their personal experience of that care, but that experience is impacted by how their communities and countries situate those who are in such care. This is particularly the case for those who have been marginalised, as Featherstone, Morris & White (2014) write, "we have come to see social position as a key feature of a person's identity in an unequal society" (p. 5). One of the tasks of this thesis is to describe people's experiences of out-of-home care, particularly in terms of the relationship between their being in such care and their sexual stories. In order to describe these situations meaningfully, it is important to consider how the participants have been situated by their society. As young people within out-of-home care experience lower social status and the associated stigma, the notion of shame is intrinsic within this positioning. Wilkinson and Pickett (2009) write: "shame and its opposite, pride are rooted in the processes through which we internalise how we imagine others see us" (p. 41). Thus, while the participants' stories are provided within this project, of equal importance is the description and exploration of the social contexts in which the stories were created, told and heard. Participants, like other people have a level of agency over how they respond to their social context, and particularly how they form their identity within their social context.

## The Importance of Meaning Making

'Meaning making' describes "sets of assumptions that determine how an individual perceives and organizes one's life experiences" (Abes, Jones and McEwen, 2007, p. 4). Meaning making describes the way people look to understand events in the past, not only to develop insight into those events, but to develop an understanding of themselves in the present. The search for meaning, and the understanding of the self, facilitates self and external identification (Abes et al., 2007; Baxter Magolda, 2009; Frost, 2013; Frost et al., 2015, Kegan, 1982). Meaning making aligns with narrative theory as both claim: "human thought and behaviour are shaped by people's memories of what happened in their past in relation to their perceived present circumstances and imagined futures; all of which are organized, told, and retold in the form of stories" (Frost et al., 2015, p. 2).

Some models of meaning making describe orders of meaning making, which are increasingly complex structures used to make sense of themselves, others and their place in society. For instance, Kegan (1982) argues that a failure to make meaning of one's identity and experiences leads to a person not being able to completely delineate between themselves and others. This failure to delineate causes difficulties in interpersonal relationships—particularly romantic relationships—and a lack of coherence of the self. Identities are generated internally and externally. Abes et al. (2007) argue that "movement toward an internally generated identity [allows people] to define for themselves relationships among multiple identity dimensions such that they peacefully co-existed" (p. 11). These propositions emphasise the importance of a person making meaning of their own story, then using that understanding to develop positive interpersonal relationships with others.

Adults who have been in out-of-home care have had disrupted and unexpected relationships with their parents; these parental relationships influence the way that they make meaning in romantic relationships (Cook-Cottone & Beck, 2007, Holland & Crowley, 2013).

> For most children, parents or caretakers are the storytellers and keepers ... reminiscing, telling children stories about times in their own earlier lives, provides children with information about how to be a "self" in their culture. Parents and caretakers are like scaffolding, providing the needed support for children to construct and hold their life-stories. They reminisce and store pictures, artefacts, and memories for the children, prior to the children's ability to do so for themselves. That is, for the children, they create markers for memories and rehearse and repeat narratives for the construction of self (Cook-Cottone & Beck, 2007).

Cook-Cottone and Beck highlight the role caregivers play in constructing the self, but the socially constructed role of parents requires additional consideration. In the second part of this chapter, this constructed role of parental responsibility and the relationship between potential parenting, actual parenting and the state, will be explored.

## Part Two: Theoretical Understandings of Families, Sexuality and Intimacy

### The State's Regulation of Intimacy

There is a paradox in the relationship between sexuality, wider society and the state: while society explicitly positions sexuality as one of the most private aspects of a person's life, the state places regulations around sexuality. Lacquer (1990, p. 11) writes that states have had a history of inserting themselves into individual's lives because "human sexual experience mirrored the metaphysical reality on which, it was thought, the social order rested". There is a relationship between sexuality and public health, sexuality and reproduction, reproduction and the family, and the family and the population—all of which are implicitly or explicitly regulated by the state. Ribbens McCarthy et al., 2000 write: "family lives under changing circumstances are the focus of public scrutiny and debate, with the needs of children accorded a status of public accountability" (p. 785). These regulations are at times explicit, for instance, the criminalisation of same sex activity, the age at which someone can be deemed to consent to sexual activity, or the state having the exclusive domain and licensing of marriages. At other times these regulations are less explicit. For example, in New Zealand there are economic programs such as 'Working for Families' which provide tax credits to families with children, and disproportionately more to those families with working parents (Cheyne, O'Brien & Belgrave 2012). By providing tax credits and subsidies to particular families, such a programme promotes reproduction and a particular type of family which is namely nuclear, reproductive, and in paid work. In response to the Young Parent Payment for parents in New Zealand who are aged between 16 and 19 in place of benefits other parents are entitled to, Ware et al. (2016, p. 511) writes that the wrong type of parent is "a burden on the economy", and the burden justifies breaching young parents' rights. Keddell (2011) writes that normative frameworks of parenting assessments in New Zealand "frequently rest on preconceived ideas closely connected to socio-historical ideals inherently concerned with morality" (pp. 1255–1256).

Donzelot (1979) refers to such policies as 'the policing of the family', which emerged when modern European countries went from being a "government of families to a government through the family" (p. 48). Social work interventions have largely been about the government intervening and placing themselves in the lives of families to enact a larger state agenda. The state's methods are sufficiently entrenched in discourses so that people within what is understood to be traditional families feel that they have agency, while in fact they are conforming with the state's ideals of heteronormative, reproductive families (Bourdieu, 1996; Donzelot, 1979). Although the family is a social construction, it is a construction that comes with privilege and "one of the major conditions of the accumulation and transmission of economic, cultural and symbolic privileges. The family plays a decisive role in the maintenance of the social order, through social as well as biological reproduction" (Bourdieu, 1996, p. 23). The state has a vested interest in encouraging reproduction to ensure there are subsequent generations of citizens; however, the state also has a vested interest in ensuring adults do not have children for whom they are unable to provide care or to provide for financially. Furthermore, family structures replicate and transmit privilege, or a lack thereof (Reekie, 1998). In response to the New Zealand Government's treatment of young mothers, who are disproportionately Māori, Ware et al., (2016) observe the:

> …neoliberal rhetoric of individual responsibility for wellbeing and economic productivity positions early childbearing as undermining good citizenship by potentially delaying education and employment for mothers. Discourses about the 'good' and 'right' parent as financially independent, married, heterosexual, white, middle-class and educated further stigmatise young (unmarried) indigenous mothers on welfare. (p. 500)

As workers whose roles are largely funded by the state, social workers have a specific role in enacting the state's agenda in relation to families. Smith (2008) writes that social workers represent the states' "'concern' for personal and social problems which are accepted as 'public issues'. Their 'expertise' provides legitimacy for interventions on behalf of the state" (p. 107). This legitimacy is used to justify maintaining social control over what is considered deviant. Thus, it becomes the role of social workers to promote family structures which are consistent with the state's preferred family type—financially resourced two-parent families reproducing the right number of children—and to police those families who are not consistent with this model. In terms of social work frameworks and social work practice, those who are employed by the social service agency are seen is the we, while clients are seen as the other. The we and other dynamics existing between social workers and clients reflect wider power and class dynamics existing in society, whereby one group holds power, and one group does not. The social work profession as a whole has a problematic relationship with class. Although social work claims to be a profession underpinned by principles of social justice and equality, it is often members of a privileged class *doing* to members of the working, or unemployed classes (Hyslop & Keddell, 2018, Smith, 2008). Smith, (2008, p. 107) writes:

> … welfare professions provide a rich source of desirable jobs … for members of the elite and middle-class groups where such groups can enjoy varying degrees of power, privilege and freedom in their work, and through their efforts helps maintain the system which supports them.

The type of systems Smith (2008) describes privilege two parent families who are in paid work and who care for their children. States and societies promote reproductive heteronormativity through favourable treatment such as tax advantages and favourable representation in media. These advantages contribute to the dominant discourse that those who are part of financially resourced, two-parent, reproductive families are preferred citizens (Bourdieu, 1996; Donzelot, 1979). One current discourse is that non-heteronormativity threatens heteronormativity. For instance, arguments against marriage equality in the press position marriage between people of the same gender as threatening marriage between people of the opposite gender (Adam, 2003; Jowett, 2014). Furthermore, while heteronormativity marginalises those who do not receive the privilege of heteronormativity it also constrains those who enjoy heterosexual privilege (Bhattacharyya, 2002; Jackson, 2006).

As well as constituting reproductive heteronormativity, the family is also a place of transmission between generations about what is appropriate in terms of sexuality and reproduction (Bourdieu, 1996). Most young people are first exposed to ideas about what is appropriate and inappropriate sexually from their families of origin (Bhattacharyya, 2002; Schalet, 2011). The ideas transmitted by their families develop and are maintained within a wider social context, which the young person increasingly connects with directly outside of their family of origin as they get older (Bhattacharyya, 2002). The experience of being removed from their family's care, as well as the experience of living in out-of-home care, contributes to the identities which young people construct and maintain while they are in out-of-home care, as well as the subsequent identities they construct and maintain throughout their lives. Those identities are informed not only by the experiences, but also by the stigmatisation associated with those identities, which I will discuss more in Chapter Seven.

Young-people in out-of-home care challenge dominant discourses about the importance of children living with both of their parents (Ericsson, 2005; Reekie, 1998; Ribbens McCarthy, 2000). The worth of young people in out-of-home care may be diminished by individuals and the communities in which they live because of the implicit discourse existing in European and English speaking countries that if a child does not have two married opposite sex parents caring for them then they are of lesser value and greater cost to society (Reekie, 1998, Ribbens McCarthy, 2000). The sexuality of parents who have children in out-of-home care challenges dominant discourses that the primary purpose of romantic partnerships and sexual activity is procreation, and the resultant children should continue to be cared for by their biological parents (Reekie, 1998, Ribbens McCarthy, 2000). Ribbens McCarthy (2000), writes that "parents who are seen as placing their children at potential risk through their repartnering or non-residence are in a morally questionable situation, and especially have at stake their own moral identities" (p. 786).

Such ideas which stress the social nature of reproduction and the right of the state to interject in reproduction can be described as 'Malthusian' (Foucault, 1979; Reekie, 1998). Malthus was a 19th century theorist who posited:

> The infant is, comparatively speaking, of little value to the society, as others will immediately supply its place. Its principle value is on account of its being the object of one of the most delightful passions in human nature—parental affection. But if this value be disregarded by those who are alone in a capacity to feel it, the society cannot be called upon to put itself in their place; and has no further business in its protection... . (Malthus[1803], 1986, p. 517 in Reekie, 1998, p. 53)

Malthus goes so far as to argue that ensuring that children are not supported by local parishes will ensure their death, which will discourage behaviour that is positioned as promiscuous, between the unmarried and also between the poor (Reekie, 1998). Early in the 20th century, in New Zealand, there was similar concern that legislation designed to ensure children were not harmed in foster care "could enable the 'wrong' population to prosper by enabling single mothers to offload their responsibilities, thereby encouraging vice and undermining the family" (Dalley, 1998, p. 52).

While Malthus was writing two centuries ago, and these views were considered extreme by some even at that time, the concept of controlling the sexual behaviour of some people because the reproduction that occurs is burdensome to society, still exists in current discourses and is used to justify intervention in the lives of marginalised people (Reekie, 1998). In a large-scale study of social workers and health workers who visited the homes of families in the United Kingdom in the mid-1990s, Dingwall, Eekalaar and Murray, (2014) found "it does not seem to us that the net result [of the visits to the families] is very different from more traditional concerns to limit the reproduction of the poor, although, of course, the reasons are not identical" (p. 91). Dingwall et al. also found that social workers and health workers held implicit concerns about the motivation of poor women to become pregnant and have children.

These Malthusian concerns about reproduction by the poor also exist in contemporary New Zealand (Provan, 2012; Ware et al., 2016). In a survey of New Zealand media articles relating to non-accidental child deaths, Provan (2012) observes that the dominant discourse in mainstream New Zealand media is that "bad motherly behaviour – too many children, too much sex, too many partners, appears not so much a feature of a dysfunctional life, as a cause of death in and of itself" (p. 23). In 2011 in separate articles, two regular columnists in *The Herald on Sunday* (a mainstream newspaper with a substantial national New Zealand circulation) Deborah Coddington and Kerre Woodham, expressed a Malthusian perspective in a contemporary context when discussing children who have been the victims of violence:

> Let's turn the spotlight on those mothers who are abject failures. All those mothers who haven't got a clue who their children's sperm donors were. All those mothers who have children because they get paid to - and, let's face it, they wouldn't get paid to do anything else. Those mothers who stay with men who hurt them and their kids because they're so pathetic and useless that any shag - even when it comes with a biff - is better than being alone (Woodham, 2011).

> Brighton and Partington [respondents to Woodham's column] also claim we have "no right to judge a woman for falling pregnant and choosing to keep a child if she wishes to". First, I hate that phrase "falling pregnant" - babies are made by having sex, not tripping over. Second, when kids are abused - sexually or physically - we damn well do have the right to cast judgment (Coddington, 2011).

In March 2017, another *New Zealand Herald* columnist commented about the birth of a child to a woman who had been involved in the death of another child ten years earlier. The paper had reported the woman was pregnant with her fifth child. CYF confirmed to the newspaper that they would be involved with the child. Rachel Smalley wrote:

> A fifth child on the way. A fifth child likely to enter state care. Quite apart from the social implications, consider for one moment to the cost to taxpayers. [Name I have redacted] is a baby factory. And it will cost taxpayers millions of dollars to raise her

> children ... why isn't this woman using the contraceptive injection? ... I'm sure she probably wouldn't be motivated enough to take herself to the doctors, but could Family Planning get to her every three months? I know some of you will say withhold her benefit every three months until she's had the injection ... and it beggars belief why we can't make that happen. (para. 13)

Smalley literally dehumanises both the woman and her children by describing her as a “baby factory”. She expresses no concern for the woman or her children and instead is concerned with "taxpayer dollars". Smalley's use of the term “taxpayer” is an othering discourse and assumes the reader would not be a client of a statutory child protection system. The use of the term taxpayer dollars involves what Hackell (2013) describes as the "privileging of the taxpayer over other forms of citizen identity" (p. 130) which has been intrinsic in neoliberal discourses in New Zealand since the 1990s (Hackell, 2013). Such discourses are a misnomer, as within New Zealand, taxes are paid on benefits and all goods and services, and government assistance is provided to commercial enterprises as well as to all citizens aged over 65. Smalley's argument is an example of what Wacquant (2009) observes as the policing and subjugation of the poor, when they fail to be the citizens that the elite require, and what Beddoe (2015) observes as the demonisation of poor, Māori women. Furthermore, Smalley offers a modern-day Malthusian argument that if a woman cannot care for a child, then it is better that the child does not exist. Such an argument reproduces Malthus’s centuries old expectation that married heteronormative families should and can reproduce, but not more children for whom they can provide, themselves. Traditionally the state has relied on and promoted the ‘right’ type of families reproducing the ‘right’ type of children in order to provide the next generation of working citizens, making reproduction a public issue (Reekie, 1998; Wacquant, 2009). At the same time, states and societies have established policies which reject a communal approach to the raising of children and place the sole expectation for doing so with parents (Wacquant, 2009). Dingwall et al. (2014) write that the normative standard which is used by social workers to assess families “does embody traditional marital values. It might be summarised as depicting a household which was a secure, stable, sexually exclusive, internally harmonious unit of law-abiding and responsible citizens" (p. 92)

Ribbens McCarthy (2000, p. 789) explain that the unquestioned discourse "adults must take responsibility for the children in their care and therefore must seek to put the needs of children first" has become the most significant moral imperative in contemporary Western societies. Furthermore, current discourses compel parents to be primarily positioned in response to a dependent child, as a carer for that child (Ribbens McCarthy, 2000).

Non-white parents (Beddoe, 2014, Hyslop & Keddell, 2018;  Reekie, 1998; Wacquant, 2009; Ware et al., 2016), parents not married to the other parent of their child (Dingwall et al., 2014; Reekie, 1998; Ribbens McCarthy, 2000) and poor parents (Dingwall et al., 2014; Hyslop & Keddell, 2018; Keddell, 2014; Reekie, 1998; Wacquant, 2009) are subject to particular surveillance by the state as they are seen as being less capable as parents, and their children are seen as having the potential to disproportionately consume state resources, and insufficiently contribute to society (Keddell, 2018; Reekie, 1998). The Ministry of Social Development did not publish statistics on the income levels of the families in contact with Child Youth and Family and Oranga Tamariki has also not published statistics relating to income levels.  However, within New Zealand "the likelihood of assault, neglect or maltreatment is four times higher for a child from the poorest quintile" (St. John & Wynd, 2008, p. 84). While it is important to recognise that the terms 'neglect', 'maltreatment' and 'poorest' are value-laden and used, which constitutes an issue in itself, this statistic indicates that families who have a lower socioeconomic status are more likely to come into contact with child protective institutions. Hyslop and Keddell (2018) observe the reasons poor families are more likely to have contact with child protection systems are complex, but that the risks associated with income poverty "increase the likelihood of poorer health, education and well-being outcomes for the children of the poor" (p. 6). Other factors include that stressors associated with parenting in poverty increase the chance of child maltreatment and that people who are poor are more likely to be placed under surveillance and reported by health and social service workers (Hyslop & Keddell, 2018).

The concern about the care of children of parents who are poor sits within a suite of policies specifically targeting the reproduction of families who receive government benefits. In 2012, the fifth National Government implemented a policy whereby female beneficiaries and their daughters aged between 16 and 19 were offered long term contraception funded by Work and Income New Zealand which was free to the recipient (Russell, 2012). In discussing this policy, economist and advocate against poverty Susan St. John describes it "as a problem that some women are picked on because of their circumstances, because it all contributes to that view that they are the 'Other'" (Russell, 2012, para. 13).

One of the consequences of being considered the other is that families who have involvement with child protection are more likely to be considered at risk and risky. Garrett (1999) writes: "since the 1990s the notions of 'at risk' and 'child protection' have frequently been scrambled and used to suggest that embattled communities need to be protected *from* wayward, troublesome, even dangerous children" (p. 294). Young people in out-of-home care are considered wayward, troublesome and dangerous because they are the children of those who are living on the margins. Simultaneously, they are considered at risk because of who their parents are. This is the case in terms of the sexuality of those in out-of-home care: it is considered both risky and at risk by people in their communities and the institutions caring for them (Barter, 2006; Holland, 2009).

As I discussed in the previous chapter, non-heterosexual behaviours and identities (Mallon, 1998) and female expressions of sexuality (Barter, 2006; Ericsson, 2005; Green, 2005) are particularly vulnerable to being framed as problematic in academic and policy-making discourses and practice. The problematisation of sex other than cis-hetero-sex is a means of subjugating women and sexual minorities (Jackson, 1996, 2006; Rubin 1984). Foucault (1978) argued that sex is a means by which power is transmitted between individuals and the society in which they live, not because sex is inherent in the flesh but because it is a way of fashioning oneself through the body.

Foucault's thinking has been critiqued by some feminist writers who argue that Foucault's theories fail to take into account the privilege men experience and overstate the ability of females to gain or hold power (Ramazanoglu, 1993). Other feminist post-structural writers such as Butler (2004) expand on Foucault's theory of sex as power, but pay extra attention to societal discourses that compel people to behave in particular ways, emphasising the relation to gender and sexuality. Foucault's (1978) and Butler's (2004) observation that the compulsion to behave in a particular way in terms of sexuality and gender in order to gain acceptance in society is particularly powerful is especially relevant to young people in out-of-home care, who have very little power. Furthermore, Foucault's observation that the contradiction between the apparent silencing but hyper-vigilance of sexuality he observed is particularly pertinent in relation to young people in out-of-home care, as what is considered "the private domain" has already been made public by entering out-of-home care (Bullock et al., 2006; Foucault, 1978; Green, 2005). While de-institutionalisation has been a feature of social service provision in the United Kingdom, Australia, and New Zealand over the last 30 years (Connolly & Morris, 2012), the fact remains that the most intimate aspect of children's lives—where they live and who they live with—continues to intersect with political decision making.

In the current environment "social work is essentially a political activity, constantly having to respond to challenges that reflect dynamics produced by the shifting priorities of government" (Powell, 2013, p. 45). As described throughout this chapter, class dynamics are inherent in the politicisation of social work. Wider political decisions are made by those in positions of authority, who tend to represent and be constituted of the middle class. The policy frameworks that support these decisions—for instance, the development of statutory social work assessment tools and decision-making guidelines—also tend to be made by members of the middle class. The middle and upper classes are more likely to participate in political decision making. Edmiston (2017) found that New Zealanders who are living with economic deprivation are less likely to believe they have citizenship rights. A study of the 2014 New Zealand general election found: "of people who had more than enough money to meet their everyday needs, 91 percent voted. This compared with 76 percent of those who did not have enough money to meet their daily needs" (Stats NZ, 2018, para. 9). The same study found the main reasons for people not voting were feelings of disenfranchisement (54%), and perceived barriers, such as not knowing enough about the candidates (30%).

In addition to the fact that political decisions are more likely to be made by middle-class people who have been elected by middle-class people, the enactment of these policies and frameworks are more likely to be carried out by social workers who are also members of the middle class (Smith, 2008). For young people in out-of-home care and their parents, decisions are made for them by the middle class who work to perpetuate not only middle-class values, but to organise society in such a way that it facilitates the comfort of the middle class. As part of this perpetuation of middle class and heteronormative values, the sexuality of young people in out-of-home care and their parents become both public and politicised.

## Conclusion

This chapter began by considering the wider theories underpinning this thesis, and presenting the ways in which social constructionism, interactionism and meaning making provide lenses to consider ways in which young people in out-of-home care are positioned within their communities. As I am presenting the stories of people whose intimate lives intersects with public life, these theories enable a consideration of the world in which the person is positioned, and the way they personally come to understand and adjust to that positioning. Malthusian theory is used to understand the historical phenomenon whereby a person's worth has been measured by their parents' ability to care for them, and the concern that society should not care for other people's children. Wacquant (2009) describes the re-emergence of concerns about the right type of carers having the right type of children as a part of neoliberalism, with moral concerns transformed into economic concerns; and therefore, justifying the interest of the public and the state. In this chapter I have provided ways to understand the participants' world. In the subsequent chapters, I will use the theoretical framework developed here to understand the meanings participants have made of their lives.

# Chapter Five: A Narrative Approach to Methodology

## Introduction

This project actively sought to listen to the voices of people who had not had the opportunity to be heard at a personal level, and whose stories had been silenced by dominant cultural discourses about childhood, families and sexuality. The intersection of personal and cultural silence deepens the experience of marginalisation for young people in out-of-home care (Atwool, 2012; Atwool, 2016; Office of the Children's Commissioner, 2015). Fivush (2010, p. 91) writes: "silencing occurs at the cultural level for experiences that do not fit the culturally dominant narrative, and it also occurs at the conversational level with specific others who cannot hear what the speaker is trying to say". Those who are in or have been in out-of-home care do not fit the culturally dominant narratives about family membership, and in many instances other aspects of their identities are marginalised at cultural and conversational levels.

When designing the method for data collection, I required a methodology which would capture the intersection between personal and cultural narratives. A narrative approach was selected as it complements a social constructionist epistemology, and specifically highlights the importance of meaning making within people's lives (Ezzy, 1998; Hammack, 2008; Hollway & Jefferson, 2000; McAdams, 2005 Riessman, 2013; Somers, 1994). The more I explored the first research question, *what are the sexual stories of adults who have been in out-of-home care?,* the clearer it became that what was significant was not so much the experiences or relationships that participants had while in care and throughout their lives, but rather how they made meaning of them. To answer the question, it was significant to enquire how participants made meaning of their experiences or relationships in out-of-home care.

For this research, a narrative approach provided the methodological basis and the research methods which will both be explained in this chapter.

## Narrative Research

Riessman (2008) cautions there is no clear definition of narrative theory, but instead suggests the most important aspect of a narrative approach is the speaker's connection of events into a "sequence which is consequential for later actions and for the meanings which the speaker wants listeners to take away from the story" (chap. 1, para. 10). A narrative approach is utilised across a range of disciplines such as psychology, sociology and social work and for therapy and research, with the unifying factor being the exploration of the way in which, and the reasons why people shape their stories in a specific way (Ezzy, 1998; Hammack, 2008; Hollway & Jefferson, 2000; McAdams, 2005; Riessman, 2008, 2013; Somers, 1994). Riessman, (2008, chap. 1, para. 19) cites Salmon: "Stories demand the consequential linking of events or ideas. Narrative shaping entails imposing a meaning pattern on what would otherwise be random and disconnected". Narrative methodologies respond to knowing that humans seek to narrate their lives, and that those narratives are shaped and constrained by societal expectations of lives, behaviour and relationships. White (1980) writes that:

> So natural is the impulse to narrate, so inevitable is the form of narrative for any report of the way things really happened, that narration could appear problematic only in a culture in which it was absent or, as in some domains of contemporary Western intellectual and artistic culture, programmatically refused. (p. 5)

A narrative within a social constructionist approach seeks to ask serious questions about the empirical world without denying its existence. This narrative approach claims that narratives provide accounts of events and experiences, but narratives do not exist independently of the world and should be understood within the world in which they occur (Ezzy, 1998; McAdams, 2005; Riessman, 2013; Somers, 1994). As McAdams, 2005) writes, "stories live in culture. They are born, they grow, they proliferate, and they eventually die according to the norms, rules, and traditions prevailing in a given society, according to the society's implicit understanding of what counts as a tellable story, a tellable life" (McAdams, 2005, p. 250).

As narrators, people are situated and actively seek to situate themselves within particular discourses which speak to and construct their socio-cultural context (Hammack, 2008; Plummer, 1995; Somers, 1994). Somers (1994) describes narrative as a social condition in which “people construct identities (however multiple and changing) by locating themselves or being located within a repertoire of emplotted stories; that ‘experience’ is constituted through narrative” (p. 614). Throughout the thesis I employ and discuss narrative as a theoretical approach. The key feature of narrative theory is that it is a description of how people live, rather than an artificially constructed way to theorise people’s lives. A narrative approach is useful to make meaning of peoples’ experiences and interactions, but more so to understand how people make their own meaning of their experiences and interactions (Hammack, 2008; Hollway & Jefferson, 2000; McAdams, 2005; Riessman, 2013). Within this project, a narrative approach allowed me to consider the ways in which participants’ stories were products of discourses of which they were a part, on personal level and socio-cultural levels, and to explore the nature of those discourses. My role as a researcher was to seek, mediate, record and consider these narratives. This co-constructive process of narrative research is discussed in depth in Chapters Six and Eleven.

Such an approach is consistent with the Māori notion of kōrero. Ware, Breheny and Foster (2017) write that within “indigenous culture, stories are a common repository of knowledge and facilitate the process of knowing” (p. 45), and narrative inquiry offers a way for Māori, to present their complex and nuanced experience of the interrelatedness of their society, their personal kōrero and their identity in relation to their whanau and whakapapa. Narrative inquiry includes Māori voices which are too often missing in research (Ware et al., 2017). As a non-Māori researcher, a theoretical approach that valued story-telling provided me with more opportunities to engage with participants who held different identities and had different experiences from me by communicating in a way which was common to us both.

## Life Course Narratives

As discussed above, a range of approaches to narrative research exists. For the purpose of this project, the approaches I used emphasised the importance of stories across the life span (Fivush, 2010; Frost, 2013; McAdams, 2005). Life story construction has been described as meaning making, identity making and psychological construction (Fivush, 2010; Frost 2013; McAdams, 2005). The story a person constructs at the time an event occurs may not be the same story they relate years after the event. The understanding of self is constantly changing and, with a changing understanding of self comes a changing understanding of events and interactions (Fivush, 2010; Frost, 2013; McAdams, 2005). However, the understanding of self is always contingent on societal discourses (McAdams, Reynolds, Lewis, Patten & Bowman, 2001, McAdams, 2005; Riessman, 2013). Bamberg & McCabe, (1998, iii,), in Riessman, 2013, p. 171) observe that:

> With narration, people strive to configure space and time, deploy cohesive devices, reveal identity of actors and relatedness of actions across scenes. They create themes, plots, and drama. In so doing, narrators make sense of themselves, social situations, and history

Thus, it was important for me to employ an approach which recognises that people understand things in different ways over time, as I was asking adults to specifically recall another part of their life. In asking the research questions I was not setting out to find out how young people who are currently in out-of-home care make meaning of that experience. Instead, I sought to critically explore how adults who have been in out-of-home care made sense of that experience as adults. Layered through the exploration of this experience is the role societal discourses play in the recollection and the retelling of experiences. This occurs in two ways: firstly, how the participants were positioned by society as young people affected their experience of out-of-home care; and secondly, how their current societal positioning affects their recollection of the experience. Thus, a life course approach to narrative theory is appropriate as it assists the researcher to consider how people make sense of themselves within their socio-cultural context, and the interaction over time at socio-cultural and personal levels. People's formulation of narratives is informed by, and constituted by, their senses of self across time throughout their lives. McAdams et al., 2001, write that:

> in late adolescence and early adulthood, most people in modern societies begin not only to formulate narrative understandings of self, but to use those understandings to explain their place in society to themselves and to others. Doing so provides their lives with a semblance of unity and purpose and establishes a meaningful psychosocial niche. The process of identity making through life story construction continues throughout most of the adult life course as people refashion their internalized narratives of self—and the process is profoundly shaped by the cultural rules and traditions concerning good lives and good stories to which the person is exposed. (p. 475)

Consequently, within this project I sought to explicitly consider the ways in which past experiences, particularly experiences in out-of-home care, and romantic and sexual experiences informed the participants' present constructions of themselves (as adults). I also sought to understand the ways in which the changing meanings people made over their lives impacted on their sexual and romantic experiences and identities. In practice, the delineation between the former self (a child or young person in out-of-home care) and current self (an adult not in out-of-home care) was complex. Participants responded to this delineation in several ways which are discussed in Chapter Nine.

Ezzy (1998) writes: "one of the central questions raised by narrative theory for qualitative methods is how to account, in theory and analysis, for the relationship between the events of lived experience and the expression of these events in a narrative" (p. 170). Narrative theory has the potential to acknowledge a person's humanity, while exploring how societal constructions have influenced not only their stories, but the ways in which they tell their stories and the ways in which their stories are heard. The role of the researcher is to relate these stories in such a way that the intention of the storyteller is present in the researcher's account. The researcher must then be mindful of the context of the story, as it is in the context in which an experience occurs, as well as the context in which an experience is recounted—and that recollection listened to—which provides a language for the teller and the listener (Ezzy, 1998; Hammack, 2008; Plummer, 1995).

## Methods

A narrative approach provides the methodological basis and the methods for the inquiry. The interviews with participants constituted acts of not only participants' constructing narratives within non-scripted interviews, but the co-construction of narratives as "the [narrative] researcher does not *find* narratives, but instead participates in their creation" (Riessman, 2008, p. 24). Narratives become stories when they are told, and listeners have their own lens through which to perceive the story (Fivush, 2010; Plummer, 1995; Riessman, 2008). Riessman (2013) writes that when a person participates in research there are at least three levels to their narrative: on the first level the participant creates the narrative; on the second level the researcher forms their narrative based on the participant's narrative; and, on the third is the reader's narrative of the researcher's narrative of the participant's narrative. I accepted the inevitability there would be multiple levels of understanding of the research but designed the methods with the intention that the participant's words would remain explicit in the final project.

My role as the researcher was complex and will be explored in more detail in the next chapter. In the following section, I describe how I conducted the research, firstly by outlining the data collection method, then describing the stages which preceded and proceeded the process of data collection.

### Recruitment.

In some ways adults who have spent time in out-of-home care as children or young people constitute a 'hidden population' as this aspect of their identity is not explicit (Heckathorn, 1997). I developed a website (screenshots of the website are available in Appendix One) with the intention of gaining online visibility, and to elaborate on the information I could provide in advertisements. The website provided a detailed description of the project, of what participation in the project might involve, and my background. Despite my promotion of the website, no participants visited the website either before or after the interviews. While I thought the website would be useful if I was a participant in a study, it was apparent this was not the case for participants. When I asked them if they had visited the website, they did not provide me with reasons why they had not. Had I been considering participation in research, I would have wanted to know more about the topic, to assess its quality, and the researcher. In contrast, participants assessed whether they wished to participate in the project based on the conversation they had had with me before the interviews.

To increase awareness about the project I contacted several agencies I thought would be able to refer me to participants. These included: Grandparents Raising Grandchildren; The Open Home Foundation; The New Zealand Prostitutes Collective; Destiny Church; Rainbow Youth; and a programme facilitated by Dingwall Trust for young people who had left CYF care. All these agencies were receptive towards hearing about my research and communicated the information to their networks, but I only received contact from two participants through those networks.

I also posted information about the research on my personal Facebook page as well as the Facebook page where I promoted the work I performed as a marriage celebrant (see Appendix Two). From the post on my celebrant Facebook page, three participants contacted me. One of those participants then referred me to two other participants. I contacted two of the participants after seeing them in the media sharing their stories of being in out-of-home care. I wished to include perspectives from people who identified as same sex attracted, so when I thought I was nearing data saturation, but I had not interviewed anyone who identified as same sex attracted, I contacted Rainbow Youth again, as well as Curious, Outline and Gay New Zealand. I also created a Facebook post specifically seeking same sex attracted participants which I advertised on Facebook, sharing to both of my profiles and a Social Work group on Facebook in which I participated. From this post one participant contacted me as a friend of hers who is on the page told her about the research. It is significant that I received less contact from participants from places which were not associated with support or stigmatised identities (including the page relating to the project itself) and more contact from the more neutral pages promoting my celebrant work.

I attempted to use some aspects of Heckathorn's (1997) 'Respondent Driven Sampling' (RDS). RDS expands on 'snowballing techniques' by choosing appropriate 'seeds' to recruit further participants into the study, providing the participants an inducement for referring others using a voucher system, with the person who has recruited the participant being financially compensated for their time and costs in communicating with them (Heckathorn, 1997). While I offered this to all the first participants (until I knew that I was approaching data saturation) only one participant recruited other participants. While my assumption that adults who had been in care constitute a hidden population, I had not considered that, unlike other hidden populations, these adults would not necessarily have contact with each other. In many cases, participants had sought to isolate themselves from other adults who had been in out-of-home care, a phenomenon that will be discussed more in Chapter Seven. In one case, I felt the participant did not wish to share information about the project with other participants because they felt proprietorial about their role as being the keeper of stories about children and young people in out-of-home care in New Zealand. Even though the participant had extensive contacts and spoke to me with enthusiasm on multiple occasions they expressed to me they did not think other people who had been in out-of-home care in New Zealand were capable of coping with the interview process. The participant positioned themselves as a spokesperson for people who are in, or who had been in out-of-home care and I felt that the participant wanted me to present and highlight their story as unique, rather than consider their story along with other stories of people who had been in out-of-home care.

### Sample selection.

I used a non-random, purposive sample (O'Leary, 2010) and sought participants who were diverse in terms of gender, ethnicity, reason for coming into out-of-home care, socioeconomic status and sexual identity. The scope of the population I sampled:

- *Were born in 1978 or later and were aged at least 18 at the time of the interview.* Because of the additional considerations which would have arisen by including younger people, and because I was concerned with the place of sex and relationships across the life course, I chose to interview participants were who were aged 18 or older at the time of the interview. All participants are part of Generation Y, the generation born between 1978 and 2000 (Howe & Strauss, 2000). Interviewing participants who are part of the same generation increased the extent to which they shared a socio-cultural context, and their ages at the time of the interview. Once I started collecting data, I found there were differences between the experiences of older and younger participants in terms of the services they received from CYF or its previous iterations.
- Had spent at least 12 months (cumulatively) when they were over the age of five in the custody of Child Youth and Family or its predecessors or its future incarnations since 1989. As discussed in Chapter Two, in 1989 the Children, Young Persons and their Families Act was introduced and there were ostensible changes to the ways in which children and young people in state care were cared for. While two participants had spent a considerable

amount of time in care before 1989 (in addition to time since 1989), the participants did not distinguish between CYF or its previous incarnations. Participants had stayed with CYF caregivers (other than their family of origin), kinship carers who were approved by CYF, and contracted providers.

- Were able to discuss their sexual identity, their relationships and their time in state care without it causing them undue distress. Within the recruitment materials and also when participants contacted me, I was explicit that the interview would be about participants' lives, including their time in out-of-home care as well as sex and their relationships. Before the interview I spoke to each participant on the phone for at least 15 minutes so I could form a reasonable belief it was unlikely the interview would not cause the participant undue harm. My assessment of the potential for harm will be discussed within the ethics section of this chapter.

### Conducting the interviews.

Rather than conceiving of an interviewer who is an empty vessel and an interviewee who has specific knowledge that the interviewer needs, narrative interviews consist of a co-construction of stories and meaning making between a narrator and an interviewer (Hollway & Jefferson, 2000; Riessman, 2006, 2008), "the question and answer (stimulus/response) model gives way to viewing the interview as a discursive accomplishment" (Riessman, 2006, p. 181). Traditional interview, or stimulus/response formats (interviewer asks question, respondent answers; interviewer asks questions, respondent answers) have the potential to "destroy [participant's narratives] through following their own [interviewer's] concerns" (Hollway & Jefferson, 2000, p. 34). In contrast, "if sensitively practiced [narrative interviewing] can offer a way, in many research situations for investigators to forge dialogic relationship and greater communicative equality" (Riessman, 2008, p. 26). Interviews were conducted at a place which suited the participants. In some instances, this was the participant's home, in another my office, and in one instance, at a café. The shortest initial interview took just under 100 minutes, with the longest initial interview taking two hours and 40 minutes. In three cases, a follow up interview was held to seek further information from the participants. Two of the subsequent interviews were conducted on the phone. The participants all responded when I followed up with emails, phone calls, Facebook messages and text messages to find out how they found the experience of participating in the research.

I went into the initial interview with six questions I thought would be useful to ask at some point during the interview. Once I conducted the first interview, I found I had underestimated the extent to which participants would speak freely about their experiences, and I realised that the information they shared was more valuable than information they would provide by responding to a specific question on the schedule. I briefly showed participants the questions and told them I would like to discuss those things but invited them to just relax and talk, as I was confident we would talk about those things at some point.

I started the interview by asking the question: "So if I asked you to tell me your story, where would you begin?" Participants responded to this initial question in several ways: by telling me where they were born, or who their parents were, or when they were taken into out-of-home care. I used this question so that participants had the opportunity to choose where their story began and what was most important to them, and not assume the story would unfold in a linear or chronological way. As participants spoke, I asked them to elaborate on statements they made or asked them why they said specific things. In each of the interviews the participants' narratives flowed freely, with minimal encouragement. I had thought the interviews would last 60 to 90 minutes and would be comprised of finite narratives relating to sexuality and relationships. However, most initial interviews were around 120 minutes, and follow-up conversations lasted for up to an hour. My experience of the interviews is elaborated in the next chapter. While my research question was specifically about sex and relationships, narratives about relationships and sexuality are inevitably situated within life course narratives. It was important to hear the person's life course narrative to understand where and how narratives about sex and relationships were situated. Furthermore, as I sought to provide an opportunity for the participant to tell their story, it was important for them to provide a space to structure their narrative, as opposed to the participant primarily reacting to my questions.

### Transcribing and analysing the data.

A narrative methodology extends through and beyond the analysis of data (Hollway & Jefferson, 2000; Plummer, 1995; Sandelowski, 1993). To understand qualitative data "the most important thing to recognize is the pressing need for ongoing rich engagement with the documents, transcripts, images, and texts that make up raw data" (O'Leary, 2010, p. 262). I began the analysis by transcribing the data myself. Faithful transcription of the interviews including pauses, languaging and omissions are important as they are considered as carefully as the content (Riessman, 2008).  Riessman suggests that the interviewer firstly transcribe the most obvious and distinct aspects of communication, for instance the spoken words; then return and transcribe less obvious communication, for instance pauses, minimal encouragers, words the participant begins to say but then changes. As I am proficient at word processing, transcribing the interviews myself was feasible. Transcribing the interviews made me more familiar with the data, and also meant I could ensure the data were faithfully transcribed.

Riessman (2008) describes four methodological approaches to narrative analysis: thematic, structural, dialogic/performance and visual. Within thematic analysis, the researcher is exclusively concerned with the content of the narrative. The words of participants are considered as a whole to determine common themes. In contrast, structural analysis, the approach used within this project, is concerned not only with the content of the narratives, but the way that they are told. Structural analysis of narratives is best suited to projects where the number of participants is limited, but the data is rich (Riessman, 2008).

In order to conduct the structural analysis, I followed Reissman's model of structural analysis (2008). This model indicates that the researcher should transcribe the data, then hold three questions in mind as they examine each transcript. These questions are: firstly, how the structure of the narrative is organised, secondly, why the participant ordered their story in that particular way that they did, and thirdly, how open is the text to other readings. Throughout the project, I considered each participant to hold a distinct identity, and thought of them by their pseudonym. As well as my interviews with them, I formed my own narrative of their stories by firstly transcribing and then poring over the texts of our interviews. I considered each story, and each thought contextually. I paid close attention to how they told their story, considering pauses, restarts, long periods of silence, euphemisms and language. In order to determine the themes that existed within these narratives, I coded the data using the nVivo tool, and organised the themes within this tool. It is important to emphasise that I used nVivo as a tool to organise the themes, not as an analytical tool in and of itself.

## Ethical Considerations

The ethical considerations I took through the project went beyond non-maleficence. I was mindful from the outset I was engaging with people who have traditionally been considered vulnerable. However, within research, a "constant focus on vulnerabilities and problems, and the often almost total lack of recognition of strengths and resilience, can further disempower already exploited groups and individuals" (Zwi, Grove, MacKenzie, Pittaway, Zion, Zilove, & Tarantola, 2006, p. 264). A risk-averse approach to research eliminates the possibility for people who have been considered vulnerable to participate in research, which means that people who are considered vulnerable have their opportunities to participate in the creation of discourses reduced. (Henrickson & Fouché, 2017; Zwi et al., 2006). While acknowledging the importance of the participation of those who have been considered vulnerable in the research, it was important to acknowledge the power dynamics in the relationship between me and the participants. These dynamics, as well as ethical considerations from a social work perspective, will be discussed in more detail in the next chapter.

Because the interviews dealt with a potentially sensitive topic, I was mindful from the outset it would be imperative to design the project ethically. As a social worker, I felt well prepared to conduct the research ethically, but it was important to effectively communicate this to the ethics reviewers. I applied for ethics approval to the Massey University Human Ethics Committee (Northern) in October 2013. In my application (MUHEC13/051) I addressed the potentially sensitive nature of the interviews, and stated that that abuse, neglect and sex would potentially be discussed in the interviews, and that I would be conducting the interviews with people who have traditionally been considered vulnerable. I described my interviewing abilities and my ability to determine whether a participant would be able to participate in the interviews without harm, as well as my ability to determine when it would be appropriate to refer a participant for further support. I also discussed my intention to interview Tāngata Whenua participants, and I am a Pākeha interviewer. I described my experience working with Tāngata Whenua, and my knowledge of conversational Māori vocabulary.

I received final approval from MUHEC on 5th November 2013. A copy of the approval letter is Appendix Three.

## Limitations: Truth and Time

It is important to discuss the limitations of the project while also acknowledging that the focus of social constructionism and narrative theory is not on finding the 'truth' of a story but is rather seeking to explore possible meanings from a set of data (Crotty, 1998; Ezzy, 1998; McAdams, 2005; Riessman, 2003; 2013; Somers, 1994). Acknowledging what limits a researcher from proving a theory or hypothesis is, in itself, a positivist task.

Those working from social constructionist or performative perspectives approach the issue of truth differently. Verification of the facts of lives is less salient than understanding the changing meaning of events for the people involved—and how these, in turn, are located in history and culture.

> Personal narratives are core meaning-making units of discourse. They are of interest precisely because narrators interpret the past in stories, rather than reproduce the past as it was. The 'truths' of narrative accounts lie not in their faithful representation of a past world, but in the shifting connections they forge between past, present, and future. The complex relationships between narrative, time, and memory are currently a vital topic of research and theorizing. (Riessman, 2013, p. 182)

In one instance, I became aware that a story a participant had told me was inconsistent with other information she had provided to me. The participant, Karen had moved to Australia to New Zealand as a baby and very soon after placed into out-of-home care. She then had no contact with her mother until she was eight. She told me a story about travelling to Australia to meet her mother again for the first time since she was a baby. She described her mother and a "big fat hoompa loompa". In contrast, she spoke of her great joy when she met her father. Karen supplied me with her own file from CYF which included a case note written by Karen's social worker (who had accompanied Karen to Australia) after the visit which stated: "Karen did not like her father's girlfriend [not her Mother] and described her as a fat hoompa loompa". The notes that the social worker made were detailed and consistent and appeared to be accurate.

Karen had conflated the ensuing negative interactions concerning her Mother over the next 30 years with her perception of her mother at the time she met her, and with her perception of her father's girlfriend. Karen was not able to faithfully report what happened to her when she was eight, but what was more important was how Karen made sense of her experience of meeting her parents when she was eight.

The stories participants told me may have been about events occurring over 30 years ago. During this time, the participants themselves had changed, their memories reshaped their histories and the sociocultural context had changed. For some of the participants, the entity which had brought them into out-of-home care no longer existed. Societal attitudes towards sexuality have been changing rapidly in the past three decades to the extent that, when I began the project, the right to marry had not been extended to same sex couples, but within the first two years of the project it had. Narrative theory provides a way to make sense of not just the temporal nature of an individual's life course, but also of society (Fivush, 2010; Frost 2013; McAdams, 2005; Plummer, 1995). Plummer (1995, p. 16) writes "the concern is not with the narrative structure of stories per se … but with the grounded social conditions of their emergence". The participants could have told me a different story on a different day, or a different story to a different researcher. Riessman, (2001) writes that:

> [Narrators] select and assemble experiences and events so they contribute collectively to the intended point of the story…why it is being told, in just this way, in just this setting. How narrators accomplish their situated stories conveys a great deal about the presentation of self (Goffman 1959). To make the process visible, we analyze scenes in relation to one another, how narrators position characters, self, and audience, and we can "unpack" the grammatical resources they select to make their moral points clear to the listener. Interpretation requires close analysis of how narrators position audiences (and, reciprocally, how the audience positions the narrator). Identities are constituted through such performative actions. Audiences, of course, may "read" events differently than narrators do, resulting in contested meanings. (n.p.)

Thus, the significance of my role as a researcher and the decisions I made about recruitment, where the interviews took place, how I asked the questions, my background and then what I chose to privilege from data, was a significant factor in the results. The intersection between my personal self and my role as the researcher will be discussed in more detail in the next chapter.

While it was not my goal to select participants who were representative of those who have been in out-of-home care; I sought to attract diverse stories in terms of gender, ethnicity, relationship status and sexual identity. I found it more difficult to recruit male participants. It is unlikely this difficulty reflects the gender split of young people in out-of-home care as, while New Zealand does not record gender in the data relating to young people in out-of-home care, in the United States there have consistently been more boys than girls in out-of-home care (Child Welfare Information Gateway, 2016). It is more likely this reflects the way New Zealand men have been socialised not to freely express their feelings and, particularly, not to discuss adversity and vulnerability (Braun, 2008). The three male participants had taken a public role telling their story, and I contacted two of them after seeing them appear in the media. Taking on the spokesperson role provided men with the agency to talk about their experiences of vulnerability, when the agency that men hold to speak about traumatic events is constrained by societal discourses about the way men should express themselves.

The participants' willingness to discuss sexuality with a stranger was indicative they were actively seeking to tell their story and were at least somewhat comfortable with the idea of having conversations about sex and relationships. Piper (2008) identifies that when research participants discuss sexuality, a social desirability bias may exist in which a participant responds in a specific way which they think the researcher, or the other people associated with, or reading the research, might approve of. In describing the impact of participants seeking to manage their impression, Riessman (2003) references Goffman's theory of stigma (1963), noting that within both day to day narratives and in research, people seek to manage potentially 'spoiled' identities. Riessman writes that "informants negotiate how they want to be known by the stories they develop collaboratively with audiences. Informants do not 'reveal' an essential self as much as they 'perform' a preferred self, selected from the multiplicity of selves or persona that individuals switch between as they go about their lives" (p. 337). Participants actively sought to present to a particular narrative, in a particular way to me. This did not mean that the data is any less valid, but rather raises questions about how participants wish to be perceived, why did they wish to be perceived that way and what strategies they used to perform that narrative. This will be explored more in the results chapters.

## Conclusion

As described in the previous chapters, this project is about the intersection of people's lives with the world they live in, and the meaning they make of this intersection. While I have based the thesis on a social constructionist approach, I have employed a type of social constructionism reflecting the lives of the people who it theorises. For this reason, I have applied social constructionism through a narrative approach which privileges the telling of stories and seeks to create shared meanings. A narrative approach to meaning making can be used in a variety of ways and in this project, it has been used to co-construct and consider life stories. As well as providing the methodological basis for the thesis, a narrative approach also provided the methods for the project. The project sought to give participants a voice and the next chapter will explore the process of co-constructing narratives with the participants.

# Chapter Six: The Participants and I: Reflecting on the Data Collection Process, and Introducing the Participants

## Introduction

Socially constructed and narrative approaches emphasise the importance of the researcher entering a project with a strong sense of self-awareness, and maintaining this awareness throughout the project (Crotty, 1998; Hollway & Jefferson, 2000; O'Leary, 2010). While preparing for the data collection, I was aware I was engaging participants to discuss intimate and personal information. My obligation and intention was to remain aware of the power imbalances between the researcher and the researched. I was also mindful the research should not dehumanise the participants by treating them as merely vessels for data. I was conscious that the completed interviews were more than data and, as discussed in the previous chapter, were the co-construction of narratives between the participants and myself, based on their lives. I entered the project with an established professional and personal identity as a social worker and managed this identity as I took on the role of researcher. This balance meant maintaining an awareness of working with participants, not social work clients, while maintaining anti-oppressive principles. An important aspect of this was naming and considering the power relationships between me and my participants.

In this chapter, I will explore the nature of reflexivity, why it is important for this project, and how I applied reflexivity throughout while completing this project. This will include a discussion of my own identity up to and during the data collection; a conversation that is continued in Chapter Eleven when I reflect on the impact of collecting and analysing the data on my identity. I will then explore the ways in which I was accountable to participants. I will conclude the chapter by introducing the ten participants whose stories will be discussed throughout the remainder of the thesis.

## Locating Myself Within the Research

Reflexivity has been described as “self-critical sympathetic introspection and the self-conscious analytical scrutiny of the self as researcher” (England, 1994, p. 82) as well as a “concept that recognizes the multiple interrelations between power and knowledge and therefore as a way of reframing emancipatory objectives in social work practice” (D’Cruz et al., 2007, p. 78). There are multiple understandings of reflexivity, and reasons why practitioners and/or researchers might apply reflexive strategies (D’Cruz et al., 2007; England, 1994; Gough, 2003). Within this research, I used reflexivity to form an understanding of the research problem, and to explicitly locate myself within the research. Gough, 2003, writes that:

> Reflexivity implies that researchers make their individuality and its effects on the research process, visible. There is an attempt to highlight those motivations, interests, and attitudes which the researcher has imported to the research and to reflect on how these have impacted on each stage. (p. 23)

Before I began collecting the data, I anticipated aspects of myself or my experiences which would be relevant to the research. When I began to collect the data, I discovered aspects which were most impactful on the research process were unanticipated, and I also discovered that I had underestimated the influence that my research would have on me. When I was in the middle of collecting data, I reflected on this by re-reading my research proposal. In the proposal, I had identified my interest in the topic emanated from my work as a child protection social worker where I had experienced a dearth of explicit discussion about sexuality. I remembered working with one 14-year-old young woman who was engaging in sex work, she told me that she was not concerned about using condoms as she believed she “could not contract AIDS, because only gay people and Africans could”. I was cautioned by my management to approach discussions about safer sexual behaviour with her very carefully as CYF did not hold guardianship of her. I had experienced the impacts of the marginalisation of sexual identities because I grew up with a mother who identified as lesbian, and I remembered during my childhood referring to my mother's partner—who I loved very much—as our boarder. I knew that the fact that my mother was in a relationship with a woman was a secret that I had to keep in order to protect myself and my family.

I had thought my experience working as a child protection social worker at CYF had given me insight into an existing problem; but until I began to undertake the interviews, I had not been cognisant of the impact this experience had on me on a cognitive and emotional level. The stories which I found the most challenging to hear from an emotional perspective were those of participants who had their children removed from their care. While working at CYF as a social worker on several occasions I had been a part of processes which removed children from their parents' care. These 'uplifts' [3] were emotionally wrought for the people from whom the children were being removed and for the children being removed; the parents and the children demonstrated explicit emotional responses during the uplifts. At the time, I was a new social worker seeking to prove myself as a competent professional, working in an environment where it was seen as inappropriate for social workers to express emotion about their work. I was also a new mother and knew that the already emotional aspect of learning to be a parent had the potential to be impacted by the experiences I was engaging in within my work. Because I felt compelled to demonstrate emotional resilience while carrying out the uplifts, I sought to maintain an emotional distance from these experiences. In conducting the interviews and hearing the stories of mothers who loved their children, and who had their children removed from their care, I felt a sense of empathy and sadness so great I found it hard to maintain emotional distance.

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[3] A colloquial term describing social workers physically removing children from a location and taking them into the care of child protective services.

During interviews with my participants, I had to balance my sadness and my desire for our conversation to be based on a genuine connection, with knowing the interviews were about the participants telling their stories, not a conversation in which the participants and I shared an equal amount of sadness, or one in which I provided participants with support. In one conversation, after we had finished the more formal part of the data collection but while my recorder was still on (I gained the participant's permission to use this information), Bella, a participant in her mid-twenties who had had her child removed from her by CYF when she was 16 and still in out-of-home care herself, asked me how it felt to do the interviews. I chose to tell her about how much I enjoyed it, but that the stories I heard sometimes touched me.

> **Tiffany:** And especially, 'cause I'm a mum too, especially the stories about your son being taken away from you, I don't think that for a woman there's any greater sadness that a woman could have. So, I guess for you [reflecting previous comments], I think sometimes if parents get their kids taken off them they feel like "I don't deserve to feel upset about it cause the kid was taken off me" but I think that you do, I think that you deserve to feel just as sad and whether or not you got drunk it doesn't matter, it feels just as sad to you as it would to any other mother.
>
> **Bella:** It's kind of I think [pause]. Him getting taken off me has kind of put me back from having kids, like [pause] if I do have another one, like he might get taken off me as well for no reason. And also like when I get older, or when my son gets older I don't want him to feel like I love the other child more than him. Like, I feel like he's got heaps of me in him.

Bella responded to my disclosure that I was a mother and I would feel incredibly sad if my children were removed by sharing more information about her own feelings. Bella treated my comment as an expression of empathy towards her, not an opportunity to begin talking about me. My experience at a personal level existed in the interviews and throughout the data analysis. My response as a social worker and researcher is discussed later in this chapter. While I use the term data to describe the participants' stories, I remained cognisant of the participants' humanity and my personal responses to their stories while writing the thesis.

## Power Differences Between Myself and Participants

I am a cisgendered woman. At the time of the interviews, I was married to a man. I have two children; thus, I hold heterosexual privilege. At times in my life I have engaged in non-heteronormative practices, but this was not visible to participants. Participants may have been aware I was married by the fact that I wore a wedding and engagement ring on my ring finger; and I was also conscious that participants might make assumptions I would be unwilling to hear, or unable to understand stories about non-heteronormative experiences. On reflection, I could have and should have removed my rings and it was on reflection I realised that my heterosexual privilege was so entrenched that this was not something I considered doing. It was important to me to express to participants I was comfortable with hearing about non-heteronormative behaviour and I sought to express my comfort to participants through my verbal and nonverbal communication. This meant responding to comments some participants made about sexual experiences that were confronting to me in a way which did not reflect the surprise that I felt. I also sought to mirror participants' language by talking about "hooking up", "one-night stands" "cheating" "being skanky" and "whore days" when participants used this language.

There were class and educational differences between myself and participants. My language and appearance are typical of middle-class New Zealanders, I have professional parents, and I have been studying on and off at university since I was 17. In contrast, only one of the ten participants had completed a university qualification, with most of the participants leaving high school before gaining University Entrance. Several participants expressed interest in what a PhD was, and wanted to know more about what tertiary studies involved. In several instances, participants wanted to know more about the topic and imagined that I might have influence to change the way that things are for young people in out-of-home care. One participant wanted to know if I was holding social workers to account. I thought participants overestimated the power I had to inform practice with young people in out-of-home care, but I also had to consider if I was taking for granted the privilege I had to contribute to discourses through publications, scholarship and in my role as a social work educator and subsequently as the manager as an out-of-home care program.

Throughout the project, my professional identity was impacted by this project and my employment. When I commenced the project, I had been practicing as a social worker educator for five years. I worked as a social work educator for most of the time while I was completing the project, and as the manager of an out-of-home care program for the remainder of the project. I remained a member of the Aotearoa New Zealand Association of Social Workers (ANZASW), and a Registered Social Worker while I collected the data. My professional, and to some extent personal identity, was and is as a social worker. Throughout the project, I had to consider and on occasions be reminded by my supervisor, that I was a researcher and not a social worker within the context of this project. I chose to see my professional grounding in social work as a strength. In particular, I perceived the anti-oppressive principles underpinning social work could and should be applied to the work I was undertaking as a researcher with people who have been marginalised. In describing how social workers undertaking research can be informed by social work principles, D'Cruz and Jones (2013, p. 9) write:

> Clients are not treated as objects or exploited for their experiential knowledge, particularly when they are often vulnerable and relatively powerless. Instead [anti oppressive research] principles validate ways of 'knowing', which are shared and made explicit as much as possible in the interaction between 'researcher' and 'informant', also referred to as 'participant' to better reflect the espoused collaborative nature of the research process. Subjectivity, as personal experience and worldviews, is also valued and understood as being integral to the research process … social work research is another method that can help achieve social work's emancipatory objectives. (p. 7)

As a registered social worker and a member of the ANZASW, I held obligations as a social worker who was conducting research. Principle 11 of the New Zealand Social Workers Registration Board Code of Conduct is that registered social workers will "be responsible in research and publications" and will "undertake any research or publish any material in an ethical way and in compliance with Part 8 of the ANZASW Code of Ethics” (SWRB, 2016, p. 31). Section 8 of the ANZASW Code of Ethics states:

> All research activities carried out by members (or by others under their supervision) must meet the appropriate scientific standards of competency and sensitivity to the wellbeing and dignity of participants. As with social work practice, it is informed by and grounded in the Articles of Te Tiriti o Waitangi. (ANZASW, 2013, p. 15)

In two of the interviews, I considered I had a professional obligation toward the participants as a social worker, as opposed to a researcher. I had to balance this obligation with the importance of letting the participants tell their story. There was one point in an interview in which Bella, who had been sexually abused by her father between the ages of ten and twelve told me he had wanted to meet with her privately.

> **Bella:** I haven't seen him [dad]. I, yeah, I haven't really gotten the courage to do that. My dad's quite a private person, he feels like if me and him went out to a coffee shop someone would always be watching him. And if I do see him I feel like he's going to do something, I don't know. Like I had a restraining order on him and I got that taken off. I felt like it was time, it was sort of like a way of me forgiving him for what he did. Every time I talk to him and stuff, like every time we talk about what happened he's like "You know I'll always love you Bella", he denies what he did.
>
> **Tiffany:** Like he said it didn't happen?
>
> **Bella:** Yeah. Yeah, he denies everything and just, he tries, like he changes that subject every time I ask him why. Yeah, he just tries to talk about something else and then I end up forgetting about what I just asked him and then we talk about something else.
>
> **Tiffany:** So, this isn’t really a part of the interview but just because I care about your safety it's a really good idea not to meet him in private. I'm not telling you what to do because it's your choice, but just hearing your story makes me feel concerned for you and with the things I know, you shouldn't meet him in private and it's really smart to say "No, we'll meet in a coffee shop". And if he doesn't want people watching that's probably a bit dodgy in itself.

Bella responded to my comment by telling me more about her relationship with her adoptive father. At the end of the interview I provided Bella with information about an organisation in the city in which she lived which provided advocacy for women and referrals to appropriate agencies. After the interview, I sent Bella an email with the details of this organisation. In another example, at one point in an interview with Clara, she told me that one of the reasons she was reluctant to enter a new relationship was because of her concerns about her former partner, particularly because he had once threatened her when he had seen her with a male friend. At this point I felt ethically obligated to discuss safety with Clara:

> **Tiffany:** So, I guess I'm asking this in two ways, one ’cause I want to know how you feel with [ex-partner] around?
>
> **Clara:** Um, I don't know if I am if I'm to enter into another relationship. Mmm. I almost get this picture that if I do I wouldn't stay here. Yep.
>
> **Tiffany:** And I guess that I'm breaking the researcher role a little bit now and switching into a social work role, but to me that makes me worry for you, and makes me want to make sure that you know of your rights to be able to live a free life. Why haven't you sought a restraining order against him?

Clara then responded that she had not sought a restraining order because there had only been psychological violence and threats of physical violence, so she “couldn’t push that further”. At that point, I felt that it was important to provide Clara with the correct information. Clara knew that in addition to conducting the research, I was a social worker. My perspective was that by not correcting Clara, I would be implying that her understanding, which was that physical violence must exist for a protection order to be granted was correct.

> **Tiffany.** ’Cause that's actually a form of emotional abuse to make you so intimidated that you don't feel like you could enter into a relationship with another person.
>
> **Clara:** Oh, I didn't know that.
>
> **Tiffany:** So, yeah. Like I guess that I just want to let you know that you do have the right to be safe and happy, and live in a city where you want to live and where it sounds like where you've got great connections already, you've got the right to live that way and feel safe and have a relationship.

Clara stated she did not know that, and I asked her if she wished to proceed with the interview which she did. In both of these situations I thought that attending to the safety of the participants was the most important concern. This was consistent with my methodology which sought to maintain the integrity and the humanity of the participants, rather than treating them as merely vessels for data.

### Accountability to Participants

As stated in my initial research proposal, my motivation to do this project was my belief: that the lives of children and young people in care would be better if social workers were better able to discuss sexuality with them. I believe that a way that I can contribute to this change in practice is by exploring knowledge that already exists and adding to understandings about the lives of children and young people who are in care.

At the time I wrote those thoughts, my anticipated audience was the Doctoral Research Committee, who would determine whether they would accept me as a doctoral candidate. I did not anticipate that by the time I had met the participants, I would feel a new sense of accountability to them. At one interview I felt called to account by a participant. After having spoken to her for two hours, I initially asked her if she had any questions, and she responded that she did not. We then chatted for a bit as she asked me about whether I had specifically travelled to Christchurch to conduct the interviews and I told her I had. I then asked her again if she had any questions, and after a big pause she asked me in a way that was seemed both puzzled and sceptical:

> **Bella:** Why are you doing this?
>
> **Tiffany:** Why am I doing this? That's a really good question. So, I used to be a CYFS social worker and I'm doing my PhD, like it starts with a Bachelors' Degree, then a Masters is the one above that, and then a PhD is the one where you get to be called Doctor. So, you have to choose something you're really interested in. So, I worked as a

> CYF social worker and then I went to Fiji and I worked with sex workers quite a lot. And then I was interested in children and young people in care and then I was interested in sexuality. And there were children and young people that I worked with and when they were in CYF care, and they had such complex lives, and no-one ever wanted to talk about relationships and sex or anything. And I guess for me, not that I was in care, but I remember for me as a 13/14/15/16-year-old the most important thing to me was guys and who I was hooking up with, so why would that be any different for a child in care, and why don't we talk about it? And I think it's also quite interesting to think about, like when a child goes into CYFS care what becomes more important, is it the values and ideas that their family give to them or is it the values and ideas that they get being in care. And if it is in care, is it the caregivers is it the other kids, is it the social workers or who?
>
> **Bella:** So it's sort of like if they're doing their job properly or like, steering that child into the right direction?
>
> **Tiffany:** Yeah, so I guess the way that I think about it, is that when CYFS social workers have children and young people in state care that they should be able to sit down and have talks about condoms and that kind of stuff, 'cause anyone can talk about that, but like "do you know what it feels like to be loved by a partner? Or do you know what to do if you're being pressured into something that you don't want to do?, those kinds of conversations that I think that kids that are in care miss out on.
>
> **Bella:** Yeah definitely. That's cool. Hard work though isn't it?
>
> **Tiffany:** Yeah really hard work. And it's full on hearing the stories. Like your life, I can't even imagine.

Within this conversation, I again made use of self-disclosure. Bella had spoken to me for over two hours about her life, including events in her life she had not told anyone about. Bella had asked me a question about myself, and I felt a responsibility to respond to the question fully and honestly. In this excerpt, I disclosed to Bella my professional history, my interests, and that I had been interested in "hooking up" when I was a teenager. The interview did not move to a place where Bella and I mutually shared information about ourselves. During the interview both Bella and I had the power to decide how much we wished to disclose, and after one minute I chose to not disclose more information about myself, and to return to asking questions about her, asking her if she told many people her life story. Again, Bella continued telling me about her experiences and her feelings. Bella's interest was not so much in me, but in why someone might be interested in her story.

### Reciprocity.

People who choose to participate in research projects incur risk in exposing intimate knowledge about themselves and expend effort in doing so, but do so for several reasons including: wanting someone to talk to; listen to them and be witness to their story; a sense they are positively contributing towards a community they are a part of; an interest in the research topic, or just wanting to see what research is about (Brodsky, 1997). The idea that it is important for a researcher to reciprocate the effort and the risk the participant has undertaken to contribute to the project is born of feminist research, but is applicable to any research involving human subjects, particularly when the subjects hold a marginalised identity (Brodsky, 1997).

Participants were provided with $30 cash to compensate for their time for participating in the research, and $10 cash for their time if they referred me to another participant. Many participants said they did not wish to receive any money, as it was not the reason they were participating in the project. I explained to them I had to be consistent with the way I treated all the participants and do what I had told the university I would do for ethical reasons, so I provided them with the money. When I was organising the interview over email with Olivia and told her that ethically I had to provide her with the money despite her insisting she did not want it, she wrote:

**Olivia:** I don't want any money so I'll donate it to something :)

Throughout the interview, Olivia demonstrated great pride that she had a stable and successful career. I considered the possibility that Olivia attempted to refuse to take the money because she was wary of receiving money from someone (particularly a social worker), as she was proud to have not received a Government benefit. It was also clear Olivia wanted to demonstrate her participation in the project was for altruistic reasons. Several participants expressed that they were participating in the research because they wanted to make things better for other people. The project not only gave them the opportunity to be heard by me, and by my audience but to give them a sense of contributing to a discourse about young people in out-of-home care. Henrickson and Fouché (2017) have observed that "people want to get involved in research to enable change for themselves or for others like them and that practice and policy can benefit from those insider experiences" (p. 101). This intention was asserted by Karen, a participant in her early forties:

> **Karen:** There's other people out there who are going to go through what I've been through. They need to know they're not alone. They need to know they've got rights too. Even if you're under this WINZ [Work and Income New Zealand, the agency responsible for providing income support in New Zealand] and CYPS situation you've still got a say in how you live. You've still, [social workers who] can be your guidance, and they can be there to guide you.

One of the ways that I demonstrated respect for my participants was by being mindful of the power dynamics between us. While I needed participants to actively participate in the interviews to complete my project, I was aware that in many instances participants assumed I had more power and knowledge than they did when it came to making changes to the child protective system. By conducting interviews in a way that acknowledged how meaningful their knowledge was, I moved the participants from treating me in a more deferential way to acknowledging their own role in co-construction of the narrative. When I contacted prospective participants, once I established that it would be appropriate for them to participate in the research, I sincerely expressed to them how their participation would be hugely helpful for me. In the conversations which took place before and after I put my recorder on, I expressed my gratitude to participants and admiration for their resilience. I demonstrated flexibility with participants, travelling from New Plymouth to Auckland, Rotorua and Christchurch to meet participants at times and places of their choosing. My appreciation of the participants' willingness to share their stories was sincere. I am cognisant that I would not have been able to complete a thesis without their participation and I am conscious that I would not be the social service manager I am, without the knowledge I have as a result of their participation. I write more about the impact of the data on me in Chapter Eleven.

#### Support.

Brodsky (1997) suggests researchers should use their professional knowledge to be a source of information about any technical information participants are looking for; for instance a referral to an appropriate organisation if a participant is looking for support. As described above I provided one participant information about a local agency. Two participants wanted information about further study, which I was able to provide to them.

#### Someone to listen to.

Some participants thought that participating in the research was helpful for them, in addition to helping young people in out-of-home care. When I asked Clara, a participant in her late thirties who had rarely spoken to others about her experience in out-of-home care about why she chose to participate in the research she stated:

> **Clara:** I thought, it's part of my journey this year, there's different things going on for me [pause] and I just thought, I think that's a part of my healing journey, being able to express or help out in some way.

Participants were happy to have someone who wanted to listen to them. This was evidenced by their response towards me, their enthusiasm about speaking to me for a long time and their willingness to respond to me when I contacted them again after the interview. One participant commented that they felt "lighter" after a two-and-a-half-hour interview. When I had a follow up phone call with another participant four weeks after the interview, she commented that "it made me think about what I went through, and where I got to".

### Faithfully telling the participants' stories.

As described in the previous chapter, I sought to provide participants a space to have their stories heard through my research. While I acknowledge the power I have in selecting the text for inclusion, and providing my perspective of the quotes, I have actively sought to provide some space for participants by including extended, verbatim quotes within the results chapters. Riessman writes that:

> The construction of a narrative segment for analysis—the representations and boundaries we choose—are strongly influenced by our evolving theories, disciplinary preferences, and research questions. In all these ways, the investigator 'infiltrates' her texts. [Using] detailed transcripts of speech the readers can, to a much greater degree, see the stories apart from the analysis of them. The selves of storyteller and analyst can remain separate. (2000, p. 176)

Thus, my intention to present cohesive narrative stories was one reason I chose to reduce the number of participants after I began collecting data. After interviewing nine participants, I had reached data saturation with the exception of the narrative of a person who identified as gay or lesbian. I wanted to ensure the data that I used were cohesive, and in addition to illustrating specific themes, also told each participant's story. Corden and Sainsbury (2006) write that narrative researchers may include large quotations from participants in order to present the story and then demonstrate to the reader how they have made sense of that story. In particular, narrative researchers may include segments of conversation between the interviewer and interviewee to demonstrate how the knowledge has been co-constructed. Corden and Sainsbury (2006) posit that participatory interviewers may include a large volume of participant quotations in order to provide the participants a literal voice. Both of these explanations are consistent with the reasons I chose to include a large amount of participants' quotations in the final project. I sought to present the text which was often contested, demonstrate the meaning I made of the text and to give the participants a voice in the final project so their voices could be heard and not merely interpreted. In addition to these motivations, I wished to respond to the research questions by telling the participants' stories in a way that is consistent with narrative methodology.

## The Participants

Throughout the next four chapters I tell the stories of ten participants who spent time in out-of-home care as children or young people, using a theoretical basis to explore the meaning of those stories. While acknowledging the individual experiences of trauma and resilience of each of the participants, themes emerged which contributed to an understanding about young people in out-of-home care throughout their life course. All participants names are pseudonyms, as are the names of the people that they discuss.

### *Karen*

At the time of the interview Karen was in her early 40s. She was placed in out-of-home care when she was five months old after her mother travelled from Australia to New Zealand with her and abandoned her at a Department of Social Welfare office. Karen later discovered the reason her mother had left Australia was because authorities had raised suspicions that her mother may have murdered Karen's older sister, who had died several months earlier. When she was five, Karen was adopted into a large Māori family in provincial New Zealand. Karen stated that throughout her life people had assumed that she was Māori because of her physical appearance; however, she described herself as Australian Aboriginal, Italian and Korean. One year after Karen was adopted, her foster mother died. Although she remained living with her foster father and siblings, Karen remained in the guardianship of the state as her foster father was not allowed to adopt her as a single man. Karen was sexually assaulted while living in her foster family's home, in CYF care. Karen's relationship with CYF was different from other participants in that she had only two social workers when she was between the ages of five to 20 when CYF's guardianship orders over her expired. Karen had married twice and had two children, as well as a number of short and long-term partners. She described herself as "needy" in terms of relationships and was single at the time of the interview. I interviewed Karen at her home with her 15-year-old daughter present. Karen told me that she had wanted her daughter to be there, because it was a way for her to share her story with her daughter.

### ***Clara***

Clara was in her late 30s. She spent her early childhood living with her mother, grandmother and sister. She was taken into CYF care when she was 13, following multiple CYF investigations relating to her care from the age of six. Clara had lived in several different homes; twice sons of the caregivers attempted to sexually assault her. She had kissed two people in her life, one was the man that she considered her true love, the other was the father of her son. At the time of the interview Clara was single and expressed fear about entering a relationship, and described the ways that she had avoided being in a relationship for most of her life.

### ***Adrian***

Adrian, who was 22 at the time of the interview, was born in India, and believes he was adopted in India by his Indian parents when he was around six months old. Adrian became the youngest of three children in his adoptive family. Soon after Adrian's family adopted him, they migrated to New Zealand, and shortly after immigrating Adrian's adoptive father returned permanently to India. Adrian said he never developed an attachment to his adoptive mother and sisters, and this along with hoarding behaviour led to a referral to Child and Adolescent Mental Health services when he was eight. This in turn led to involvement with Child Youth and Family. An non-statutory agency working with the family recommended that Adrian attend boarding school when he was 13 and arranged for him to receive a scholarship to attend the school. When he was 15, Adrian's mother relinquished custody of him to CYF. By the time of our interview, Adrian had had one serious girlfriend, several less serious girlfriends; he was single at the time of the interview.

#### ***John***

I contacted John, a 36-year-old after seeing him on a television show, where he told his story about his life growing up in out-of-home care. John was very enthusiastic about participating in my research as he felt that it was his responsibility to share information about the experience of being in out-of-home care. The experience of interviewing him was different to other interviews because he had recently written a book about his experiences, so already had a formed a narrative. John was left near a rubbish bin when he was three months old, and had lived in over 70 foster homes, in some of which he experienced sexual and physical abuse as well as neglect. When John was 14 years old his caregiver at the time started sexually assaulting him; she became pregnant with his child when he was 17. John remained in a relationship with her for two years. John entered a relationship with his current partner five years before the interview, around the same time he began social work study. After completing social work study, John worked at Child Youth and Family as an adviser but left that role so that he could become more politically active around young people in out-of-home care. At the time of the interview John was married with two young children. Following the interview, I raised with John the possibility that because he had written a book and appeared in the media, there was a possibility that readers may recognise elements of his story and identify him, which meant that I was unable to provide him with the same level of confidentiality that I was able to provide other participants. He responded, saying that it was okay, as his story was "public knowledge".

#### ***Bella***

Bella was born in a South East Asian country. Bella believes that she was adopted at around the age of six months, by a single New Zealand man who she said had the express intention to groom her to become his girlfriend while she was still a child. Around a year after she was adopted, her adoptive father brought a 14-year-old girl from the same country to New Zealand who he called his wife and described as Bella's mother. Bella believes that the person who she called her father lied about the age of the person who she was told her call her mother, in order to marry her. Bella describes the person that she referred to as mother as not really her mother. When Bella was around the age of 10, her father dismissed his wife, who entered a relationship with another man, and made it clear that he was going to have a romantic and sexual relationship with Bella. He began sexually assaulting Bella. When Bella was 12 she disclosed the abuse to a teacher, who then contacted Child Youth and Family. Bella remained in Child Youth and Family care until she was 17. Bella had a child when she was 16. This child was removed from her by Child Youth and Family. Bella had been in several violent relationships with men. At the time of the interview Bella was living with her boyfriend. Bella was employed in an establishment providing "sensual massage", which she described as providing massage and "hand jobs" for money.

### *Emma*

Emma is a Pākehā woman who at the time of the interview was in her mid-20s. I interviewed Emma in her home in the South Island with her two toddlers present. Emma's parents were married, and she had two siblings. Emma was taken into out-of-home care because of concerns around neglect; she believes that she was five or six when this occurred. While in out-of-home care Emma lived with her grandparents, her mother, and family friends. She also spent some time in a Youth Justice Facility for offending. Emma had been in a number of abusive relationships. When she was 19 her oldest child was removed from her care by CYF. At the time of the interview Emma was living in what she described as a happy and healthy relationship with her fiancé and her two youngest children.

### ***James***

At the time of the interview James was 32. When he was around one or two James was whangaied by a great aunt who he called his nan. His understanding of the reason was he was whangaied was because he was "too full on" for his mother. His nan raised him with traditional Māori values. She died when James was 12, after which he lived between his mother's house and CYF caregivers as well as couch surfing and sleeping on the street. James also became involved in gangs at about this time and had his first child at 15 with the daughter of a gang leader. James met Rebecca when he was in his early 20s and continued a relationship with her while having a relationship with other women. He had children to Rebecca and other women. In his late 20s became reconnected to his whakapapa after completing a programme on a marae, after which he became a mentor and youth worker with vulnerable young people. In the past two years, he has developed a steady home with Rebecca and their children.

### ***Rochelle***

Rochelle came from a family where multiple family members and generations had had contact with CYF; she first entered care as a toddler. Rochelle had lived with her immediate family, her extended family, CYF caregivers, in residential homes and attended boarding school. Rochelle's first pregnancy occurred when she was 10, but both the pregnancy and the birth were not disclosed by Rochelle and those who knew about the pregnancy, and the child adopted the identity as a child of his paternal grandparents. Rochelle had had multiple relationships with men from a Black African community in New Zealand. She had had children with three of her partners; two of these children had been removed from her care by Child Youth and Family, and one child she had given to her partner's family to care for.

### *Olivia*

I interviewed Olivia in the home she shared with her female partner of two years. Olivia's parents were married when she was born but separated soon after and following a protracted custody dispute, she became estranged from her father. When Olivia was 14 her mother arranged for her to enter CYF's care under a 28-day temporary care agreement for respite, but Olivia stayed in out-of-home care until she was 17. While in out-of-home care Olivia lived with non-family caregivers and extended family. During high school Olivia had what she now identifies as feelings of same sex attraction but suppressed those until she came out to herself in her late teens, then others soon after.

### *Izzie*

At the time of the interview Izzie was in her mid-20s, living with her fiancé Brad, and working in social services. Izzie's parents were married when she was born, but after they separated when she was a toddler she became estranged from her father. When she was 12 her mother refused to provide care for her any more. She described being in several abusive relationships from her mid-teens and having a large number of sexual partners. Much of Izzie's narrative focussed on the happiness that she felt about her current relationship and the dissatisfaction she felt about her life before she met her partner.

Table 1: Summary of participants

| **Participant** | **Ethnicity** | **Caregiver before CYF** | **Reason for entering CYF care** | **Victim of coercive sexual experiences** | **Presentation of relationship status** |
|---|---|---|---|---|---|
| James | Māori | Nan | Physical abuse | While in care | Happily partnered |
| Rochelle | Pākehā | Salisbury | Uncontrolled behavioural issues | Not mentioned | Multiple relationships |
| Adrian | Indian | Adoptive parents | Abandonment | Not mentioned | Relationship averse |
| Izzie | Pākehā | Mother | Abandonment | Before care<br>While in care | Happily (nervously) partnered |
| Emma | Pākehā | Parents | Neglect | Not mentioned | Happily partnered |
| Bella | South-East Asian | Adoptive Father | Sexual abuse | Before care | Nervously partnered |
| Karen | Aboriginal/ Italian | Adoptive parents | Abandonment | While in care | Multiple relationships |
| Clara | Māori/ Pākehā | Mother | Physical abuse | While in care | Relationship averse |
| John | Māori | Mother (3 months) | Neglect | While In care | Happily partnered |
| Olivia | Pākehā | Mother | Abandonment | Not mentioned | Happily partnered |

## Conclusion

This chapter has reflected how narratives were co-constructed by myself and participants. While I acknowledge that these narratives are participants' stories, I also acknowledge my role in collecting, interpreting, reporting and making my own meaning of the stories. This role requires self-awareness, particularly about the potential power imbalances between myself and participants, and awareness about my role as a researcher with a background in social work. The next three chapters tell the stories of these ten narrators who I have introduced, and explore their sexual stories.

# PART TWO: FINDINGS AND RECOMMENDATIONS

# Chapter Seven: Participants Position Themselves

Over the next four chapters I tell the stories of the ten participants who I have just introduced in order to respond to the research questions which are:

a) What are the sexual stories of adults who have been in out-of-home care?;
b) How do the public and the intimate converge at the intersection between sexuality and the provision of out-of-home care? And,
c) What is the intersection between experiences of out-of-home care, sexual and romantic relationships and the meaning that adults who have been in out-of-home care have made of their lives?

The participants' stories are of trauma and resilience alongside power and powerlessness. Participants were positioned outside of dominant discourses. They had experienced stigma and powerlessness in terms of the abuse and neglect they experienced which brought them into out-of-home care, and they experienced stigma both while in and after having left out-of-home care. Some participants also experienced stigma relating to marginalised sexual identities which intersected with stigma related to their out-of-home experiences. Participants also had much to make meaning of across their lives but had to do so without the tools available to most people, including adults to speak to, as social workers and carers failed to fulfil this function. Participants had neither access to representation nor even a common language to use to describe their experiences. Rather than fighting to represent their own stories, participants reimagined them so they could feel more *normal*. In some instances, participants invoked images from fairy tales, including being rescued by a man, which spoke to a belief that a heteronormative relationship or having children would redeem their previous stories of trauma, grief and stigma.

As New Zealand implements a new child protection and out-of-home care system, an opportunity exists to create one which is better than the one participants experienced. Such a system would be based on the recognition of the humanity, not only of those young people in out-of-home care, but also those charged with providing care to them.

## Introduction to Chapter Seven

Dominant discourses position adults who have spent time in out-of-home care as troubled and deficient (Ribbens McCarthy et al., 2000). Common themes in the participants' stories included an awareness that they and their families are positioned as being unusual and even deficient, which led to their experiencing stigma. As well as being aware of the stigma associated with being in out-of-home care, participants were also aware of the stigma associated with many of their past sexual experiences. For participants, the relationship between being in out-of-home care and their sexual lives compounded their level of stigma. The stigma was further exacerbated because participants had tried to make sense of the exclusion they experienced while being silent and silenced, without an audience or a vocabulary to speak about their experiences.

I begin this chapter by exploring ways in which participants positioned themselves in relation to dominant discourses, both while they were in out-of-home care and in the present. I describe what is constructed as normal and explain the importance participants placed on attaining a state of normality. After examining their relationships with social workers and carers I explore how lack of relationships with families and carers, and lack of vocabulary contributed to the silence which participants experienced.

## An Inferior Identity

Stories and anecdotes served as vehicles for participants to recall their childhood and tell me about their relationships with their family and caregivers (or in the case of the two participants who had been adopted from overseas as babies, the families who adopted them).

Stories of grief, trauma and stigma were present throughout the participants' narratives, as they shared memories from their life which still saddened and confused them. One of the most prevalent themes in participants' stories was the stigma they experienced before they entered, while they were in, and after they left out-of-home care. Sometimes, the stigma was associated with being in out-of-home care, while in other instances it was related to having parents who were marginalised, and in some instances, stigma existed in relation to participants' sexual behaviours and identities. This stigmatisation was expressed by participants who told me that they felt different and less desirable than people who had not been in out-of-home care. Clara stated:

> **Clara:** I actually felt really ashamed being in social welfare care, because when adults knew [that Clara was in out-of-home care] they gave you 'the look'. I didn't know if it was pity or "you must be a trouble maker" and so I felt really ashamed, 'cause I didn't want people knowing I was [in out-of-home care]. I just kept to myself and read heaps.

Clara did not describe comments adults made to her but interpreted adults' responses to her in accordance with the self-stigma she experienced. By mediating adults' responses to her by staying out of their way, Clara did what Goffman (1963) suggests is expected of stigmatised people by society: to acknowledge their difference, to accept that difference and to maintain a distance from non-stigmatised members of society. Clara did this by maintaining a distance from others, as a young person in out-of-home care and later as an adult. Throughout her life Clara had avoided close relationships. Although she was in her in her late 30s, Clara had only been in two intimate relationships in her life and had been single for more than ten years. She stated:

> **Clara:** I've actually gotten to a point now, cause it's not so much [pause] maybe I am alone, but I fill my time in with lots of stuff and I realise there's stuff I want to do, and I'd like to it with someone. I'd like to travel I'd like to share some experiences [pause] my life is full, just not full of a lot of people. I don't know why my personal life's the way that it is.

Clara had earlier stated that in childhood she “kept to herself”. As an adult, she states her life is not full of people. She had met the person who she described as the “love of her life”, Peter, when she was 19.

> **Clara:** It just ended up in this pinnacle that within two weeks he was telling me that he loved me and ... and I shat my pants. Yeah.
>
> **Tiffany:** When you say shat your pants did you shit your pants and run away? **…** How did you do that?
>
> **Clara:** Um ... I slept with someone else
>
> **Tiffany:** [in response to Clara become teary]: So you feel a bit upset thinking about it now?
>
> **Clara:** Yeah, I do
>
> **Tiffany:** What feels upsetting about it?
>
> **Clara:** Um ... [pause] How can I put it? Peter offered me everything, "we'll get a house together, I want to have kids with you" ... and I didn't trust it. And I realised, I didn't feel worthy of it ... yeah.

Clara consequently became pregnant as a result of the sexual relationship she had with the other man she had sex with. Peter still wanted to be in a relationship with Clara once she was pregnant, but she said no, and now wondered why. Clara had not had a romantic relationship since then, other than the tumultuous contact she had with her son’s father. In the same way that in childhood Clara avoided relationships with others to minimise stigma, she avoided romantic relationships throughout her life. Clara stated that she wanted to share her life with someone, but at the same time felt that she was not worthy of receiving love. Clara was able to associate the anticipated stigma she experienced as a result of being in out-of-home care as a young person. Clara was also able to see that her inability to trust people and her feelings of unworthiness led to her rejecting a relationship in which she was offered “everything” that she would have wanted.

Despite these insights, Clara questioned why her life is currently not full of people, although it was apparent that feelings of stigma, unworthiness and isolation have intersected throughout her life.

The intersection of real and anticipated stigma, a sense of unworthiness and isolation were apparent throughout participants' narratives. As young people, some participants actively avoided other young people in out-of-home care because they felt that by engaging with them it would identify them as having been in out-of-home care, which they did not want. For instance, Olivia explained to me that when she was in high school she knew there were two other young people attending the school who were also in out-of-home care, but she did not want to associate with them because she did not want people to know that she was in out-of-home care herself. She explained that:

> **Olivia:** You know they are looking at them [young person in out-of-home care] going "that person's a foster kid so they must be screw up". You just want to stay away from them, so you don't get that label.

Olivia's comment described her awareness that young people in out-of-home care are stigmatised. Olivia developed a proactive response to the anticipated stigma, which was to actively avoid other young people in such care to avoid being identified as being in care herself. Olivia's response to young people in out-of-home care was not based on her perceptions of them or herself, but rather on what she knew societal responses are to young people in out-of-home care. In contrast Izzie stated:

> **Izzie**: No healthy child goes to CYFS.

Unlike Olivia, Izzie expressed a negative perception of young people in out-of-home care. Implicit in Izzie's declaration was her assertion that a child in out-of-home care experiences a deficiency which leads to them entering care. Olivia's comment externalised the stigma that young people in out-of-home care experience, while Izzie's comment internalised the stigma. Neither of these comments in isolation reflected the overall sense of resilience that both Izzie and Olivia expressed in the interviews, as young people who had been in out-of-home care themselves. Clara, Izzie and Olivia anticipated the stigma they would receive from people not in out-of-home care and each developed different strategies to position themselves in society in a way they would like to be seen. Goffman (1959) describes such a strategy as a "'front" [that is] part of individual's performance which regularly functions in a general and fixed fashion to define the situation for those who observe the performance" (p. 22). Clara's strategy was to keep to herself and avoid contact with people who may stigmatise her. In contrast, Olivia's strategy was to stay away from other people in out-of-home care so she was not identified as being in care. Izzie's strategy was to express that she understood the deficiency in being in out-of-home care, and implicit in this expression is the assertion that, in recognising that deficiency, she could overcome it.

Bella had a child when she was 16 and was still in CYF care. At first, she cared for her son while living with a CYF caregiver. The caregiver raised concerns about Bella's ability to parent a child and, after a Family Group Conference the child was removed from her care. Bella spoke about how she felt about the caregiver's perception of her:

> **Bella:** We had an FGC, and the lady I was staying with and she had like written a letter and like pretty much went that I was a dirty girl. Yeah, 'cause I've got nappies on the ground 'cause I'm going to school, looking after my son, doing my homework, after all I've done everything I just want to relax. But my son, he was a good boy, he was always smiling, like nothing showed that I had ever hit him or stuff like that, like he was very happy. I didn't quite understand. Like you know, I left nappies around and I did get drunk, I made a mistake, one mistake but I would have thought that I deserved a second chance.

From Bella's perspective, the reason her child was removed from her care was that others viewed her as a "dirty girl". The term dirty conflates both general hygiene, general behaviour and sexual behaviour, as does Bella when she described getting drunk and leaving nappies on the ground while intimating that the decision to remove her child related to her being a young single mother who was in out-of-home care, herself. Bella spoke of other's perceptions of the nappies on the ground as symptomatic of her as a person. Bella recognised the implications in the letter written by her caregiver that she was unclean and immoral and accepts she could have done things differently. Bella's understanding of the reason her child was removed from her care was because she was drunk on one occasion while he was in her care, and she left nappies on the ground. Bella disputed that this was a valid reason for a child to be removed from her care and had anticipated the stigma she was subjected to as a young person in out-of-home care. Notably, Bella was more concerned about what was not said—that she was deviant—than what was said.

As described above, participants experienced stigma as young people because they were in out-of-home care, then once leaving care, the internalised stigma remained for them. Implicit in the female participants' narratives was their attempt to manage their sexuality, often coupled with self-chastising for having engaged in what they now perceive as unacceptable sexual practices, including sex with multiple partners and having sex with people who they did not know well—examples of which are provided in this chapter and the next three chapters. Participants responded to the discourse that young people in out-of-home care are troubled, but rarely did they respond to this discourse by challenging it or asserting the sense of resilience they had demonstrated. The cost for participants in doing so was having to be silent about many of their experiences. Izzie talked about the difference between herself as a young person and herself as an adult:

> **Izzie:** Like cutting my arm, I don't do any of that shit now. No, I'm perfectly sound now, of sound mind. [Shows me a scar on her arm]. This is from like ten years ago. They're really thin now. But this here [shows me another scar] when I get really upset, I still do it actually. I scratch, and like when I'm really upset I'll sit there scratching at it and scratching at it until it's like raw and that's like from those sort of scars. I had an argument with Brad [Izzie's partner] a few months ago and I was scratching again, so I

> think it's just one of the things I can't, like you know. I work in an organisation where you've got to be a normal person you know. So, you can't have rows of cuts and stuff.

In this dialogue, Izzie contradicted herself. She was quick to say that she no longer self-harms, or has any psychological issues, but then proceeded to disclose that she still does scratch herself when she experiences stress. Izzie formed an idea of what normal is, and equated employment, good mental health and a happy relationship with a partner as normal. Izzie expressed concern in this quote, and throughout the interview, that her positive mental health and good relationship with her partner were contingent on one another. It is significant that Izzie's reason for not scratching herself was not that she doesn't want to inflict harm on herself; but rather she believed that scratching herself would betray the 'normal' life and psyche that she has established and threaten her 'normal' employment, which she equated with being healthy. Izzie has developed these ideas without a reference point. After Izzie repeatedly described her relationship as healthy, I sought to determine where she had developed an idea about what being healthy entails:

> **Tiffany**: was there any couple you saw growing up where you thought that's how I'd like to be?
>
> **Izzie:** I've never really been surrounded by healthy couples.

Izzie is trying to attain a state that is intangible to her, because it has been made clear to her that as she spent her adolescence in out-of-home care she is defective in meeting a standard of normality. Furthermore, Izzie would rather have kept aspects of her life hidden than have had others know that she is not always what she imagines they consider normal, as feeling normal was more important to her than feeling understood.

Izzie's dialogue was reflective of participants who consistently silenced their experiences because it was more important to them to be normal than to be understood. Being in out-of-home care was positioned as *abnormal* by participants, who emphasised their attempts to become normal in adulthood. By existing within society and being exposed to ideas from the people with whom they interact, and from the media, participants learned it is normal for people to be cared for by their parents. As Walsh writes, "popular images of typical 'normal' family, and the ideal 'healthy' family both shape and reflect dominant social norms and values for how families are supposed to be" (2016, p. 9). Ideas of 'normal' constrained the participants, as "invoking the "normal" may also be a control strategy, a means of demanding compliance with the heterocentric conceptions of the 'good' and the 'true' way to be" (Green, 2016, p. 175). Izzie worked in the social services and expressed a desire to become a social worker. Even though I specifically asked Izzie about a time associated with traumatic events and complex feelings in her life, at many points in the interview she sought to emphasise to me that was normal. Feeling that she was normal provided Izzie with a sense of belonging and inclusion when what she had previously experienced is exclusion. Izzie forwent the opportunity to speak to her experiences and make meaning of them, so that she could feel normal, healthy and included.

## Describing the Indescribable

People use language to make meaning of their lives, including the people who raised them, and the places where they were raised (Plummer, 1995). Participants' narratives reflected the fact that for children whose parents are alive but unable and/or unwilling to care for them, there are few contemporary cultural representations, and little language that exists to represent their experience. When participants tried to explain parts of their lives, they had difficulty when they did not have language readily available to express it. Several participants experienced difficulties when deciding how to refer to their biological parents. At the beginning of the interview with Karen, I asked her how she would like to refer to her biological parents:

**Tiffany:** So just when I speak about them, how do you refer to them, as mum and dad?

**Karen:** I call my dad ‘dad’, my mum, nup, she's just my egg donor.

**Tiffany:** So, if we hear about her, do you want me to call her your biological mum?

**Karen:** She's my egg donor.

Despite this, throughout the interview Karen continued to refer to her biological mother as ‘mum’. In a moment when she had a time to be reflective, and when I provided her with the power to make the decision, Karen could express the fact that the word mum did not describe her relationship to her biological mother. However, when she was in conversation she did not have a word readily available to her which described who the person was in this relation to her and she fell back on using the term mum. Karen had experienced little agency in her life. As a child, she had no agency over her ability to see her parents and little agency over where she lived. As an adult, she had limited agency in her romantic relationships, having experienced violence and betrayal from her partners. When she was given the opportunity to choose language, Karen expressed agency by choosing the words she used to describe her biological mother. Participants wanted to tell their stories and to do so they needed to compromise the reality of their story to easily narrate it with clarity.

Bella, a participant who had been trafficked from a South-East Asian country as an infant, discussed her first sexual experience, with her adoptive father:

> **Bella:** Yeah, I think she [her adoptive mother] knew ... I think it was a few times where she would not come home. It was definitely a Sunday ’cause the next day I went to school. My mum wasn't around, it was just me and my brothers and sister and my dad and I think they were playing around and my dad had pulled me into the bedroom and he'd like put porn on and stuff like that. I knew it was going to get to that point. Every time he'd touch me he would like stick one of my fingers up my vagina and he'd just keep doing that. And I was thinking when I did that [laughs] why am I sticking my fingers up myself? I was ten and yeah, and then he used to make me always like bend over while I was in my undies and like wank and stuff and then that same day he made me give him a hand job.

In this description, Bella referred to the person who might be considered her abuser, or the person who child trafficked her as ‘dad’. There is no language readily available to Bella to describe who this person is in relation to her, and she would have no person to describe as her dad. This description was particularly challenging to listen to because Bella describes being sexually assaulted in a structure and style used to describe normalised childhood experiences, describing her siblings “playing around”. The importance of having a person to call mum and dad is pervasive to the extent that Bella used this language even in situations where a person has not acted as a parent to her. Bella’s use of this language reflected that for Bella, it is better to have a life which is acceptable to society and consistent with dominant discourses by having a parent, even if that parent is not present or abusive. To reject the person who has been assigned, and has in some way fulfilled that role, would not only sever the sense of belonging Bella experienced with that person but would also sever at least one sense of normality which exists: the presence of parents.

A double bind existed for participants. Having experienced deeply traumatic events they avoided talking about in childhood, they sought audiences in adulthood. However, when they did seek an audience there was not language to describe their experiences. The difficulty narrating their story continues into adult relationships, something which will be discussed more in Chapter Nine. The challenges participants experienced while they were in out-of-home care meant they required a higher level of support from the people in their day to day lives, but most participants received very little.

### Discussing Sex and Relationships with Social Workers and Caregivers

As discussed in Chapter Two, positive relationships with people with knowledge about sexuality are in integral part of good quality SRE (Allen, 2008; Corlyon, 2004), and provide support for people to make meaning of their experiences. Most of the participants did not have such relationships with either social workers or carers. The potential to share SRE within positive relationships goes beyond sexual health and pregnancy reduction and provides young people in out-of-home care with an opportunity to share their story. Adrian explained that he knew very little about the CYF social worker who he best remembered, and he was a long way from having a close or trusting relationship with him. Adrian had had contact with social services since he was around seven, primarily with child and adolescent mental health services. He believed that CYF were involved with his family from around the same time because of the lack of attachment to his mother he expressed to practitioners at the child and adolescent mental health services. A social service facilitated Adrian remaining in his mother's care but boarding at a school close to his mother's home during term time. When Adrian was 15 his mother wanted to move to Australia with Adrian's sisters but without him, so she decided to formally place Adrian in CYF care. Adrian was left to live at the school for the most part, and a residential institution in the holidays.

> **Adrian**: Straight after [a meeting between CYF and his mother] mum was like "you're in CYF care". We were supposed to have an FGC after that so a CYFS worker came to see me, met me talked to me about it and said, "so I'm your CYFS social worker, I'll be here helping you out". He didn't really make much of an impact on my life to be honest, neither did most social workers.

Adrian had a great deal to make meaning of at the time he went into out-of-home care. His adoptive mother had effectively ended the parent-child relationship between herself and Adrian. Adrian not only had to make meaning of this upsetting and non-normative event, he had to do so without the support of a reliable caregiver. Although Adrian was in CYF custody at the time he was speaking about, he was far from seeing his social worker as *in loco parentis* and rather than living in a home, he lived in a school. When I asked Adrian if anyone had spoken to him about sex and relationships he responded:

> **Adrian**: No, all the things I just kind of figured out myself. Like at school you obviously had Sex-Ed class and things like that, like how do you mean?

> **Tiffany:** So was anyone like "So Adrian this is how you prevent girls from getting pregnant", or you know how before you were like "I wouldn't cheat on a girl and that's something I'm proud of". How did you learn that?

> **Adrian:** Just [pause]. Just morals I guess. What's right and wrong, like ... [pause]. I don't know.

In the absence of explicit information about sex and sexuality, Adrian received information implicitly from peers, teachers and the media. Adrian did not necessarily take on this information about sex and relationships, but he felt that he "just kind of figured out" things and developed "morals". Morals are socially constructed and, in terms of sexuality and relationships privilege heteronormative sexuality and traditional relationships. This understanding of what is right in terms of relationships is reflected in Adrian's narrative which is included over the next two chapters. Bella stated that most of her social workers did not speak to her about sex, and she felt that the one social worker who did speak to her about sex, did not genuinely care about her. Bella's need for a safe and secure identity were particularly great given her experience of being adopted and raised by a single man with the express purpose of grooming her to be a sexual partner.

> **Bella:** Yeah. I think [older female social worker], yeah, she would always, like 'cause usually like after I'd had enough of running away I'd go to the CYF office and be like "can you drop me home?" and they'd always take me to the family home. And she'd be like "have you been keeping yourself safe?" and I was like "yeah" and she'd always go "are you sexually active?", "yes I am" "are you using protection?" "no" and she'd be like "that's no good", but she didn't really, she wasn't, it was kind of like she didn't care.

When she was in out-of-home care, Bella had a right to receive the care a child should receive from a parent, including information about sex and relationships. Bella did not receive this information from her social worker. Neither was Bella getting sex and relationship advice from her caregiver: Bella purports that the social worker did demonstrate an interest in whether

Bella was sexually active and if she was engaging in safer sexual practices, but that she did not demonstrate anything that Bella interpreted as care. Bella identified the reason the social worker's inquiries were not meaningful to her were because she did not associate the inquiries with the social worker really caring about her wellbeing. The social worker was in an *in loco parentis* position in terms of acting as an agent of the Chief Executive of CYF, in whose custody Bella is placed. But within her role, the social worker could not necessarily provide Bella with the care a parent would provide.

> **Bella**: she [my caregiver] knew [that I was having sex], but she couldn't really do anything about it. At the end of the day she pretty much gave me my own choices about what I wanted to do it, and if anything happened I suffered for it.

Bella's caregivers and social workers were providing care for a young person who had experienced a high level of trauma throughout her life and had not known a loving and responsive parent. CYF had a responsibility for empowering the social workers and caregivers to provide Bella with SRE, and CYF also held responsibility for inserting people into Bella's life who demonstrated care, compassion and continuity. Bella did not feel that she was provided with SRE, or that social workers or caregivers in this situation cared about her. Bella's response in this situation was to draw on the resilience she had developed while living with her adoptive father and mother, and to disregard a conversation from a person who she did not feel cared about her.

James did not enter out-of-home care until he was 13; before then he had a close relationship with his Nan. James challenged the hegemonic notions of masculinity that he had grown up with by sharing domestic, financial and decision-making responsibilities with his partner. For instance, he regularly cared for his children and when his partner's view was that she should stop his voluntary job in order to get a paid job, he took that into account:

> **James:** Rebecca was a bit hard on [my voluntary work] ’cause it wasn't paying bills. So, I ended up putting my name in for a large meat processing plant. So, within a year I became one of the managers, and [Rebecca] was like "I didn’t think you'd like this job", ’cause I hadn't had a steady job other than youth work. And then, it's just living with the morals of ‘you have to provide for your family to get your kids what they want and what they need you have to do all these kind of sacrifices’.

When James was 15, he observed members of a gang sexually assault a woman and chose to walk away from the assault despite being asked to participate in it. James provided several examples when he had challenged violence towards women. When I asked James how he had learned that violence towards women was not acceptable James replied:

> **James:** Nan, [who said] “you don't hit a woman, you don't hit a girl, that's disrespectful. And if you get angry go for a walk, you know. And if I found you have [hit a woman] watch out boy, even if I'm dead I'll haunt you”.

James’ Nan also arranged for him to receive information about sexuality:

> **James:** She [Nan] brought one of my Aunties in who was a health nurse and she tried to tell me about the birds and the bees and all of this kind of stuff and it was, to be honest with you I was just like "it's a bit late" ’cause she came in when I was 11 or something. Just kind of, I don't know, and said, “you can't force yourself on a girl and if you feel like it you go behind a tree and you go wank” [laughing]. And I was like “this is shame coming from my Aunty”.

The relationship that James shared with his whānau contributed to the resilience he demonstrated once he entered out-of-home care. These conversations also provided a basis for James to think about sex and relationships throughout his life in a way that contributed positively to his wellbeing. James’ experience reflected Diamant-Wilson and Blakey’s (2019) finding that young people in out-of-home care are particularly responsive to messages about sexuality and relationships from their families of origin. James, like other participants was often disappointed by his caregivers, and in some instances found out, or had it reinforced, that violence and abuse were a normal part of life. James was placed with several caregivers but was particularly disappointed by his final placement.

> **James:** I got put into this family who was, he promised CYFS that they were going to change my life for the better. So, they said that they were going to take me out doing sports and that and that's what I wanted. And I was thinking "Yes", he was a Golden Glove kickboxer. Then the first day I stayed there I got up and I was ready to go for a run and he was like "not today" and I was just like "hey?" and then the next day I got up and he was like "nah" "what the fuck?". Oh, shit mate, I'm just not even going to bother. So, I just went to school and then came back and then the first piss up that they had, 'cause that's when I found out they were alcoholics. And it was bad like he had split knuckles and he was knocking out all of his family every drink up we had. And everyone would know "he's going to knock someone out tonight, I wonder who it's going to be today?" but they all just kept getting on the piss and didn't care. It was just a normal way of life for them. And she was being beat up and raped and he was a scary man.

James had a perception of a healthy, active family who was different from the caregivers with whom he had previously lived. James was looking for a family that could be described as normal but found out that in a family he had admired, that violence and abuse was their normal. James also demonstrated a great deal of resilience. Even though most of the caregivers he had lived with while being in care engaged in violence, James proposed it was a "normal way of life *for them*", but not for him. This was reflected in James' practices around his own relationship and within his own family in which he instilled tikanga and anti-violence—which is discussed more in Chapters Nine and Ten. James developed an identity informed by his resistance to what is 'normal' and what he has seen. While he was informed by his relationship with his Nan and he had a strong sense of whakapapa, his identity was generated internally. Holding an internally generated identity meant that James was able to resist challenges and discourses which are not consistent with being a way that James wanted to be.

When Clara initially left her mother's care she stayed with a friend. At that place, her friend's brothers started to behave in a way that Clara later understood as grooming her for sexual abuse. In her second placement Clara stayed with a CYF caregiver who was not known to her. Clara was unhappy with the placement, but her social worker emphasised to Clara it was important that she made the placement work.

> **Clara:** Well the first day that I got there she [the caregiver] told me that I wasn't allowed any rock ‘n roll music. If I wanted music, I could only listen to Radio Rhema [a Christian radio station]. She stripped me of all of my books, I was only allowed the Bible and I thought "well fuck this, I'm off". The police found me later that night [pause] ’cause I had nowhere to go. And when I got back, she was searching for my bag, oh no, she let me sleep for a couple of hours. I was in the room and then she woke me up and she goes "where are they? where are they?" stripping my bag apart. Two, three o'clock in the morning going "where are they you slut, where are they?" and I go "what are you looking for?" and she goes "your fucking condoms, your pill". And I go "I don't know what you're talking about" and she goes "I've heard about you, you slut, I know, I know" and I was just ... so that was her idea of me from the start and I don't know what was said or ...

At the time, Clara had not engaged in any sexual activity, and nor was she interested in sex. Clara’s experience of the caregiver was that she did not provide love or care to Clara and instead focussed on regulating what she imagined to be Clara’s sexual behaviour. Clara had contact with social workers, but they did not establish a relationship with her whereby she could speak about either the placement, or what was important to her:

> **Tiffany:** And so, did you, at this time when you were living with [this caregiver], were you having much contact with social workers?
>
> **Clara:** I think they were doing a once every six to eight-week round, but there wasn't a lot I could tell them living with [the caregiver]. It was day to day running, she ran a tight ship.
>
> **Tiffany:** So, did you ever tell them "she calls me a slut and I don't like it"?
>
> **Clara:** No, no … like I've looked back over some of my files ... you know, and I look back and "Clara is doing well, she's learnt how to knit" [laughs].

There was a diffusion of responsibilities that people had for Clara. Clara’s caregiver not only failed to provide Clara with supportive messages about sex and relationships, she actively sought to provide her with messages that contributed negatively towards her wellbeing and provided her with messages that left Clara feeling not cared for. Clara’s social worker had limited oversight of Clara's wellbeing and the placement and did not support or manage her caregiver appropriately.

Izzie identified two CYF social workers who had been important to her, one she described as a young man, and another was a middle-aged woman. Izzie described that, as an adult, when she reflected on her childhood, she wished she had had someone to talk to about sexuality. However, when I asked her who would have been a good person to talk to her about sex, she stated that having the conversation with the young man would have been difficult because he was an attractive man:

> **Izzie:** Probably [young male social worker] because he was quite good looking, and he was kind of the, like I mean obviously 12 at the time. But he was really nice, and it was his personality, but I think probably it would have been awkward because he was male, and he was young, and he was quite good looking you know you don't want to talk about sex with good looking people. It probably would have made a bit of a difference I think [older female social worker] would have been good to talk to about it …

Izzie sexualised her social worker by stating that because he was good looking, she would not be able to have an objective conversation about sex with him. Izzie had learnt that both attractiveness and relationships between males and females are associated with sex. Izzie implied that the social worker's gender, age and attractiveness would preclude him from having a conversation about sex with Izzie without the conversation being sexual. Izzie went on to say:

> **Izzie:** Someone to kind of say "it's okay to have healthy sex but, you know there's a certain way". But no one ever stayed around long enough to [discuss sex and relationships]…

In the absence of SRE, Izzie invents her idea of "healthy sex". Throughout Izzie's narrative it becomes apparent that Izzie's idea of healthy sex is what Rubin (1984) considers in within the "charmed circle" of sexuality. Rubin (1984) writes that dominant discourses consider that "sexuality that is "good," "normal," and "natural" should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home" (p. 13). Izzie states that a social worker did not but should have spoken to her about acceptable sexuality. Nevertheless, Izzie has still learnt that the sexual behaviour she engaged in was unacceptable. Later, Izzie stated that:

> **Izzie:** 'Cause like with Brad our sex life is, I don't know, like it's not fantastic, it's quite… um [pause]… the same positions.

Izzie did not identify a need to learn about pleasure, despite acknowledging that sex with her partner is not always pleasurable. Allen et al. (2014, p. 2) write that "researching and talking about pleasure and desire has become increasingly accepted as 'a good [idea]' within sexuality research"; however, Izzie instead wished she had more education about sexual regulation. As with other professionals (Bhattacharyya, 2002) social workers and carers may feel more comfortable providing information about sexual regulation as opposed to pleasure. Izzie's knowledge about sex and relationships was limited. She had dysfunctional relationships with her family of origin and did not come close to sharing an *in loco parentis* relationship with social workers or caregivers. As an adult, Izzie faced challenges in her relationship, including a sexual relationship which she described as unsatisfying. Izzie did not have the knowledge to draw on to know or define healthy sex, other than what she knows from dominant discourses which posit healthy sex as heterosexual, monogamous, and dominated by male desire (Jackson, 1996; Rubin, 1984). Not only did Izzie internalise this idea of sex and respond and behave accordingly, she developed an identity based on these external factors—an identity in which her primary role is being a responsive partner to a man. This is the most socially accepted identity that Izzie has held in her life, and it provided her with a sense of belonging with her partner, and a sense of social inclusion.

Izzie described being concerned about discussing sex with a social worker due to a fear of impropriety, and John described a similar situation in which a social worker constrained the action of a caregiver due to fear of sexual impropriety. John, who as an adult had trained as a social worker himself, described spending several months, when he was around ten, with a foster family who he felt were responsive and caring. John expressed a wish that he could have spent more time with this family. At one point a social worker visited the house, and another child in care, a five-year-old girl was sitting on his male caregiver's knee. At this point the social worker told the male caregiver that it was inappropriate to have the girl sitting on his knee. In adulthood John could recognise this as the social worker regulating the male caregiver's behaviour because of fears of sexual inappropriateness.

> **John:** But with a social worker there's ethics and values, they can't be seen to cross that line, but then do they even know how far? With caregivers, they can't even hug a child without getting into trouble. I remember the caregiver, when I met him he said to me "John, I'll never forget we had a five-year-old girl come into the foster home". And about three or four years later she asked for a hug, so the caregiver gave her a hug. Then the caregiver put the five-year-old on his lap and just [said] "it's okay". And the social worker walked in and said, "you can't do that". Because there are just so many different boundaries. But you imagine if I'm a foster kid there's just so many baggage behind me, and I'm a girl. And the male caregiver starts talking to me about sex and then I think "I'm going to tell my social worker", you imagine what that would look like.

This situation—a child sitting on a caregiver's knee—involved a situation that might regularly occur between parents and children. The social worker's response and John's understanding of this situation demonstrate the way that CYF's role in regulating anything that is sexual (or could be perceived to be sexual) superseded CYF's role in appointing social workers and caregivers to act *in loco parentis*. Organisations and their agents charged with responsibility for child protection and out-of-home care demonstrate discomfort talking about sex because of fear of impropriety. As discussed in Chapters Three and Four, these organisations are compelled to respond in a risk averse way. While there is greater risk that children and young people in out-of-home care will be harmed by not having close and affectionate relationships and receive appropriate SRE, the institutions seek to eliminate the behaviour which is most easily contained by not allowing caregivers to hug children. Risk management is prioritised over the development of the very connections that increase the safety and wellbeing of young people in out-of-home care.

While social workers and carers may hold a fear of talking about sex because the conversation might be considered sexual, good SRE is not sexual (Allen et al, 2014). This is demonstrated by James' Nan and Aunty who discussed masturbation, consent and gender-based violence with James. Throughout his life, James remembered these lessons and consequently challenged sexual violence when he observed it and described being in a respectful romantic relationship. John's observations mirror Foucault's (1977) observations of amongst the work of government agents (including social workers) that sexuality is at once silent and pervasive; it is "taken charge of, tracked down as it were, by a discourse that aimed to allow it no obscurity, no respite" (p. 20). There is no explicit talk of sexuality, but at the same time decisions about how caregivers and social workers should behave are based on the basis on minimising accusations of sexual impropriety.

While risk aversion promotes avoiding discussion about sex and relationships, the greater risk comes from not having discussions. Izzie described having no one to talk to about sex. In the absence of information about sex and relationships, Izzie drew on dominant discourses about male entitlement to sex and experiences, what she considers unsatisfying sex. The risk averse option of not explicitly discussing SRE fails to protect young people in out-of-home care from harm.

## Stigmatised Sexuality and Silence

Participants experienced stigma when they held an identity or behaved in a way that was situated outside of the dominant discourses. Stigma on the basis of being in out-of-home care, and sexual stigma, were common themes in participants' narratives. Some participants internalised this stigma and referred to having multiple sexual partners as being "skanky" or a "whore" or a "naughty boy". Many of these participants described their negative sexual behaviour as a product of having been in out-of-home care.

Olivia identified as a lesbian and was aware of the stigma associated with this. Olivia explicitly described the relationship between the stigma of being in out-of-home care and the stigma of being a lesbian when she described how she waited until she was no longer in out-of-home care to disclose that she was a lesbian, firstly, to herself and then to others.

> **Olivia:** I guess for me like I guess when I was in care I wasn't anywhere near even accepting that I was who I was, and even then, if I felt a certain way I wouldn't talk about it I would just with that sort of subject, just because. I think it was the sort of people I was around. And D's a real rural farming community where everybody's fairly conservative, you're not up in Auckland where everybody's… [pause]…. most people are liberal and open-minded like they're quite traditional in the way that they think. And for the same reason I wouldn't have been wanting to be looked at in a different way. I didn't even tell my friends I was in care when I was in care, I tried to hide that from them because I was scared that I would be looked at differently. Because I didn't live with my mum.

As a young woman who identified as a lesbian Olivia experienced what Mallon (1998) describes as a "triple threat" for young people in out-of-home care who identify with a sexual minority. Firstly, she experienced stigma, which led to her behaving in a difficult way which made her relationship with her mother more problematic. Secondly, she experienced the stigma of being in out-of-home care. Lastly, she experienced the stigma associated with identifying as a lesbian without having a stable living arrangement as a young person. Like many young people, Olivia wanted to feel and be considered normal and did not want people to look at her differently. Olivia identified the two reasons why this might occur; because she is a woman who is attracted to women and because she does not live her mother. Olivia concealed that she was in out-of-home care and that she was attracted to women. As a young person feeling normal and feeling that she was like her friends was more important to Olivia than anything else.

Six of the ten participants disclosed being victims of sexual assault. Victims of sexual assault experience a concealable stigma (Chaudoir & Fisher, 2010) that they can either disclose or conceal. Victims of sexual assault often choose not to disclose the assault to others because the anticipate experience stigma because they have been sexual assaulted (Quinn & Chaudoir, 2009). Anticipated stigma exists because rape may be constructed as a consequence of a victim's sexual impropriety (Plummer, 1995). Karen spoke about how things at home had "turned shit" when she was in her mid-teens. When I asked her why, she put her hand around her mouth and mouthed "I was raped". Karen had been able to speak explicitly about a range of sensitive topics including rejection, physical abuse, drug use and being placed on home detention, but she felt it necessary to obfuscate her experience of rape. Karen answered several questions about the sexual assault, but when I asked her if she knew the perpetrator she responded, "can we not go there?", although later it became apparent from other statements she made that the perpetrator was one of her caregiver's extended family members.

Karen experienced the shame of living in a non-normative family in which she was cared for by a single male caregiver, and she was treated as an outsider by some of her siblings. Karen also felt shame having a woman who she intensely disliked as her mother, as well as the shame of being rejected by her birth mother. Karen only reluctantly shared details with me about feeling let down by her foster family or social workers. It was important to Karen to believe that, even though her biological parents were not able to look after her, her caregiver and social workers could. The only other fact that Karen mentioned about the rape in our follow up conversation was how grateful she was that her social workers had managed to obtain a financial settlement for her.

Karen was so horrified she had been let down by those who should have cared for her, and so gripped with anticipated stigma that she literally has no words to describe being sexually assaulted. For stories of sexual assault to be told, there needs to be a receptive audience to listen (Plummer, 1995, Quinn & Chaudoir, 2009). Karen did not have this audience. It is in this environment of anticipated stigma and silence Karen came to believe that being raped is something she should be ashamed of. Karen was let down by her birth parents, her caregiver, her social workers and her extended family, and there was an exponential level of grief when this lack of care intersected with sexual assault. The assault that Karen experienced took her further away from the life she hoped for and imagined, which was one in which she was safe, happy and felt a sense of belonging within her family and her community.

## Conclusion

Being in out-of-home care is not an expected trajectory for a young person, and consequently society positioned participants at the margins. In many cases this exclusion intersected with sexual stigma. Feeling normal and being treated as normal was important to participants while they were in out-of-home care, and as adults. Participants worked hard to reduce the stigma they experienced, employing a variety of strategies. Some of these strategies involve externalising the stigma that participants experienced, while other strategies involved them internalising the stigma. Participants required a great deal of support from caregivers and social workers to make meaning of their experiences and associated stigma, but in practice they received very little. Participants were often disappointed by their caregivers, who were not able to offer them an environment in which they were heard, cared for, or saw positive relationships—something they had to make meaning of in the future. Consequently, in determining what the sexual stories are of those who have been in out-of-home care, they are stories of exclusion—including silencing.

# Chapter Eight: Meaning Making

## Introduction

As I have outlined earlier in this work, meaning making describes ways in which people come to understand their life and experiences, and the meaning that derives from those experiences, and one of the central question to this thesis is: what is the intersection between experiences of out-of-home care, sexual and romantic relationships and the meaning that adults who have been in out-of-home care have made of their lives?. Participants had to make meaning of traumatic and non-normative life events in the absence of any representations of stories like theirs, without anyone to tell their story to, and without artefacts. Sexual stories were among those that were hardest for participants to make meaning of because of the silence and the associated stigma. Participants described several strategies they used to make meaning of their lives including the creation of artefacts, talking about themselves as being separate people in the present and the past, and applying psychological diagnoses to themselves. In the last part of this chapter I discuss the intersection between meaning making, romantic relationships and gender in the data. Male participants insisted on making meaning of their lives before entering a committed relationship, whereas female participants used relationships to make meaning of their lives.

## Making Meaning of Traumatic Life Events

The positions in which participants were placed and needed to make meaning of were non-normative, and included entering out-of-home care, being abused and/or neglected, being separated from their families, and being victims of violence. Events which are anticipated and more or less shared throughout a society, such as school graduations, require less effort to make meaning of than the exceptional events participants in this project experienced across their life course (MacLean & Pratt, 2006). All participants reported having been victims of physical and/or emotional abuse, and many of the participants reported having been victims of non-consensual sexual activity. While in out-of-home care, participants reported that they experienced insecure living situations, insecure relationships with caregivers and insecure relationships with their families of origin. Within the participants' narratives there was not a clear distinction between the time that they were in, and the time they were not in, out-of-home care, suggesting that their subjective experience was more important to them than the context of their experience. Participants consistently experienced trauma before they entered out-of-home care, while they were in, and after leaving, out-of-home care.

Emma had experienced trauma throughout her life. She had experienced physical and emotional abuse perpetrated by her mother and father which led to her entering out-of-home care. While she was in out-of-home care she was the victim of violence within intimate relationships and experienced the trauma of living in multiple placements. After leaving out-of-home care she was the victim of violence within several relationships and experienced the trauma of having her daughter removed by CYF. While telling her story, Emma's care status was not significant to her. The trauma that Emma experienced occurred from the time that she was born until she was in her early 20s and was not differentiated by her environment or her carers. Emma's first memory of physical abuse and neglect related to acts perpetrated by her mother.

> **Emma:** I remember her hitting us with stuff like belts and wooden spoons and metal spoons, she broke a metal spoon across my brother's backside one day ... I was so malnourished I was stealing out of kids' lunchboxes

Emma believed that she was taken into out-of-home care at around the age of seven or eight. Until her early teens, Emma lived between her grandparents, her mother and a Youth Justice Facility. Emma knew that CYF were involved with her for most of this time, because of the contact she had had with social workers. However, Emma did not know whether she was to remain in the custody of CYF for all this time, or if she was leaving and re-entering out-of-home care. While in CYF custody and living with her grandparents, Emma was a victim of her grandmother's violence.

> **Emma:** My nana was horrible, she used to pick on us. Like if I pinched my sister my nana would pinch us back, like leave bruises and everything. If I stole, it was really bad [for me].

CYF had removed Emma from her parent's care because they had been violent and neglectful towards her and her siblings, but placed her in a home where she was once again the victim of violence. When Emma was 14 she met her first boyfriend, and he quickly became violent towards Emma.

> **Emma:** 'Cause I was 14 when I met [my daughter's] dad. So, he was my first ever actually boyfriend. He was also [pause] if I didn't do what he wanted he'd kick me. He'd never hit me, he'd just kick me, like if I was sitting on the ground he'd just kick me, or he'd sit on me.

At the age of 14, Emma had experienced violence in every intimate relationship she had been in. Both her caregivers and her partner had been violent towards her. CYF's involvement in Emma's life had failed to protect Emma from violence. Emma remained in an on and off relationship with her oldest child's father for the next four years. By the time the relationship had ended, Emma was 18 or 19 and had been out of out-of-home care for over a year.

> **Emma:** I was scared that if I left him he'd hunt me down and kill me. I didn't know what he was capable of. He tried running me over, like I've got a protection order against him and everything and like he's breached it four times. I still don't know what he's fully capable of. He smashed a guy other the head with a tool and the guy got put in hospital. He stabbed his dad. That was the thing that freaked me out, hearing all of this sort of stuff.

Emma did not connect the relationship to her care status. Emma's narrative was centred on the violence she was a victim of, and how she responded to it. Whether or not she was in the custody of CYF was not as significant to her as having to respond to the pervasive violence of which she was a victim in familial and intimate relationships.  This pervasive violence is an experience Emma shares with other young women who have been in care. A New South Wales (Australia) study involving young people who had left out-of-home care in the past three to four years found that 26.3% women who participated in the research had taken out an Apprehended Violence Order against either a partner or a former partner; which is much higher than the general population (Cashmore & Paxman, 2007). While Emma had been removed from her parents' care because of protective concerns, being in out-of-home care had failed to alleviate any of the violence that she had experienced.

While in out-of-home care Emma had to make meaning of historical and current violence and neglect without an adult to assist her. As an adult, Emma had to make meaning of her trauma without a childhood caregiver to provide her with reliable insights into that time. As described in Chapter Five above, the ability to make meaning gives people a way to understand themselves within the world (Abes et al., 2007; Baxter Magolda, 2009; Frost, 2013; Frost et al., 2015; Kegan, 1982). Emma had failed to make meaning of the violence she had been subjected to before coming into out-of-home care, which contributed to her choice to enter a violent relationship. Trauma compounded throughout Emma's life. She experienced powerlessness in relation to trauma, and the trauma occurred in different situations contributed to her lack of power. When Emma was in a violent relationship, she had less power to leave her partner because of the lack of support she experienced. Within Emma's current relationship, which will be discussed more in the following chapter, Emma learnt to make meaning of the violence she had experienced and to understand she did not deserve to be a victim of violence.

### Participants had to make meaning of sexual violence.

Six of the ten participants described having experienced having been victims of non-consensual sexual activity. Three of the participants did not discuss sexual coercion. James did not identify himself as having been sexually assaulted but chose to describe a 14-year-old female having sex with him when he was eight as "losing his virginity". He described the older girl pulling him into a cupboard at a health camp and his not knowing what was happening. James asserted he was happy it had happened and, for a boy, eight years old was an appropriate age for him to be sexually active.

> **James:** I lost my virginity when I was eight. I went to a Health Camp in between when I was eight and I didn't even know what was happening to be honest with you.
>
> **Tiffany:** Was it an older person?
>
> **James:** Yeah, she was about 13, 14 so, yeah in the old shoe closet sort of thing. She did everything, so I was like, ye-yah[4].

For James to acknowledge that the sexual activity was unwanted would have betrayed the commonly held discourse that sex is always wanted by men (Allen, 2003; Hollway, 1984). The way James chose to present his first sexual experience aligns with what Hollway describes as the 'male sex drive discourse' in which men have an insatiable sexual appetite, and the only reason they would refuse sex with a woman is because they are attracted to men (Hollway, 1984). James' account contrasted with Izzie's who chose to describe sexual activity with an eight-year-old boy that occurred when she was six as sexual abuse, as she believed that the eight-year-old boy should have known better and took advantage of her. James negation of the sexual activity he experienced as assault is consistent with the male sex-drive discourse and he makes meaning

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[4] A colloquial term meaning satisfaction

of the event as positive for him. Both James and Izzie's account are consistent with the dominant discourse that men consistently have sexual agency, and women do not (Green, 2005; Jackson, 2006).

In addition to the experience when she was six, Izzie described another experience in her early teens while staying in residential care:

> **Izzie:** And so, I was quite upset, and we were drinking, um this guy… [pause]… Anyway, he dragged me up to the school and had sex with me and like no one knows about that either. But you know what? You hear people all the time "I've been raped, I've been raped" and yeah, that's really destructive to people if it's not [true]. And like I've never really told anyone or like made a big issue about it but it wasn't okay what he did, but it wasn't okay for me to be dressed the way I was and acting the way I was and drunk to the point of not being safe about it. So, like I'm partly to blame in all that 'cause I know if I were at home in bed where I should have been it wouldn't have happened.

In telling her story of a sexual assault, Izzie did not position herself as a survivor or a victim, but as the person who shared blame for the assault. She described her inability to manage her sexuality in a way that is appropriate for a woman, which is not becoming drunk, not being out late at night, and not wearing clothing that present an image that others could perceive as sexualised. In doing so Izzie conformed to what Plummer (1995) describes as the 'classic rape story' in which "a normal woman would never be in places where her honour could be put at risk … the abnormal woman was a whore, enticing the man, leading him on and then saying no" (p. 65). In describing her story in this way, Izzie explicitly denied herself the right to sympathy, the right to justice and the right to be heard about her experience/..;89w326 of sexual assault. While James normalised his experiences of sexual assault by saying that it was wanted, Izzie normalised her experience of sexual assault by being regretful and contrite. Izzie still presented herself as having limited sexual agency but emphasised she had agency to protect herself against sexual assault, by remaining sober, or wearing something different. Izzie gained insight by emphasising she could have behaved in a different way thereby preventing the sexual assault. Firstly, she demonstrated that on reflection she knew commonly accepted sexual scripts.

Secondly, Izzie exaggerated the agency she had in the situation. Izzie had experienced a lack of agency throughout her life, and this lack of agency was associated with the negative events she had experienced. In overstating her agency, Izzie positioned herself as having power to mitigate the possibility of negative events.

### Participants lacked people to help them make meaning.

Participants had to make meaning of non-normative experiences without the assistance of a reliable or consistent caregiver. While he was in out-of-home care James lived with a whānau caregiver who had gang affiliations, and he began to spend time around gangs. On one occasion when he was around 14, James walked into a room and saw several gang members raping a woman.

> **James:** And it wasn't that I watched it [witnessing gang members raping a woman], it was that I walked in on it. And one of the older [patched members] pushed me out the door and goes "No, James" and I was like "Fuck". It just kind of, I don’t know pushed me to a corner to say "fuck, is this the world?" You know they're telling me one thing but they're doing another thing. I couldn't actually comprehend that what they were doing was right. Even at that age I was still "what?", you know.

Not only had James’s caregivers exposed him to risk, he was put in a position of having to make meaning of an event that most 14-year olds would not experience, and he did not have anyone to support him. James explicitly described the difficulties he had making meaning. Despite having experienced abuse and neglect for the past several years while in his mother’s care, the event caused James to question if the sexual assault was representative of the world. James wanted to maintain his understanding of the world in which a sexual assault was unacceptable. An adult was present in the situation and stopped James from watching the assault. However, there was no one available to James after the event to discuss with him what he had seen. James was left to interpret information and make meaning of it himself, which he did.

Each of the participants expressed some confusion when telling their story, and a lack of certainty about some events. One of the roles of parents is to act as the storytellers and story keepers for their child (Atwool, 2016; Cook-Cottone and Beck, 2007). Parents have a role in telling their child stories about themselves, particularly from a time when they were too young to remember. Participants could not always rely on their parents to be reliable narrators, and most participants reported their parents as having histories of dishonesty. When Emma, who is discussed above describes the violence she experienced she stated:

> **Emma:** [my mother] denies is and it's always been "your dad was the one who used to hit yous [sic]".

Emma had experienced violence, but this was not validated by her mother. In this situation, Emma had two options available to her; either to change her belief to align with her mother's assertion, or to challenge it. Emma chose to believe her own memory, which is that it is her mother who used to hit her. In doing so Emma discounted the validity of one of the people who have primary responsibility for holding her story. Olivia made a similar choice to disbelieve her mother to validate her own belief.

> **Olivia:** My mum says I'm defensive and I always put a wall up, but I don't think I do. [And] the psychologist that we went to talk to, that was the golden ticket to say it wasn't me, there wasn't something wrong with me that I didn't do it, that she basically said our roles were reversed and I grew up parenting my mum. And that I could read [my mother's] cues and I knew her behaviour and all of that sort of stuff, that I knew how to try to diffuse the situation and I reassured her.

Olivia's confidence in believing herself rather than her mother is validated by an independent professional. Yet Olivia had make the same choice as Emma, which is to decide whether to discount her parent's ability to hold stories about her in order to maintain the integrity of her perception of herself. The decision Olivia and Emma made to disbelieve their parent is significant as parents are generally portrayed and perceived as the keepers of stories and the holders of truth (Atwool, 2016; Cook-Cottone & Beck, 2007). In making the decision to reject their parent's narrative and develop their own, they rejected the identity their parent developed for them. In choosing to believe themselves rather than their parent, Olivia and Emma created a fracture in the meaning that their parental relationship has to them and instead privileged formulating their own identity for themselves.

### Participants lacked artefacts to help them make meaning.

Several participants spoke of the significance of not having photographs of themselves as children. In the absence of oral narratives, photographs and artefacts provide a tool for people to construct their life narratives and make meanings about their lives. Photography is a "socially designated and highly regulated practice" (Harrison, 2004, p. 116) that is not just a representation of the family, but constructs a family's identity in a personal and a societal sense (Bourdieu, 1996). For participants, the lack of photographs led to a loss of connection not only to events in the past, but to themselves in the past. Furthermore, participants felt that an absence of photographs invalidated a part of their history and made it more difficult for them to construct their present selves.

> **Karen:** Oh they've [her children] got lots of baby photos, but I, I don't have a baby photo, I don't know what I was like as a baby. In a way it makes me sad, 'cause I don't know, I can't compare my baby photos to my kids' baby photos, I can't do that.

Karen was without a caregiver to tell her what she was like as a baby, nor does she have a photograph to look at. Karen was a particularly visual person. On the kitchen cupboards which were a couple of metres from where our interview took place were dozens of photos. When Karen spoke about people she would invite me to stand up and she would point them out to me. For Karen, her social work case files constituted a large part of her narrative. When at the beginning of the interview, I asked her where she would start her story, her first comment was:

> **Karen**: Well these are my files, going right back to 1979, right up to the last one of my 20th birthday with the social worker that had been there right through it all with me. ’Cause I got released from social welfare when I was 20. So, I was born in Australia, in Victoria. I lived on a farm with my mum and dad and had a baby sister who was younger than me. I don't know too much, all I know is that I was very sick when I arrived in New Zealand, when I was abandoned. So, my birth mother took me to CYPS, dropped me at the office and said that she'd be back in three days to get me and never returned.
>
> **Tiffany**: So how do you know about that? From these files or ... ?
>
> **Karen:** All on the files, and from the social workers.

In the absence of photographs, or of a caregiver, Karen created an artefact. Karen’s social work casefile provided her with information a family member would normally tell a person about their childhood. Karen’s experience of out-of-home care was unusual in that she had had only two social workers between the ages of five to 20, she had a close and consistent relationship with both of those social workers. Karen also trusted these social workers to tell her stories about her as a young person and used these stories to construct meaning. Karen sought and found documentation as proof of what had happened to her. In the absence of having a sympathetic audience to validate her experiences, documentation serves as validation. Karen had a history of not being believed and of being perceived as an unreliable narrator. The presence of the file validated her story. While identity is strongest when it is internally generated (Abes et al, 2007; Baxter Magolda, 2009) external pieces of information such as other people’s stories and photographs contribute to their ability to internally generate an identity.

For Izzie, the loss she felt from the absence of photographs was even more profound, as she linked not having photos from a particular time in her life to loss of self. She spoke about having someone to “hold” her artwork and photos for a time in the future, an action which she subscribed specifically to the role of a parent, and one that differentiated young people in out-of-home care to young people who lived with their parents. The act of archiving photographs is described as an “act of faith in the future” and looking back on photographs is an “act of recognition of the past” (Holland, 1991, p. 1 cited in Harrison, 2004).

> **Izzie**: like I don't have any photos of me from about 10 or 11 to about the time when Facebook came out. There weren't any at home, I don't have any of me with the other caregivers, the other girls. The only things that I have from that and you remember the bad memories more than you remember the good. So, it feels like in a way that I've missed out on part of my life. Like as a parent, like if I had a child I'd be taking photos of their first day of school, I'd be taking photos before they go off to their ball, I'd be having a brag book of all of their awards and certificates and the artwork that they bring home. I didn't have anyone to take that, to hold my artwork for somewhere special for when at my 21st you know, it felt like there was a part of my history that's now kind of gone and I think that's quite common with kids and something that's a bit of an oversight from caregivers and CYFS and the whole thing is that they don't have parents, so we need to step up and do exactly what a parent would do, what you'd do for your own children.

Each time a photograph is viewed, a different meaning is applied. Furthermore, the present-self positions the past-self, but is also a product of the past-self (Baxter Magolda, 1999; Harrison, 2004). Both Karen and Izzie hold the idea that if they have photographs it would not only give insight into who they were at the time the photographs were taken but would also give them insight into who they are now. Narratives involve picturing and repicturing, and photographs constitute an important aspect of this (Stuhlmiller, 1996, in Harrison, 2004). The construction of a narrative about one’s childhood is not a finite activity, but an ongoing process. Furthermore, people evaluate their narrative as they gain different insight into the people involved in their narratives, or new information (Neisser & Fivush, 1994). Participants’ lack of access to photographs means they do not have the opportunity to gain an adult perspective of an event that occurred while they were in infancy or childhood. Participants did not have the same opportunities to engage with people or artefacts that contributed to their narrative. When they developed new insight and wanted to talk to significant people, or look at artefacts, those people or artefacts were not available to them. Atwool (2016) argues that the current approach to life-story work in New Zealand is “haphazard” (p. 9) and fails to recognise that young people in out-of-home are entitled to develop a coherent narrative about themselves and their lives. A person’s ability to make meaning and their ability to form a congruent identity are inextricably linked. Participants looked for what they can know about themselves, and turn to the artefacts they have in order to do so.

Artefacts were also important to Adrian. He commented that he had never trusted anyone, and that meant he found it difficult to have a mutually loving relationship. Adrian entered his first relationship when he was 15, with Bianca. Adrian and Bianca were in a relationship for several months, and when the relationship ended they remained friends. At the time of the interview Bianca and Adrian remained friends, and Adrian said that when he imagined getting married, he imagined it will be to Bianca. Outside of this relationship, Adrian had a serious de facto relationship which he describes as having sabotaged. However, Adrian says that in retrospect he did not love or trust the woman with whom he was in the relationship. Adrian described the two people he has trusted as being Tom, a friend from school, and Bianca.

> **Adrian:** I've got a folder of basically my life. All the CYFS documents and all the documents about my life, all the FGCs, all the reports made about me, all the things my mum said about me, everything that's happened I've had all the CYFS reports, all the Dingwall reports all the reports I've got in a little folder and for me to show it to someone is pretty big, like it's a huge trust thing, and I think I've only shown it to Tom and Bianca.

Adrian is not only using the artefacts of his time in out-of-home care to make meaning of his own experience, he then used that artefact to present himself to others. John wrote a book about his experiences being a young person in out-of-home care. When we met, John brought me a copy of the book and we sat at a table together with the book on the table. Several times when John spoke about experiences when he was in out-of-home care, he either consciously referenced the book, or placed his hand on the book as if it was a reification and proof of his life. Participants wanted to make meaning of their time in out-of-home care and undertook several strategies to do so. Artefacts gave Karen, John and Adrian tools to evidence the fact that the problems were external and establish an identity that did not problematise them. They sought to externalise their problems, thus establishing identities in which they are people who have experienced problems, not as problematic people

## Strategies to Make Meaning

Participants wanted not merely to document their stories tangibly, but to make meaning of their stories in a way which would enable them to say that they had moved on from being an abused and/or neglected child, and now had the potential for a different and better life. In the absence of people or artefacts to help them make meaning, participants developed creative strategies.

### Identities after exiting out-of-home care.

John described that his sense of self was so enmeshed with his identity of being in out-of-home care, that he made a conscious decision to write a book to separate his identity as an adult who had been in care from his identity as an adult:

> **John:** But what I've been able to do is to separate it. So, before it was "John, state care all in one" but with the book now I've been able to take that part out of me and keep it separate. So, I realise there's two parts to John now. There's state care, and there's John. So now I feel I can go in and out as I choose rather than it making me feel like I'm stuck in that place. So, to a lot of people in state care, and I've talked to thousands, a lot of them don't know how to break the difference. They've got so much negative feeling that they keep it within. … So, when you've got 81 homes in 18 years, and then you're in that state care, that's one right. But after 18 when you're discharged or 17 whatever it is, you then become two. Two meaning that's state care, ooh I've got a new life now, and what's hard is when people go to that new life they can't separate the two. Life still feels like state care.

Likewise, when Izzie spoke about her life before she met her fiancé she stated "Gosh she was such a sad person"—talking about herself in the third person. Both Izzie and John separated themselves into two parts. John did this explicitly by stating there are two parts to him, the part relating to being in out-of-home care and the part not relating to being in out-of-home care. Izzie did so unconsciously by using an illeism. In splitting himself within his story as two Johns:

the John who had been in out-of-home care, and the John who was an adult, John developed his own model of identity reformation. He did his best to determine what his life-story is, and he undertook such a degree of ownership of his story that he made his life story tangible by writing a book. He then chose to create a distance between himself and the trauma he experienced, by asserting that he has a life in which the "negative feeling" associated with out-of-home care no longer exists.

### Self-pathologising.

One of the ways that participants responded to not being what they considered normal was to pathologise themselves. In doing so, they measured themselves against the dominant narratives of childhood and adult behaviours and relationships rather than creating new discourses that reflected their experiences. Participants told me they knew how they should be and reassured me they were trying to achieve this. While the tendency in modern psychology has been to reduce the amount of pathogising applied to people and affirm their level of normalcy (Walsh, 2016) pathological labels appealed to participants because they found ways to make meaning of difficulties they had experienced and also it affirmed to them that other people experienced the same difficulties they did. For some participants, it offered them a sense of belonging in shared discourses.

In the text below, Karen expressed that she knows she has issues in romantic relationships. In doing this she demonstrated her awareness that although she has not entered healthy romantic relationships, she knows what they are. Furthermore, she looked for an understanding of why she might be that way and finds the explanation in the prevailing psychological discourse that lack of attachment in childhood leads to a deficiency in adulthood. This offered Karen a justification for not having formed a healthy romantic relationship, but also asserted her position that she should have found a relationship as part of healthy adulthood.

> **Karen:** I have problems, with relationships: I get too clingy too fast too quickly. Choosing the wrong people to be with, especially in the male side. I've got my mates that are friends and all my ex boyfriends and we're still friends. But the ones that I really fall for are the ones that ain't good for me, like [son's Father]. It's all that getting the abuse. And don't ask me why, I don't know if it's the abandonment issues or anything, but I've watched a lot of people with abandonment they go for people that abuse them and yeah, but now I'm starting to realise now "nah, I'm worth more than that" so I've pulled myself through that and started to work through that.

In identifying that the issues that Karen had experienced in relationships were caused by the abandonment she experienced as a child, Karen makes meaning out of both her tendency to choose unhealthy relationships and her abandonment that she experienced. Karen also normalised her experience, saying that she has watched "a lot of people" who experience abandonment choose abusive partners. Finally, Karen offered a path towards greater happiness – implying that if she could "work through" her experiences of abandonment she no longer be in abusive relationships. Karen was not the only participant to look to the past to make meanings and find reasons why she behaved in a way she felt was not normal or healthy as an adult. Izzie talked about having had so many sexual partners that she felt "disgusting", but then went on to reassure herself that that was acceptable and expected because of the trauma she has experienced and expands on this by explaining:

> **Izzie:** You know, that's not something you write on your uni application, there's nothing to be proud of. But I suppose that was the point in my life and I didn't have a good relationship with my Father and I didn't have a good upbringing and I didn't have healthy role models.

Both Karen and Izzie had some knowledge of psychodynamic psychology, which purports that a successful relationship between the opposite sex parent and child is crucial for an adult to have a healthy relationship in adulthood (Butler, 1990; Foucault, 1978). In the examples above, participants described their understanding of psychological ideas and used these ideas to justify and explain behaviour they have engaged in, which they regret. Psychological ideas provided participants with insight about why they didn't always behave in a way they would have wanted to behave - particularly in terms of sexual behaviour. Psychological ideas also provided participants with an opportunity to make meaning of their own behaviour in a way they found accessible and useful.

While some of the ideas about psychological development were transmitted indirectly through the discourses in Western societies, several of the participants had spent a significant amount of time engaged with psychological practitioners. In doing so, they had been exposed to not only these ideas, but also had diagnoses applied to them. While undergoing therapy, Adrian had learned the language of attachment theory. He used the language when describing himself:

> **Adrian:** I don't have an attachment to anything. I think is what they [the child and adolescent mental health practitioners] really meant by the attachment disorder diagnosis. They never made me go to therapy for attachment disorder, so I don't think I have attachment disorder, I kind of know the gist of it and I don't have that. If anything, I have removed attachments to everything especially to relationships and things around me and how you were saying in terms of being an adult from what I've experienced, that's what I'm like. It's a huge factor in my relationships, my experience in state care is a huge factor in that. I have a fear of commitment with anyone. Even with my sister I almost sabotage my time with her and I almost make myself too busy to hang out with her because I don't want to get to know her. I don't want to have her as a sister, I don't want anyone that close to me. Any girlfriend that I've had hasn't lasted more than six months, just because I get to a point where they start to really get to know me and I'm like "no I can't do it", or I sabotage it some way.

Despite critiquing the specific diagnosis applied to him, Adrian had learnt that there was something wrong with him, and that there was something wrong with his aversion to entering close relationships with people. He looked for meaning and looking to understand why he experiences what he perceives as a deficiency. To do so, he took on the role of the expert, and he found the answer in the fact he had spent time in out-of-home care. Adrian’s analysis of himself is insightful and logical. He was able to identify specific examples—that he avoids spending time with his sister—and then draw on what he learned in therapy, and his knowledge of himself, and to offer the insight that his experience in out-of-home care has led to him being averse to forming close relationships with people. Adrian wanted to make sense of his story and himself.

He did this in a way which demonstrates his agency by accepting what he has learnt, and also developing and asserting his own self-analysis.

Another way participants responded to their disappointment with their behaviour was by describing to me the way in which their development was appropriate. When describing her development, Izzie (aged 22) expressed that her childhood and early adolescence experiences were not normal. Izzie had been sexually assaulted by a family friend at three and was taken into care at the age of 12. She had first learnt about sex when she was 12 and living in a group home, when one of the other girls living in the group home who was two years older than Izzie would have sex, then use a knife to carve a mark into her back to represent each person she had sex with. Izzie had few opportunities to share the experiences of people who are the same age as her. Until she met her current partner in her early 20s, little was normative about her life course.

Izzie described several abusive relationships to me, but much of her narrative was focussed on the success she had achieved by entering a relationship with her fiancé and becoming engaged. For Izzie getting married meant she was engaging in a life stage at an appropriate time, which offered a sense of redemption for the life stages where she had experienced trauma.

> **Izzie:** So I'm more secure and I feel like you know, at different stages of your life ... there's the pre-teens which is the learning and growing and there's the teenagers and that's the messy years, and then you get into your 20s and that's when you kind of start to get married and then you get to your 30s and that's when you start buying a house and having children and stuff, and then 40s is more secure. We kind of feel like emotionally we're probably at a 30 or 40-year-old. And we go to bed at probably about 8.30/9.00 each night.

In this example, Izzie sought to demonstrate she has learnt how to live a normal life, and that it consists of a specific life course with each stage of life becoming more secure and conservative. Throughout her interview, Izzie described events that happened in her pre-teens and teens which are not what she describes as a normal life course. Izzie compensated for her lack of normalcy in her pre-teens and teens by behaving in her early 20s as she feels that a 30 or 40-year-old should.  For Izzie, partnered domesticity, and performing the traditional female role within a relationship was an integral part of behaving acceptably. Izzie relished entering a part of the life course that is associated with security and knowing that she would be able to share the normative experiences with her peers which she did not experience as a young person.

## Relationships to Make Meaning or Making Meaning to Form Relationships?

One of the questions I have posed in this thesis is: *What is the intersection between experiences of out-of-home care, sexual and romantic relationships and the meaning that adults who have been in out-of-home care have made of their lives?* As I described earlier, these questions are interconnected and reflexive. In this section, I discuss the ways that males and females responded differently to meaning making and relationships.

### Female participants used romantic relationships to develop a sense of self.

During Izzie's interview, she expressed multiple views and emotions about her level of satisfaction with her life. At times, she expressed happiness and security with her fiancé, Brad. Izzie described the relationship she was in with Brad as having redeemed her narrative of trauma, sexual abuse, lack of care and of having had multiple sexual partners.

> **Izzie:** Like the love that I have for Brad, and for our little family unit. 'Cause I'm really bad, I love like taking in orphan animals and children and stuff, and like I try really hard to build my family and make my home nice and, um, like sometimes when I'd move to places I wouldn't even unpack my bags, I'd live out of my bags because I knew it wasn't lasting. But now I like unpack everything and I have the house really nice. Brad's so kind to me, and he's so healthy and he doesn't have all those issues, and it's really nice.

Izzie's narrative at this point in the interview was that she is a person who has had a difficult life, but her life is now better, and she is no longer suffering because she has entered a happy relationship. However, within 20 minutes of describing her immense satisfaction with her life, Izzie had also expressed self-loathing. Izzie used her traditional relationship to demonstrate she had achieved redemption from her experiences of parental abandonment, and trauma experienced while living in care, but the heteronormative values she espoused also led to her negatively evaluating her sexual and romantic history.

> **Tiffany:** So, do you regret having "whore days" and "skanky days" [mirroring a comment from Izzie] or do you think that's a part of growing up?
>
> **Izzie:** [Before I finish] I feel disgusting, I feel disgusting about myself, like I don't know how many people I've slept with.
>
> **Tiffany:** And what feels disgusting about that to you?
>
> **Izzie:** That's it's… that there's so much and I just didn't respect myself. I just, I look back and I see like "gosh she was such a sad person".

Izzie had not made meaning of the trauma she has experienced including abuse and abandonment by her parents, and sexual assault and violence by others. Rather than make meaning of her sexual assault, Izzie focussed on her identity as a partner. To do so, Izzie used the third person to speak about her former self, stating that "she was such a sad person", as if the person who had experienced a traumatic life was a different person to the person who is happily engaged to Brad. In doing so, Izzie was not able to coalesce her experiences before she met her partner with her current life, and consequently created two selves, the self that existed while being in out-of-home care, and the self that exists as a happy partner. Izzie claimed to be a different person now—someone who is happily partnered and generally satisfied with her life. However, Izzie contradicted herself and demonstrated distress about who she is. Izzie performed the traditional role of a happy wife: making her house nice and having sex with her partner even if she did not want to, and she hoped that performing the role of a wife will transform her dissatisfaction with her history. Izzie's identity was based on external factors, namely on heteronormative discourses of traditional families. However, in developing an identity based on an internalisation of external factors, Izzie was less likely to feel satisfied with her identity (Marcia, 1997; Baxter Magolda, 1999). In her relationship with Brad, Izzie found the belonging she had desperately been seeking. Izzie found belonging in a personal way through her relationship with Brad and in a societal way as she now has an acceptable identity with her peers. In order to claim this sense of belonging Izzie forwent accepting her personal history, and consequently presented with a level of confusion and distress.

### Male participants used romantic relationships to assert a sense of self.

Of the three male participants who engaged in the research, only Adrian was single. He made a concerted decision to be single, as he identified himself as not having sufficient skills to enter into a mutually loving relationship. Adrian expressed a wish to be in a relationship in the future, and he said he would work on building his sense of identity and esteem so he could successfully be in a relationship.

**Tiffany:** So, in your life do you see that you really want to get married and have a family?

**Adrian:** Oh yeah.

**Tiffany:** Do you have time frames?

**Adrian:** No when it happens it happens, and I don’t really need to hurry.

Adrian had confidence in his ability to have a successful relationship, and he did not feel rushed in anyway. Adrian was proud of the career he had established, and engaged in various forms of self-development through sport, friendships and travel. Adrian sought to confidently establish his identity through his career and self-development and believed it was important to establish his identity first, and consequently the permanent relationship he hoped for will happen at the right time for him.

Despite having different stories, James's and John's narratives around romantic relationships was similar in many ways. Both had become sexually active while children, with older females who they had felt had pressured them into having a relationship. Both had had the opportunities to enter committed romantic relationships but chose not to because they felt they were not prepared to offer what they saw as an appropriate level of commitment. Both were currently involved in mutually loving and caring relationships which they felt reflected who they were, and who they wanted to be.

John's first significant attachment was to another student at primary school, Ming. John and Ming developed a friendship, which became romantic when they were 11. When they were 12, John secretly stayed with Ming for a week. At that time, they stated they loved each other and talked about living together as a married couple when they were older. After a week, John reconsidered the feasibility of him having a relationship with Ming while he was in out-of-home care and made the decision to leave Ming. John thought of Ming for the next ten years and described the thought of her as his "anchor". He did not contact her again until after ending the relationship with his abusive caregiver when he was 23. He then contacted her, hoping to start a romantic relationship with her.

> **John:** She's been like my anchor from when I left her at 12, through all the hard times I always thought of Ming. This relationship [with the abusive caregiver], I tell you without her I wouldn't have got through that and so when I stood there [after seeing Ming for the first time as an adult] and I was like I'm actually here with Ming and I'm an adult you know, I have a good job and you think about these things and when I saw that [Ming still cared about him] I almost died.

John described their second meeting since as adults, during which Ming told John that she loved him and that she would leave her partner—with whom she had a child—immediately to be with John. Despite still feeling that he loved Ming, John made the decision to lie and tell Ming he did not love her, he told her this because he did not want to disrupt Ming's family unit.

> **John:** And from Ming I went nightclubbing. That relationship I was in with the horrible caregiver I was in lockdown. Never allowed to do anything, so my confidence was down, I felt I was stupid, I was ugly, I couldn't get anyone. And then I was introduced to nightclubbing. I would go out and have a few drinks and randomly talking to people. And then I noticed people were saying "hey John let's catch up next week" and then I was waking up in all sorts of apartments with different ladies. And I was finding myself and I was like "this is another type of heaven". Keeping in mind I was still quite angry about the Ming thing, falling into a depressive mode and then I got sick of that and then I had girls saying, "marry me, marry me, stay with me, you're such a good person" and that built my confidence up. But I realised I was just being myself. But what I found hard was explaining my life. Because people would ask "where's your parents?" and then I'd explain a little bit and people would go "it's just unbelievable, is this guy alright?" And then I thought "no I'm not going to carry on nightclubbing, I've got to settle down and try to find my daughter again [John's daughter with his caregiver], it never worked so I never found her". And then I thought "just settle" so for about a year and a half I had no relationship, I just focussed on work, I focussed on unpacking what my life looked like. I went out with the boys but kept it low key, kept it simple and then I found my darling [wife] who I've got.

John waited until he felt that he had achieved a sense of identity until he entered a relationship. He did not feel that he could be a responsive partner until he had made meaning of his life. In contrast, Izzie felt that she was able to foreclose on her identity once she met her partner. As a result, Izzie's identity was contingent on her partners and as her role as a partner while John's identity remained stable once he entered a relationship. The happiness that John felt in his identity once he has entered a relationship is consistent with Baxter Magolda's (1999) assertion that successful relationships are more likely when both parties have "an ability to construct knowledge in a contextual world, an ability to construct an internal identity separate from external influences, and an ability to engage in relationships without losing one's internal identity" (p. 12). Similarly, the fact that Izzie's identity was so contingent on her partner, as an external influence undermined the strength of her identity and her relationship.

At the time of the interview James was in a relationship with Rebecca which he described in mutually caring and respectful terms. James and Rebecca met when she was 15 and he was 16. In the three years after they met they had two children and regularly saw each other but James did not want to make any commitment to Rebecca. In the following excerpt, James described his relationship with Rebecca before he chose to make a commitment to her:

> **James**: Yeah for the first three years it was basically she couldn't settle down with me ’cause I was just too full on, I wanted to be everywhere, ’cause I was trying to be a street kid to be honest. I liked the life of getting up and getting on it with my mates. I don't know what I was doing to be honest, I was just at a loss … And I'd just call in now and then and go "I've got nowhere to live" and you know being the kind of ratchet boyfriend thing, and she was like "come on then". And all she wanted was for me to grow up. And I just couldn't. And next minute she was getting a call "I'm in jail, can you come and see me up the hill?" "Oh fuck here we go again".

Throughout their relationship, Rebecca had been consistently available to James. About five years after he started a relationship with Rebecca, James decided to change his behaviour because he wanted to have a monogamous relationship with Rebecca, which is something that she had wanted for a while. James's decision was preceded by two events; firstly, the birth of his third child with Rebecca, and secondly, by starting to work with young people at risk.

> **James:** So, I started before then wanting to be you know that role model for Caleb and Ezra, but she [Rebecca] still had those feelings of "he's gonna fuck up again, he's going to go drinking, he's going to be a slut". All those insecurities which I didn't blame her for.
>
> **Tiffany:** So, you were still cheating on her [reflecting participants’ words] through that time?
>
> **James**: Nah. I was trying to prove to her that I wouldn't. So that was the turning point for me and her. You know no matter what I said it couldn't change what I had done to her. So, the guilt and everything just got on top of me, but I needed to suck it up and say "yep this [trauma] might have happened but it's up to me now. It's what you do now".

James and John employed a strategy of waiting until they felt emotionally capable and had a more secure sense of identity before committing to a long-term relationship. The strategy that James and John employed, of waiting to enter a relationship until they felt secure in their identity is consistent with Abes et al. (2007) and Baxter Magolda’s (1999) assertions that a relationship is more likely to be successful when people have first internally generated their identity. This is because waiting to enter a relationship enables a person to meaningfully co-construct an identity with their partner while feeling secure about their internally generated identity. James demonstrated the process in establishing an identity by saying that he was “liked the life of getting up and getting on it”, then experienced a “turning point”. John described his process, saying that he went “went nightclubbing” then thought "just settle". Neither James nor John expressed dissatisfaction in the identity they held before they entered their relationship, and also experienced satisfaction in their present relationship and identity.

## Conclusion

Participants had a great deal of which to make meaning, and limited resources available to them to help them make meaning. Unlike those who have positive and enduring relationships with their parents, participants lacked reliable narrators and artefacts which may have helped them better understand their experiences. In the absence of other tools, participants developed creative strategies to help them make meaning, including creating artefacts, splitting their current selves from their past selves and applying psychological insights to themselves. Participants had to make meaning of complex sexual stories, including stories of sexual assault. Without people to assist them with the meaning making process participants internalised the anticipated stigma associated with sexual assault. In responding to the research question, what is the intersection between experiences of out-of-home care, sexual and romantic relationships and the meaning that adults who have been in out-of-home care have made of their lives?, the participants stories demonstrated that making meaning of ones’ life before entering a relationship is more successful in terms of the ability to develop a sense of self, and to establish a successful relationship.

# Chapter Nine: Relationships and Redemption

## Introduction

A socially acceptable relationship offered participants a destigmatised identity as a partner and sometimes as a parent, and also provided participants a positive story for them to tell. Being in such a relationship offered participants a sense of agency, as they experienced a sense of inclusion in society they had not experienced before. At the same time, participating in relationships sometimes diminished participants' agency, as at times they experienced being controlled or constrained either by their partners or by heteronormativity. Participants sought to demonstrate that, despite their stories of trauma and sadness, romantic relationships had provided them with a sense of redemption from their difficult lives. McAdams et al. (2001) describes a redemptive sequence as one in which "the storyteller depicts a transformation from a bad, affectively negative life scene to a subsequent good, affectively positive life scene. The bad is redeemed, salvaged, mitigated, or made better in light of the ensuing good" (p. 447). The redemptive theme was a particularly significant aspect of the participants' narratives as they developed their understandings of themselves as an adult who has had a difficult childhood.

## Redemption and Making Meaning

Traditionally, redemption narratives consist of the participant revising the view they had of the past and finding that something positive had come or will come from the misfortune of adversity (McAdams et al., 2001). Redemption narratives help people make meaning of events in a way that provides a sense of optimism and resilience as "when narrators derive redemptive meanings from suffering and adversity in their lives, they tend to enjoy correspondingly higher levels of psychological well-being, generativity, and other indices of successful adaptation to life"

(McAdams & MacLean, 2013, p. 236). Olivia's text below exemplifies this form of a of a redemptive narrative:

> **Olivia:** I am who I am today because of what I went through. Without that I wouldn't be independent, I wouldn't be resilient. When things go wrong, and people reject you when you're really little, you learn that to be in the world you've got to fight, and you push your way through, and you come out of it all and you're like "this is who I am".

Olivia saw the positive aspects of the negative experiences and expressed she would not wish for the past to be changed because if it were, she would not be in the position she is today. In contrast, most participants expressed dissatisfaction with past events, but confidence that past events would not spoil their present and future life. Except for Olivia, participants did not express that something good will come from the trauma they experienced as young people. Instead they expressed that something good in their adult lives had negated or would negate the trauma that occurred. Izzie provided an example of still experiencing the immense sadness that she had experienced as a result of being alienated from her parents and brother, experiencing sexual abuse, and then experiencing several traumatic events while in out-of-home care.

> **Izzie:** Brad's so kind to me, and he's so healthy and he doesn't have all those issues, and it's really nice. Yeah no, it's a very healthy relationship; I can't believe how happy I am. Like all of this, I've been through so much and I've been through so many flippin' frogs but I've finally found someone.

Izzie spoke about her relationship as if it were a reward for having experienced adversity, by describing enduring kissing frogs in order to find a partner. However, as described previously Izzie described herself as being "so sad" and "disgusted by herself" at other points of the interview. Izzie's positive experience did not transform her original negative experience, but at the same time she sought to establish that the negative experiences did not contaminate the positive sequences in her current life. Izzie sought to provide a convincing narrative in which she is not like her mother, and in which she has redeemed her past. However, this reality is fragile, and Izzie had moments of intense doubt about whether she has transformed herself or if she is doomed. Izzie's identity as someone who is happily partnered is tenuous, and only existed when she disassociated her current self from herself throughout her life. Izzie's responses reflected Herman's observation that "the psychological distress symptoms of traumatised people simultaneously call attention to the existence of an unspeakable secret and deflect attention from it" (p. 2). Izzie was consumed by the trauma she had experienced, but in her everyday life rather than talking about the trauma, she sought to create as large a chasm as possible between the time in her life when the trauma occurred and the present.

In contrast to Izzie, Emma also expressed happiness in her current partnership but was more willing to reflect on the fact that it sat alongside a sense of discomfort because of the difficulties she had experienced in the past. Emma explicitly expressed discomfort about being happily partnered. She responded to a question about how it felt to be engaged to a nice guy and living in a nice place by stating:

> **Emma:** It feels really awkward, it's different to my past. Like my mum was in a [pause] I grew up in an environment where it wasn't normal, it wasn't nice, and now I find that I've got something in my life that is nice and it is normal and it's kind of weird, in a good way, it's just, sometimes I find it so difficult that I just sometimes don't want to be here. But it's just a mind state thing, when I'm in a bad mood it's real bad, but I don't see myself moving any time soon or changing anything any time soon.

Although Emma had hoped to be happily partnered, she acknowledged finding it difficult to be in a happy relationship. Emma observed the difference between her life now and her life when she was growing up, and it led to a sense of discomfort. The doubt that Emma experienced did not cause her to change her behaviour, and she was satisfied with allowing her feelings of doubt and feelings of contentment to co-exist, which provided a sense of congruence to her narrative.

### Participants used relationships to establish destigmatised identities.

As discussed in the previous chapter, participants were largely unhappy with the identity of having been a young person in out-of-home care for two reasons. Firstly, they were unhappy with this identity because of the stigma associated with having been in out-of-home care. Secondly, they were unhappy with their identities because of the stigma attached to having been an abused and/or neglected child. Nearly all participants described their parents as having been poor at parenting. Some participants expressed concern that, because their parents had been poor at parenting, it was inevitable they themselves would have dysfunctional lives as adults and have poor relationships in adulthood. Emma associated her ability to get married with her mother not being married.

> **Emma:** I've always wanted the perfect wedding and the, every girl's dream and bla bla bla, but I never thought that it would happen. I was like "that would never happen to me", if it didn't happen to my mum it wouldn't happen to me. But you know, like, it has happened to me. A lot of people are amazed at how I've turned my life around since growing up with my parents.

Emma related her ability to have what she feels is a perfect wedding to two things. Firstly, she related it to whether her mother had a perfect wedding. Emma implied that because her mother did not have such a wedding, it would not be impossible for Emma to have a perfect wedding. Emma's implication is that a person's course will necessarily follow that of their parents. Secondly, Emma intimated that her parents raised her in a way that means she is expected to have poor outcomes. Emma was proud of the identity she has established in adulthood. Specifically, she was proud she has been able to establish a stable relationship. In establishing a stable relationship Emma was able to establish an acceptable identity. An adolescent who has a normative life course will have parent(s) who support this individual developmental process of separation-individuation "by providing a warm, secure, and autonomy-supportive environment at home" (Beyers & Goossen, 2008, p. 168). In contrast, Emma formed her identity by reacting against her mother's identity, and by actively seeking to establish an identity very different to the one her mother holds. The most profound way in which Emma could do this was to establish a clear difference between herself as someone who is in a traditional relationship, and her mother who is not. In holding not only a socially acceptable identity but a socially desirable identity—one which is "every girl's dream"—Emma attained a sense of inclusion. Emma did not have a sense of belonging in her family or with her carers as a young person and felt a sense of stigma associated with her parents. In having a wedding, Emma not only has belonging with her partner, but also in society.

#### Romantic scripts offer the possibility of a fairy tale transformation.

Many of the stories participants related about their earlier lives involved sadness, trauma and violence. They involved relationships in which care, love and respect did not exist. Each of the participants described incidents of trauma within their childhood. Some of these experiences occurred before they entered out-of-home care and contributed to the decision to remove them from their parents' care, while other experiences occurred while they were living in out-of-home care. None of the participants grew up living with parents who cohabited happily. Despite this, participants were exposed to, and referenced, fairy tale and movie script romance in their personal stories. Wood (2001) writes: "within Western cultures, romance and gender narratives are imbricated, and they are pervasive" (p. 242). The stories of how participants met their partners were generally positive and romantic, and telling the story brought pleasure. Emma expressed a level of pride in her story about meeting her partner, and excitement in telling me about it: he was a locksmith contracted by Housing New Zealand who came when she locked herself out of her house.

> **Emma**: It was quite a funny story actually, people are like "Oh my God that's so cute, that's so weird", it's such a me thing to do.

The stories that some participants told me about meeting their partners involved romance, and followed a ‘meet cute’ script, a narrative device in which “the lovers to be first encounter each other in a way which forecasts their eventual union” (McDonald, 2007, p. 12). In these stories, participants met their partners in an unexpected way. It was as if their partners just arrived into their life, without a prior negative history and without the ecological framework and history of trauma that is associated with out-of-home care. Izzie met her partner when she pulled into a petrol station in a small town after becoming lost while driving from Auckland to Wellington.

**Izzie:** I was a damsel in distress, it's really sweet. Everyone swoons at our story.

Izzie used the fairy tale language which proposes a man has the power to rescue a woman and transform her previously dire circumstances (Wood, 2001). Izzie's narrative about her relationship with her parents, and her life in out-of-home care was problem saturated and all about difficult relationships. Describing herself as a "damsel in distress" lightened her story. By employing fairy tale language Izzie departed from the reality of being a young woman still experiencing the trauma of parental, sexual and relationship violence and instead entered a fairy tale world in which meeting a man could transform and redeem her. Furthermore, Izzie was excited about how others view her story, they "swoon" at it. Having felt marginalised for most of her life, meeting her partner provided Izzie with something she feels others admire her for. It provided her a sense of belonging with her partner, and also a sense of inclusion in societal discourses.  The stories provided Izzie and Emma with the opportunity to engage in a positive script, one which they had seen in movies or read in books. Positive scripts not only enabled the participants to have a sense of hope for the future but enabled them to redress the ratio of negative to positive life experiences. Redressing the ratio of negative to positive life experiences is what McAdams et al. (2001) describe as a self-preservation mechanism enabling participants to adapt better to society. "Children’s fairy tales provide early tutelage in the central romance narrative in which Prince Charming rescues a damsel in distress and the two live happily ever after" (Wood, 2001, p. 242). Furthermore, fairy tale narratives enabled participants to engage in shared discourses and narratives which is important to those who have been marginalised by dominant discourses for most of their life.

For some participants, a hope of a romantic relationship provided them with respite, not the actual relationship. Participants spoke of things they imagined throughout their life. Some participants stated that during childhood they had held hopes for different parents, or a perfect family. For instance, Karen talked about as a child imagining finding her parents, and her parents being able to provide her with something her adoptive family was not able to:

> **Karen:** I just thought my life would be way better and you know, yeah, it's just, I think most kids have that dream when they know they've got other parents.

In reality, when Karen met her parents she was disappointed. She described meeting her mother as an eight-year-old for the first time since she was a baby, when she travelled to Australia:

> **Karen:** I hated her [my mother] ... [My social worker] left me there for the ten days, I hated every day. I met my father too when I was over there, I met him at a shop and he gave me a teddy bear and I only saw him for five minutes. And then she [my mother] put me back in the car and she started at him. Apparently, the order was that my father wasn't allowed to see me because my father had been in and out of jail, my birth dad. 'Cause my dad was a bit of a drinker and a bit of a fighter and he would always end up in jail.

Karen's disappointment in her reunification is consistent with adult adoptees who meet their biological parents and experience difficulties as they "had wanted a literal 'fairy godmother' and had envisaged being "happy ever after" subsequent to the reunion meeting, with difficulties arising when one party fails to meet the others' expectations" (Affleck & Steed., 2001, p. 42). Karen had imagined that meeting her birth parents would provide her within an opportunity to share in positive discourses she had missed out on, for instance by being able to talk about her mother like other children had. Karen normalised her experience of meeting her birth parents by collectivising it, when she stated, “I think most kids have that dream”, rather than “I dreamt”. Karen wanted to share experiences with people but had been marginalised for most of her life. Later in the interview I asked Karen about her hopes for the future. Her hopes were based around a romantic relationship. She stated:

> **Karen:** Yep [my dream is to have] one husband and I'm going to get it, it's going to happen. There's one person out there that's going to take me for me and see me for me and no one else. I just want a family, I just want someone who's going to love me, treat me well, take me out you know, either come into work with a rose or you know—dream, fairy tale bullshit. I'll get there. It will come true one day and that's my dream and dreams always come true.

Karen hoped for a successful romantic relationship as an adult in the same way that she had hoped for functional parents when she was a child, on both occasions she had hoped that finding the relationship would transform her life. Despite many of Karen’s hopes not coming true throughout her life, she expressed confidence they would in the future. Karen demonstrated resilience, as neither her negative experiences of relationships nor the failure of her hopes to come true caused her to believe her dream of finding a husband who loves her and treats her well will not come true. At the same time, Karen demonstrated a fixation on the idea of a partner, specifically a husband, who will transform her life and rescue her. Clara also described an unhappy childhood. Her mother was abusive towards her and withheld affection, once entering out-of-home care she stayed with caregivers who were abusive and at school she was badly bullied. Clara began hoping for a successful romantic relationship as a young person to save her from the unhappiness she experienced.

> **Clara:** I lived in a fantasy world. I was waiting for my knight in shining armour. Because it was, my world in my head was better than the bullshit when it came to guys.

Clara's articulation of her fantasy narrative provided her with a respite from her unhappy reality. Karen and Clara used language from a fairy tale narrative and articulated the position from the narrative that a romantic relationship with a man has the potential to rescue a woman from a situation where she is unsafe, or unhappy. Clara and Karen gained hypothetical agency by creating a fantasy future where in reality they had held little agency as children and young people, and as adults. Neither Karen nor Clara had established the types of familial relationships they had wanted in childhood, or the types of intimate relationships they had wanted as adults. Izzie sought to gain agency by representing a fantasy present. Izzie describes her fantasy present as a reality, in which she is loved, hyper-domestic and that the love and domestication existing within her relationship has healed her past. However later Izzie contradicted her previous statements and it becomes clear that, not only has Izzie not gained agency or healed within her relationship, but the rigorous standards required of acceptable heteronormativity removes her ability to fully acknowledge her feelings about her past circumstances. Izzie hoped and intended that being in a relationship would provide her with a sense of belonging and inclusion with her partner and in society, but her failure to acknowledge her reality as a young person or adult meant that this sense of belonging and identity was tenuous.

### Conforming to gender norms to redeem their identity.

Conforming to traditional gender and relationship expectations created work for participants. Butler writes that gender is a performance that people undertake to "constitute the [gender] identity it is purported to be. In this sense, gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed" (Butler, 1990, p. 25). Participants of both genders reinforced cisgender, heteronormative roles when describing what they wanted in a relationship, or what they enjoyed about their relationship. Female participants spoke about providing domestic care, while males and the participant who identified as a lesbian spoke about caring for their real or imagined families by providing for them financially. Adrian's most significant goal was to establish his career, and then be married to a woman and have children. He stated:

> **Adrian:** Like the biggest thing, I plan to provide an amazing, amazing lifestyle for my kids and family. I plan on doing that one hundred percent.

When Adrian spoke about the family he would want to have, he primarily positioned himself in the traditionally masculine role of provider and described the success he had achieved in his chosen career. Adrian had not ever known his adoptive father, as he was in his life only for several months when he was in infant. Adrian reconnected with his adoptive father when he was 17, but he did not have a role in Adrian's childhood. Adrian invokes an image that is consistent with Holland and Crowley's motif of an 'imagined family' (2013) and placed himself in the role of the financial provider. While Adrian has not seen an example of a father in his personal life, he had learned that a father should be a financial provider. The notion of imaging that having one's own children will redeem negative experiences will be explored more in Chapter Ten.

Emma directly compared her family to her family of origin, and herself to her mother. This was particularly apposite for Emma as she was removed from her parents' care because of neglect which included a messy house and inadequate food and care. For Emma, performing a traditional domesticated feminine role was an important part of her story of redemption.

> **Emma:** mum was the lazy "who cares?", push us outside and lock the door and leave us there, or stay in bed until one o'clock every day whereas ... I stay in bed until 7.30 and I make the kids stay in bed until 7.30, but I'd never be able to stay in bed all day. These kids for lunch, they'll have everything and anything. Like they have fruit all day and always have a cooked meal at tea time. They've always got clean clothes and all of that sort of stuff. So, I usually cook a decent meal, we usually have meat and veges.

Adrian and Emma emphasised their performance of traditional gender roles. Emma explicitly relates the trauma she experienced in childhood to her mother's failure to perform traditionally female domestic tasks. The division of labour between genders within homes and relationships, whereby financial provision is the primary responsibility of a male partner, and parenting, domestic and caring responsibilities are primarily the responsibility of a female partner, supports the traditional structure of the nuclear family (Bhattacharrya, 2002, Butler, 1990). Both Adrian and Emma aspired to perform these roles well, and in doing so create a family that is happier than the family in which they grew up and in doing so, used the performance of those gender roles to emphasise redemption. Masculinity is associated with the provision of safety and security (Butler, 1990) despite that in New Zealand, women are more likely to be hurt or killed by their partners than by anyone else (NZFVC, 2017). Izzie described her partner as “safe” and “protective” and “a meat-loving man” invoking a level of safety that she feels in response to her partner’s expression of masculinity. Izzie also described the sexual violence she experienced which was perpetrated by men. Izzie did not relate the coercive sexual experiences she described in relation to other men to the obligation she felt as a woman to have sex with her partner.

> **Izzie:** I don't, sometimes I don't feel like being touched, I don't want him to touch me, but I feel like obliged to because like I'm his partner. But I just, there's a part of me that feels like crawling up and going "don't touch me, don't touch me, don't touch me". But that's probably because I've been touched.

Izzie searched for answers in her own history about why she sometimes does not want to have sex, thinking that it is a deficiency on her own part and only occurring because of her experiencing sexual abuse. Izzie did not consider that sometimes she might not want to have sex with her partner, which would be a valid enough reason not to have sex with him. In doing so Izzie perpetuated the traditional notion that as a female partner she is her male partner’s property and it is her duty to sexually service him (Plummer, 1995). Izzie had learned that an important part of female sexuality is providing sex for a male partner. Izzie’s own sexual agency was subjugated within her relationship, and she became a passive sexual object for an active male sexual subject (Jackson, 1996). Izzie found agency by entering a heteronormative relationship and feeling a sense of societal inclusion, but in order to do so, she ceded her agency to choose whether or not to consent to sex. Izzie's need to belong, in terms of a relationship and in terms of the societal inclusion which comes with the status of being in a traditional relationship overwhelmed her decision making.

### Asserting moral positions.

Participants commonly described their families of origin as being deficient in what they described as 'morals'. By this, participants meant societal expectations of what is good and is right. Participants were aware that the moral positions of their families of origin stigmatised them. Several participants sought to demonstrate their own moral positions by describing either their previous selves, or other people who they knew as morally deficient. Positioning themselves as more moral than others provided the participants with a sense of power—the participants who sought to moralise were among those whose sexual behaviour had held the most stigma. Participants described themselves as *more than* when they have generally been positioned as *less than*. Izzie was proud of planning her wedding, and what getting married represented:

> **Izzie:** We're getting married next year in June in Fiji, 'cause I fired my bridesmaids. ... And wow, [my former bridesmaid's] a real skank this girl, and I said that I wasn't happy with that and I told her when she was saying something inappropriate I was like "look that's really inappropriate" and they were drinking and they were dancing to that song "I like to fuck" by Tia Tequila and they like, they knew every lyric and that made me feel sick to my stomach. I was like "that's song's demeaning to women and you know every lyric and you're dancing like a whore" so at some stage after I met Brad I grew up and now I've got values and morals.

Izzie explicitly compares her behaviour to that of her friends and uses them as a measure to assert, not only her moral redemption, but the moral superiority she has over others. Izzie is used to feeling *less than* others, in terms of being in, or having been in out-of-home care, having parents who were not good parents and in terms of her sexual behaviour. Izzie spoke extensively about feelings of deficiency, and claiming a higher moral status than others made her feel positively about her present self. The three participants who expressed the most explicit moral positions to me: Izzie, Bella and Rochelle, were the same participants who expressed that they had been stigmatised because of their sexual behaviour. Bella worked providing what she described as “sensual massages” and was eager to clarify the difference between sensual massages and other sex work.

> **Tiffany**: So sensual massage is that like a blow job or is that other stuff as well?
>
> **Bella:**. Just a massage and a hand job. And I've been doing it for a few years now and that's pretty much what I do really. Yeah, they [other women working in the business] do but I, when I first started I used to let them [clients] get away with touching me where they're not supposed to. The breasts there's no charge, only between the legs, they always push their luck.

Despite being engaged in work which could be described as sex work, Bella was adamant about differentiating between sensual massage and providing penetrative sex for payment. When I asked Bella if she had engaged in other forms of sex work she responded:

> **Bella:** No. No. I always told myself I would never let myself get to that, turning to that, ’cause I've worked around girls who have done full service and I'm the only one that doesn't do it, so when I say that I find that some of them get quite, what's that word? Oh, like quite disrespected. Like when they come in they give themselves to guys for money. Like I don't, I just find that disgusting, when I see those girls I'm just like "you could do so much better than that", you know?

Bella was involved in paid employment which meant that she was touched sexually, and that she touched clients sexually. However, Bella expressed that there was a significant difference between providing manual sex for money and having sexual intercourse for money. Bella’s work providing sensual massage was stigmatised, and Bella’s response was to emphasise the inappropriateness of work that she believes is more stigmatising.

Rochelle had spoken about engaging in sexual activity on the margins, such as sex work and sex with multiple partners. However, she expressed that she when she came across same sex activity in residential homes where she was placed, she found it wrong, and that it was surprising to her because of her background.

> **Rochelle:** I just found it wrong. Morally wrong. I mean my great grandmother was a Christian, I was raised to sleep with men, not with women and not to see two men or two women you know, like that. It was morally wrong. And for me to see that happen it was like, I was just in shock.

Expressing shock or disgust about sexual activities allowed her to express that she held standards for behaviour, and particularly that she had morals. Rochelle's belief that sex between people of the same gender was based solely on a dominant discourse rather than reality, and she took the opportunity to find affinity with her grandmother and participate in a family belief system. Rochelle acknowledged as much by providing only a tautology for reasons why same sex relationships are wrong, that she was raised to believe it is wrong, and therefore it is wrong. Rochelle's assertion that sex between people of the same gender is wrong was inconsistent with the ways that Rochelle had challenged social constructions of sexuality in her own life. Since her late teens, Rochelle had had sexual and romantic relationships solely with black African men. Rochelle's family had expressed disgust about Rochelle having sex with men who were black, and Rochelle had challenged their disgust. However, in terms of her response to same sex relationships Rochelle justified her disgust by claiming that it would betray her morals to accept the behaviour, and that they were subject to the beliefs of her grandmother. Rochelle sought to demonstrate that she belongs to her family despite the fact they did not always provide care for her as a child, and one way she sought to do this is by demonstrating her shared values with her family.

## Challenges that Participants Experienced in Adult Relationships

Relationships were sources of challenges and opportunities for participants. All of the participants either had a long-term partner or expressed they wanted to have a long-term partners. Participants' wants and intentions in relation to a long-term partner were not always consistent with the challenges they experienced when relationships were real.

Participants had to establish how to have a relationship, when they had been provided with few models of positive relationships. Participants had contact with other families when they were in out-of-home care, primarily while living with caregivers. In doing so they had an intimate view of other people's lives. These experiences were both positive and negative. In some cases, they provided participants with models of relationships they would want to have in adulthood. In most cases the things the participants enjoyed experiencing were simple domesticity. John described meeting caregivers who he enjoyed living with, and the impact these caregivers had on him throughout his life.

> **John:** I remember him [caregiver] waking up in the morning and going "hello darling" [to his wife] 'cause they were Dutch people. And then giving her a cup of tea and going "Dankevell", it means "thank you" in Dutch. Cause in state care it's so structured. You know she's walked out with her robe on and I'm thinking "oh my god I've never seen such a thing". And he's strolling over with his coffee and smoke and "right you boys, let's get ready for school" "do you want me to drop you off or you don't want to be caught dead with this deadbeat guy?" He just made it so friendly, so normal. But within their relationship within the three months I saw they communicated. I never ever saw an argument, when they made a decision they both came to the table and brought us and said, "we've spoken about it but we can't make a decision without you guys as well". We were like "oh my god". Whereas before it was like "you just do as you're told if you don't we'll bash you. So, this was something different. I remember and eating and just watching them, you'd observe a lot. They were just always smiling and happy, you just couldn't fault them.

Participants were given glimpses into what they believed was normal behaviour in relationships and used this insight to develop ideas about how they should create their own normal relationships as adults. Later in the interview, John described aspects of his relationship with his wife which were like the relationship of his caregivers, described above:

> **Tiffany**: And so, was that [the caregivers described above] the one time you got to see a happy relationship growing up?

> **John:** Exactly, the only one. The rest were all institutionalised.
>
> **Tiffany:** Is it something you think about now when you're in your relationship?
>
> **John:** Yeah funny, it is. Especially communication. Like I always say to Jane "it's important that we communicate, let's not guess what each other's thinking". And I've seen it as an adult with friends. I've seen my mates argue with their wives "I know what you're thinking". And I always thought "how can someone know what someone's thinking, how is that possible?" And through the relationship with that caregiver and my own child, that was horrible. So, I've turned everything from that to be the opposite. So, it's important to communicate. It's important to sit around a table once a week and say "How are you? how are things? how can we change things? Is there anything you want changed, anything we can do better?" So, me and Jane very rarely get into that heated, it's always "hey darling, next time can we do it like this? easily done". So, I've opened myself up to that change as well.

Through his placement with these caregivers, John developed an awareness that communicating with your partner is important. John did not develop this understanding through formalised SRE, but rather through observing simple, pleasant and genuine interactions in the home where he lived with his caregivers. Good communication skills within relationships were particularly important to participants, because to communicate their life story to the partner they had to find a way to describe non-normative events.

Relationships have the potential to provide a space for people to share information about themselves they wouldn't always share with others. "Disclosure can provide an opportunity to express thoughts and feelings, develop a sense of self, and build intimacy within personal relationships" (Chaudoir & Fisher, 2010, p. 1). Many participants described not being able to share information with their partners about traumatic events they had experienced, as they felt that their partners couldn't understand their experiences, and thus could not offer the level of empathy they would want in response. This inability to describe events to partners is consistent with Wiersma's (2006) finding that women who have experienced trauma experience challenges in adult relationships, and their partners experience challenges in response. Participants had to manage both their own challenges in relation to being in a relationship, and the challenges their partners experienced in being in a relationship with someone who had experienced trauma. Izzie described herself as being frustrated in trying to make her fiancé understand why she behaved the way that she did, and her experiences.

> **Izzie:** And some nights now, I mean I'm a lot better, but some nights I just start crying [starts getting teary] and I'll be like "Brad I'm just really sad, I've had such an awful life" and [my fiancé] doesn't kind of get it because his parents are Mormons and he's always been really sheltered and he's always had a really nice life and healthy relationships around him um, he doesn't kind of get it sometimes, I just get really sad sometimes.

Izzie desperately wanted her partner to understand the life she has had. If she could share this information with her partner, not only would she have someone else to make meaning of her life, but she would be able to explain to him why she felt sad sometimes. Izzie described a fight she had with her partner over him forgetting a simple domestic task. Izzie was so upset that Brad had failed to complete the task that she asked him not to be at their house when she came home. When Brad wasn't at home Izzie became more distressed:

> **Izzie:** So, he was just doing what I said but he was going to come back, um, and then I was even more upset, and I was just like "fuck you, we're going to break up" and I was really, really, sad, and I was like crying on the floor. And he came home 'cause I said I didn't want to be with him anymore, he came rushing back home and I was like [imitates crying] and he rushed in and gave me the biggest hug and I was like crying and then he like picked me up and we went in the bedroom and I'm crying even more and then he went to go, and I was like "no don't leave me, don't leave me", and I was like crying even more and more and more. I was just really upset. But he was just like "it's okay Izzie, I'm not going, it's okay". It's just he was really kind, and he stuck around.

Brad had not experienced the same level or type of loss and trauma as Izzie, and he could not completely understand the reasons why Izzie had become as upset as she did. What he was able to do was to tell her that he wasn't going. From Izzie's perspective, Brad indicating he was not going to leave her was more important than any other form of love or empathy he could have expressed to her.

Olivia appreciated the efforts her partner made so she was able understand and support her, but felt that there was a limit to how empathetic her partner could be because she didn't understand, stating:

> **Olivia:** My own partner, she's the most supportive loving person in the world but she'll never ever get what it's like to be a child in care. My younger childhood she understands even less.

Chaudoir and Fisher (2010, p. 3) write: "Disclosure is a complex behavioural process that involves sustained self-regulatory efforts—exerting self-control in order to make disclosure decisions, communicate effectively, and cope with the outcomes of disclosure". Managing the listener's response to the disclosure is an integral part of the disclosure process for these participants. Neither Olivia nor Izzie feel equipped to manage their partner's response to their disclosure of abuse, neglect and being in out-of-home care, particularly because they feel their partner is ill-equipped to understand the experience. Olivia and Izzie, and their respective partners, communicate entirely different worldviews and experiences of intimacy and relationships.

For some participants, establishing a relationship with a partner also meant they had relationships with their partner's family. Developing these relationships with their partners' families was sometimes successful in the sense that they developed close, mutually caring relationships with people. However, sometimes there were issues between themselves and their partners' families. Participants were disappointed when their partners' families were not like the idealised family they hoped for, when the relationship with the family ended, and when the relationship with their partner ended. Karen stayed in a relationship with her partner for longer than she'd wanted to because of her relationship with her partner's mother.

> **Karen:** I was trying to please his mum constantly. Constantly trying to please her, I used to call her mum.

Despite the relationship with her partner and her partner’s mother not being as positive as she wanted the relationships to be, Karen was reluctant to end the relationship with them both. Karen experienced a high level of betrayal when her former mother-in-law contacted the agency responsible for government benefits and informed them that Karen had been fraudulently receiving a benefit. As a result, Karen ended up serving 12 months on home detention. In the same way that Karen had experienced a sense of disappointment about her family of origin, Karen was disappointed by her former mother-in-law. Even in adulthood, Karen searched for someone to be the mother she has imagined, and even in adulthood Karen is disappointed.

Izzie’s partner’s family, and particularly her role in her partner’s family was important to her. She distinguished between herself as someone who has been in out-of-home care, and Brad’s family who had not had any contact with the out-of-home care system and who were part of an organised religion. At one stage Izzie spoke about Brad’s parents as being role models. At other times, she spoke about feeling jealous of Brad’s sister.

> **Izzie:** I remember feeling a bit jealous [of my partner’s sister] because like, her dad does everything for her and fixes her car, and she's always out with her friends, she's got such a crazy social life, but it's all really healthy friends and all a really healthy social life. And I'm just like “Man I wish I had my dad fawning over me like that and looking out for me like that and a big brother looking out for me and hanging out with friends that like and respect her”. So yeah, I was a bit jealous of that. But yeah, they're not from care.

In her sister in law, Izzie saw a life she would have wanted. She also identified specific aspects of this life, a caring father and brother, mutually respective relationships while still having fun and related this to the fact that Brad’s family have had no contact with out-of-home care system. In her partner’s family, Izzie had an intimate insight into a life she wished she has had. She described her partner’s family in a way that intimates they will not understand her experiences because “they’re not from care”. Izzie’s believed the positive relationships existing between them are linked to them not having contact with out-of-home care system. Izzie’s belief belies the complexity and the varying quality of the relationships existing in families in which children have not entered out-of-home care. In some ways, Izzie's relationship with her partner's family gave her a sense of belonging as she now feels part of a traditional and loving family structure. At the same time, Izzie's close contact with her partner's family made her feel a greater sense of exclusion as she feels closer to what she feels she has missed out on in her family of origin. Emma was also managing with the complexity of having a relationship with her partner's family when she had not experienced positive relationships in her family of origin.

> **Emma:** [My fiancé] keeps not wanting to talk to his mother [about the wedding] and I'm not wanting to talk to her because it's kind of a bit awkward, we get along really well but I can't help thinking that she's sort of thinks that I'm trying to steal her kid in a way, 'cause I know that's how I'd feel at my kids' wedding, so yeah. They're really close, they've got a relationship that I never had with my parents or with any of my family so it's … [shrugs and laughs]
>
> **Tiffany:** How does that feel marrying into the family?
>
> **Emma:** Really good, 'cause they've taken me on. Like they welcomed me to their family from practically day dot, like they act like [oldest child from a previous relationship] is their grandson, he's actually not but if they're going shopping, they don't just go shopping for one of the kids, they go shopping for all of the kids.

Like Izzie, Emma also experienced a sense of awkwardness with her partner's family because their relationships and the dynamics of the family are different to anything that she has known before. Izzie's prevailing perception of her partner's family was one of jealousy and feeling misunderstood. Emma felt awkward around her partner's mother, and conscious of trying to understand the dynamics within the family, but overall felt positively about her relationship with them. Emma's primary reason for feeling accepted by her partner's family was that they accepted her son from a previous relationship. Emma had spoken elsewhere in the interview about the stigma she had associated with from having children with different fathers. By demonstrating an acceptance of her son from a previous relationship, her partner's parents demonstrated acceptance of Emma as she is, as someone whose children have different fathers and someone whose life has followed a non-normative course. The belonging Emma felt was particularly profound, as it demonstrated an acceptance of her as a whole person, and she did not have to mediate the parts of her she anticipated were stigmatised in order to feel she belonged.

### Relationships offered inclusion in cultural discourses.

Reproduction and childrearing are universally valued (Reekie, 1998) and are particularly important within te ao Māori, as the birth of a child provides whakapapa, or links from the past to the present to the future (Graham, 2009). For the two male participants who identified as Māori, entering into a permanent, opposite sex partnered relationship represented more than just the relationship. It also provided them with an opportunity to develop a stronger sense of cultural identity.

> **James:** At that time, I didn't know when they [my children] were being born, I thought it was just, “kids, yay my bloodline's going to carry on”. But now it's like being the right role model where, ’cause I've seen so many Dads being called useless and “fuck he's a no hoper” and all this shit. And actually, they are. And I didn't want to be that person. I wanted to be someone they could look up to and go “yeah my dad left a legacy behind” you know. Something not every dad does, but extraordinary I suppose.

Carrying on bloodlines, legacy and whakapapa was integral to James’ identity. Continuing his whakapapa, which has been described as “the credential that gives the author licence to be Māori; whakapapa identifies who I am, where I am from” (Graham, 2009, p. 1) provided James with a sense of self in the present, connection to the past and legacy for the future. It was also important for James to create a home, as both home and whānau were closely associated with his cultural identity. James had grown up with his Nan (great aunt) who had raised him with traditional tikanga, so he was aware of the importance of living in accordance with tikanga.

> **James:** So now I've got my sisters coming to me and Rebecca's house and thinking of it as our homestead. We live in a way where you come to my house you take your shoes off, you've got to be prepared, it's tikanga. No smoking, no drugs, no alcohol in my house, I don't want that around my kids. They're like "fuck, that's not the old James I know" you know. But now they're seeing "our brother's looking after us". We go out there every weekend and we drop off some kai [food].

In establishing a home with his partner and his children, James was able to establish an identity as a Māori man who is contributing to his whānau and wider iwi and in doing so creates a sense of self. The identity James chose to express is one of a devoted father and partner, who cares for his wider whānau.

> **James:** And it makes me proud to see Rebecca smile every day and say "I love you" 'cause she means it, and I mean it. And we're just so happy to say "fuck, it took a while but we're here" and we've still got a little way to go, but we know where we're going. And we can see a future.

This identity as a loving father who care for his wider whānau is not only important for James but connects him to te ao Māori. John also expressed that as a Māori man, his relationship with his wife and children provided him with his own sense of identity:

> **John:** So, my belonging now is with Jane and with my daughters. That's my belonging. My belonging is my responsibility. My belonging is I have purpose. That's what it means to me, it may mean something else. It's where you have purpose, it's where you have responsibility, and it's where you can go no matter what. It sort of crosses with turangawaewae. So, I will always have that. So even as I sit here I will always know that my purpose is to go home to the family, to support Jane with the babies. That's my belongingness.

John relied on Māori cultural concepts including responsibility and turangawaewae, but rather than applying them to the connection he has with his iwi, he applied them to the connection to his nuclear family. It is through having a responsibility to his family that John continued to establish his own identity as someone who has been in out-of-home care but is now in a loving relationship. For James and John identity and belonging are inextricably linked. James described the "homestead" he had created with his partner and children, while John described his “turangawaewae” with his partner and children. James’s and John’s identity was their whakapapa; in terms of who they are descended from and in terms of their family being part of creating a lineage. Being in out-of-home care had not affected the strong sense of belonging that James and John have to their ancestors, their families or their future lineage. James and John both internally generated strong senses of self-identity before they entered relationships and took those identities into their relationships. Once entering relationships and having children, they further developed that sense of identity, and experienced a tremendous sense of belonging.

## Conclusion

In exploring how the public and the intimate converge in the lives of adults who have been in out-of-home care, after childhoods where participants had experienced stigma and exclusion, relationships and reproduction offered participants opportunities for redemption as they offered a sense of belonging and inclusion on personal and societal levels. Participants used relationships to project hopes of a life better than the one they experienced in childhood. While McAdams et al. (2001) proposes that a redemption sequence occurs when a person acknowledges that a negative event has led to a positive event, most participants’ redemption sequence involved believing a positive future could exist *despite* an undesired past. Some participants imagined that relationships had the potential to magically transform their previously negative stories and invoked fairy tale language to describe these possibilities, by describing partners who arrived in their life with no shared history and saved them from their trauma. While relationships did offer participants several benefits, they also came with challenges. Participants had to learn how to communicate with their partners, having seen few examples of positive relationships throughout their life. When participants were able to internally generate identities, these identities enhanced relationships and were enhanced by them.

# Chapter Ten: Reproduction as Redemption

Within the context of this chapter, reproduction holds two meanings. The first is the literal definition of becoming a parent by having a child. The second, more nuanced layer intersecting with this refers to the notion described by Bourdieu and Passeron (1977) as social reproduction, in which people replicate thinking and practices which are passed to them by their parents explicitly and implicitly. Reproduction featured significantly in each of the participants' narratives. Participants' narratives reflected Corlyon's (2004) finding that many young people in out-of-home care imagine an opportunity to parent will compensate for their own negative experiences of being parented, and their lack of family relationships. It was particularly when discussing real or planned experiences of parenting that participants' stories of personal trauma and societal exclusion intersected. The participants' experiences of having children and being parents were varied; some of the participants had children in their care and some had had children removed from their care. All of the participants explicitly discussing wanting things to be different for their real or imagined children than they had been for themselves as children.

## Imagining Having Children

In Chapter One, I introduced Holland and Crowley's notion of 'the imagined family' (2013). The imagined family, the families young people in out-of-home care envisioned and longed for, acted as a substitute for the lives they had experienced. Like the young people in Holland and Crowley's study, the participants in this study imagined future families as a way to compensate for the deficiencies they observed in their own childhoods. The three participants who did not yet have children, Izzie, Adrian and Olivia, all talked about wanting to have children in the future. Their descriptions of their parenting aspirations referenced their lived and unwanted experiences from their own childhoods. In drawing on these experiences, participants projected a positive and imagined future for themselves as parents, and for their imagined children. The aspects of imagined parenting that participants particularly emphasised referenced what they perceived as the specific shortcomings of their own childhood; for instance, when Izzie reflected on the impact a lack of photographs had had on her own life, she countered this with imagining the photographs she would take of her own child (Chapter Seven). Olivia, who had experienced financial insecurity while in her mother's care was particularly concerned with being able to provide materially for her children. Olivia was in a relationship with a woman, identified as a lesbian, and acknowledged that having a child would be a planned activity for her. Olivia assumed that when she and her partner had children, parenting responsibilities would be split and she would assume a traditionally male role in relation to parenting, while her partner would assume a traditionally female role.

> **Olivia:** like obviously one [partner in a lesbian relationship] is going to have the baby and it ain't going to be me. So, it would be my partner that had the baby and stayed home. I just can't imagine myself being pregnant. I'm way too career focussed for it.

As Olivia is in a relationship with a woman, she was presented with an opportunity to consider an alternative which diverges from the dominant discourse in terms of parenting arrangements. Olivia continued to divide gender roles in relation to parenting into pregnancy and providing primary care of a child, and assuming financial responsibility for a child. She imagined that being career-focussed is inconsistent with either pregnancy or primary care responsibilities. Olivia took the role of financial provider seriously, stating:

> **Olivia:** I want my kids to have the very best life that they could have, and I would want to give them everything that they needed ... I would never ever want them to turn around and not have the things in life that they need. I would teach them to work for the things in life that they want but I would want to give them a loving nurturing environment, something that I wouldn't say that I always had ....

There are two significant features of this narrative. Firstly, Olivia demonstrated care for her future children, and anticipated she would demonstrate this care by performing what is a traditionally masculine parenting role, financial provision. Secondly, Olivia talked about herself as a child, and demonstrated care for herself as a child by identifying what she missed out on. In this narrative Olivia indicated she would have liked the things that she needed, as well as a loving and nurturing environment, by projecting it on to her imagined children. This is not to say her intention to have children who are well provided for was not real. Corlyon (2004) and Holland and Crowley (2013) suggest that young adults who have been in, or who have recently left, out-of-home care, see having children and an opportunity to provide young people with the things that they wish they themselves had had, often have children because of this.

Like Olivia, Adrian demonstrated care for his future children, and anticipated demonstrating care for them by financially providing for them. Adrian also emphasised the importance of his children feeling grateful.

> **Tiffany:** Do you think that when you have a family that you would let you kids know what you experienced?
>
> **Adrian:** When they're older ... no actually, probably when they're quite young, when they're starting to develop who they are to learn right from wrong and things. I never want them to forget or to take anything for granted. I never want them to take a roof over their head for granted. So, I think that's very important to teach someone from a very, very young age, just humility you know, you're definitely better off.

Adrian wanted his children to experience security, rights and privileges he wished he had experienced as a child or young person himself. In saying that he wanted his imagined children to feel grateful for those privileges, Adrian projected a sense of hope that his children will understand his story. Adrian expressed that it is possible to live without the care and material things that he lacked as a young person, but he doesn’t want this for his imagined children.

However, Adrian did want his imagined children to understand that he lived without those things, in order to emphasise to them the value of what he has provided to them and the care associated with that provision.

Adrian had grown up without a father caring for him and imagines the primary role of a father to act as a 'provider' to his children (Chapter Nine). Again, when it comes to considering reproductive possibilities for the future, participants drew on the mythos of the heteronormative family they did not experience themselves. Olivia was in a same sex partnership, where possibilities exist other than a traditional heteronormative model of partnership and parenting. Yet Olivia reverted to a traditional heteronormative, reproductive model of a romantic partnership, in which in which one partner provides the primary care for the children while the other partner holds the primary financial responsibility. Olivia's assumption that family roles should be divided between production and reproduction reflect Hopkins et al.'s (2013) concern that the emphasis on social, legal and cultural recognition consistent with opposite-sex couple has meant that many same sex couples have reproduced those "conventional or heteronormative conceptions of marriage and family" (p. 98). Neither Olivia nor Adrian had an intimate knowledge of high functioning heteronormative families, but they imagined that traditional gender roles and parenting structures are the panaceas not only for their imagined children, but also to repair the trauma they experienced in childhood—and that they will create a greater sense of belonging for themselves and their children.

## Disappointment Around Having Children

When reproduction was real, it was often more complex than the imagined children Adrian and Olivia described. The first child of each of the seven participants who had children was the result of an unintended pregnancy, and six of the participants first became parents when they were in their teens. Three of the participants had had at least one of their children removed from their care by Child Youth and Family and taken into out-of-home care. For those participants who first became parents as teenagers, their ability to parent was affected by a lack of parenting capacity, lack of income and lack of support, which reflects findings from overseas research about young women who are in or who have recently left out-of-home care who have children (Putnam-Hornstein et al., 2013).

### Poor Relationships and Parenting Ability

As described in Chapter Seven participants had experienced a deficit of good-quality relationships throughout their lives, and an excess of poor-quality relationships in terms of families of origins, carers, professionals, peers and romantic relationships. Participants experienced a lack of belonging and sense of inclusion at personal and societal levels. This lack of high-quality relationships affected the participants' experiences of parenting in two ways. Firstly, they were likely to conceive a child with a person with whom they had a poor-quality relationship. None of the participants were in a stable relationship with their partners at the time that their first child was born. Secondly, whereas adults who are part of the general population are likely to have parental support when they have children (Fingerman et al., 2009), these participants did not have family support available to them to support them to care for their children.

John's experience of becoming a parent literally intersected with an abusive relationship he had experienced while he was in out-of-home care. As described in Chapter Six, John had a child after a caregiver who had coerced him into having a relationship with her became pregnant.

> **John:** At 18 I thought "I'm going to escape now" I had my bags, and she said, "you can't go I'm pregnant". I went "fuck". Those were my words "fuck". When I was walking down the driveway. I turned around for the mere fact I didn't want any child of mine to go through what I went through. But that relationship, my god, was a nightmare of a nightmare of a nightmare. So, when my daughter was born um… [pause]… and that was tough… [pause]… but when my daughter was born I stayed there with her. I didn't like the relationship with the mum at all. A lot of that I was pretending, but to be there

> for my daughter, but that lasted five years ... I saw myself as someone trapped there, but I had to be the guardian, in Māori terms Kaitiaki of my child. I took that role.

John was horrified by this situation, as he demonstrated by reiterating three times that it was "a nightmare". John had longed for a time when he could leave the coercive relationship he felt he had essentially been held captive in. However, when considering the nightmare of the pregnancy, he reflected on his own experience of not being cared for by his parents. John decided he would not leave the relationship, as it meant he would also be abandoning his daughter—as his caregiver had threatened to disappear with his daughter if John ended the relationship. Being in out-of-home care, sexuality and reproduction had intersected for John. John felt he was forced to make the decision to stay in a relationship with someone who was supposed to be caring for him but was however, exploiting him or to abandon care of his daughter. The difficulty of John's choice was compounded by thinking that if he left his daughter, he would be doing the same to her as he had had done to him as a child. John used the term "nightmare" as he was faced with a choice between his two least desired scenarios: to either remain in an oppressive relationship associated with being in out-of-home care, or to reproduce his experience of parental abandonment in his child's life by abandoning the care of her.

## A Different Experience of Childhood

In the same way that participants who were not parents projected their wishes about their own childhoods on to their imagined children, those who did have children saw parenting as an opportunity to provide their children with what they did not experience in childhood. Participants experienced varying levels of success in their attempts to actualise their wish that their children would not have childhoods like the ones that they did. At the time of the interview James was about to assume care for his teenage son. James had only been 15 when his son was born; his son's mother was the child of a leader of a notorious gang. James had had little contact with his son because he feared his son's mother's family, but his son's maternal grandfather had recently reached out to James thinking that he might be able to help with the behavioural issues his son was experiencing.

> **James**: I don't want him to feel like how I felt when no one wanted me and to just be passed around.

At the time of interview, James's son was slightly older than James when he entered out-of-home care. James was not able to change his own story of feeling passed around caregivers and of being exposed to violence as a teenage boy, but he was able to do something for his son by providing a stable home for him.

Three of the participants, Rochelle, Bella and Emma, had children removed from their care by Child Youth and Family. All three described it as the saddest thing that had happened to them, despite experiencing a range of other negative events. In addition to the sadness of losing the care of their child, the participants had each hoped they would be able to provide their child with what they had missed out on. When they were not able to do this, they experienced a lack of agency over not only their circumstances, but their child's circumstances. They had hoped that after experiencing childhoods in which they had very little power, they would gain power in adulthood. The removal of their children reinforced to them that they were unable to escape the cycle of violence and neglect in their own lives.

Rochelle had had three children taken into out-of-home care and one child—who was born when Rochelle was ten—registered under her child's father's parents' names and remain in their care. Rochelle accepted she did not have the ability to care for her children but was still reluctant to allow her children to go into out-of-home care, or to consent to one of her daughter's paternal families adopting her.

> **Rochelle:** Like I could never give up my child. I couldn't even give my daughter up for adoption, I couldn't even do that, I didn't have that kind of intention for my child. I had intentions for my children to grow up, to know their family to know their mother, to

> know their father and have the right for them to make their own decision if they want to stay with their family or you know, whoever's family they wanted to.

Rochelle was stuck in a bind. She knew that she did not have the capacity to care for her children. At the same time, Rochelle worried that her children would miss out on knowing their family, something that was important to her. It was important to Rochelle to express her intention for her children to be cared for by her, even if she acknowledged the intention could not be a reality. Rochelle wanted her children to feel a sense of belonging to her and to their family.

Bella's son was born when she was 16 and in out-of-home care (Chapter Seven). Like Rochelle, Bella struggled with the idea that, while she is not able to care for her son herself, she wished that he was not cared for by someone other than his parents:

> **Bella:** When I think about him now I [pause]. Sometimes I wish I never had him just 'cause I wish I didn't have to go through all that stuff. But then he's way better where he is than if he was with me now.
>
> **Tiffany:** Why do you say that you think he's way better where he is?
>
> **Bella:** Um [pause] probably my lifestyle right now. And how I have lived for the past five or six years. It's been hard [laughs] pretty hard. Like I've had people tell me "you should go to court, get him back", but it's like "nah, I don't want to". I don't want to take him out from where he is where he's happy. And they've got a lot more to offer him than I do.
>
> **Tiffany:** What do you think they offer him?
>
> **Bella:** [Long pause]. Just… [pause]…like a good roof over his head. Gets… [pause]… toys, gets just everything a kid should get. Lots of love. Just for him to have a good life. My life right now is it's… [pause]… not great but it's good for me for now, until I decide however I want to live.

Bella sat with grief and confusion in relation to her son, with feelings that reflected her childhood, her present and her plans. By using the phrase "good roof over his head" Bella invoked the image of a well-resourced home. As discussed earlier in this chapter, the focus on the importance of material security for child-rearing was a common theme in the participants' narratives. Bella is not able to describe what the "good roof over his head" would involve other than love, toys and good quality housing but imagines of what the married, middle-class family who have care of him are able to provide him is what he needs to thrive. She is not fully able to describe what it is she feels they have which she does not, but knows she feels deficient in terms of her capacity to parent her son. Bella expressed some satisfaction with the life she has, saying it's good for her but does not imagine it is compatible with raising a child.

> **Tiffany:** So, do you ever think about creating, I don't know, some perfect kind of home and getting him back again?
>
> **Bella:** I feel like that's a lot of hard work to do [crying]. Yeah…[pause]… to be able to get a real job and… [pause]… yeah, have all those nice things it seems too much to do. And I don't want him to feel like I've given up, like given up on trying to get him back, I don't want him to feel like that. Yeah. I don't want him to hate me for not trying. Like when I had my son I always told myself I'd never want him to like… [pause] …get taken away from me, like having him to think like "my parents don't love me" or you know, just like how I went through like being in CYFS care and all that, I don't want that for him.

Bella sat with a complex range of emotions. She was happy with the standard of care her son is being provided with but is sad he was not in her care. Despite her sadness, Bella was reasonably sure that staying with his caregivers is the best place for her son to be because of her inability to provide her son a middle-class life that is considered normal. Bella's concern was that her son will have the same feelings of loss and rejection she experienced being in care herself, and she wanted her son to experience a sense of belonging—but was confused by the complexity of whether that should be with her or her son's foster parents. Bella could sit with these contradictory emotions, but she empathised with her son’s child worldview and hoped he was able to understand she loves him. Bella resigned herself to knowing her son’s foster parents would continue to care for him, but chose to use agency when she received a note from them asking to change his last name from her last name to their last name:

> **Bella:** [crying]. She wanted to give me this letter that she had written. And I read it and basically all it said was that she wanted to change his last name to their name and I was like “what?”
>
> **Tiffany:** So, are you still a guardian of him?
>
> **Bella:** To be honest I don't really know. I don't really know anything.
>
> **Tiffany:** You probably are still a guardian.
>
> **Bella:** Yeah, I think ’cause she still needs my signature to be able to change it.
>
> **Tiffany:** Did you say no?
>
> **Bella:** I said no. At first, I was like “you have my son” you know, is that not enough? Why do you have to change his last name? that should be his decision when he's older if he wants to he can, but right now no. I want him to make that decision not me or her. Cause the reason why was he was starting school, so she wanted him to have their last name. Like they absolutely love him, there's no doubt about that.

Bella had little power or agency in relation to her son. She did not parent or even see him, and she is able to accept this. However, Bella still defined him as being “her son” and chose not to cede the small piece of power she has is relation to him, which was to choose to retain his name as her name. Bella sought to retain a sense of power or agency for herself, and to provide her son with a level of agency she never experienced as a young person by letting him choose his name when he was older.

## Parenting to Achieve Societal Acceptance

The notion of reproductive heteronormativity described in Chapter One, whereby societal acceptance is contingent on both the circumstances of one's birth and the circumstances in which one becomes a parent was present in the participants' narratives in two ways. Firstly, as discussed in Chapter Seven, participants felt the circumstances of their own birth decreased their sense of citizenship. Secondly, they felt there was a value in having children, and they anticipated the societal acceptance which would come with being parents. This level of acceptance was in contrast to the level of exclusion participants had experienced throughout their lives as a result of their families, and of being in out-of-home care. Thus, having children offered participants the opportunity to redeem their story of exclusion.

Emma was the only participant who had a child removed from her care but had gone on to have other children who remained in her care. Children are central to Emma's redemption narrative. Emma's experience of being part of a family has been disrupted not only by her own experience of out-of-home care, but also by her experience of having her child taken into out-of-home care.

> **Tiffany:** You said that when your daughter was taken away [by Child Youth and Family] you never thought you'd be "proper" again. What does "proper" mean to you?
>
> **Emma:** A house with children and [pause]. I always wanted children, and when I lost my oldest child I thought that every child would be taken off me.

Emma longed to be "proper" without having a specific idea of what proper is outside of domesticity and reproduction. Emma was fearful of repeating her own experience of being in out-of-home care. Emma had seen few examples of positive parenting relationships across her life, but the ones she did see had an impact on her.

> **Emma:** Everyone who Mum used to hang out with had real bad issues with relationships [but] there was one neighbour, they were Christians, they went to church every weekend and all of that sort of thing, and it was really, really, cute. It was like “it would be so cool to be like them” but ’cause everyone that we used to hang out with had dysfunctional relationships so, my one thing that I wanted was for my kids to all have the same dad. I've got three and they've all got different dads [laughs]. When I was a kid, even before we got put into care with my grandparents I wanted to have my own family and [pause] I just always wanted it. I never wanted to be like my mother or my dad, and one thing is that I always said if I had boys I’d teach them how to look after a woman and how to treat a woman properly. But that’s harder done than said.

As a young person, Emma gained agency by imagining raising boys who care well for women. Emma had witnessed her father badly assault her mother, and Emma herself had been a victim of family violence on many occasions. Emma imagined redressing the powerlessness she has witnessed and experienced in relationships between men and women by raising boys who treat women well. Emma’s measure of a good life, and a positive identity was for her children to have the same father as each other. Emma highlighted the dysfunction in her mother’s life and the lives of the people with whom her mother associated. Out of all the dysfunctional elements Emma focussed on their relationship status and in particular, the importance of reproducing with one person. Emma’s use of the world proper can be understood in two ways. Firstly, proper means what is correct or good. Emma implied that both she and her family do not constitute the correct model of a woman or a family, because her children have different fathers and because a child had been removed from her care while she was a teenager. The other way Emma’s use of the word proper can be understood is that her family is not really a family because her children have different fathers and her eldest child does not live with her. Emma’s emphasis on motherhood to participate in society is reflective of Malacrida and Boulton’s (2012) observation that society affords women agency when they become mothers, but only when they *properly* perform the nurturing, supportive role association with traditional motherhood. While alternative models of womanhood continue to emerge, women, particularly poor women such as Emma, still remain constrained by the expectations that societal acceptability for women is associated with motherhood, specifically motherhood that is performed appropriately.

Emma's assertions reflect the prevailing societal discourses which are discussed in the first three chapters, in which that the purpose of relationships is reproduction (Brannen et al., 2000); the value of children who are not cared for by their parents is questionable (Reekie, 1998) and children in out-of-home care represent a betrayal of the most dominant discourse, that parents should always care for their children (Holland & Crowley, 2013). Emma also internalised the stigma in relation to having children with more than one partner by demonstrating embarrassment that she has children with more than one man. Limited research studies demonstrate that women who have children with more than one partner are more likely to experience a dilution of resources, and are more likely to experience stress (Dorius, 2001; Dorius & Guzzo, 2013). Emma's concern is not with the dilution of resources or increased stress she experienced, but rather with the shame she experiences because her trajectory as a parent and a partner is not consistent with what is expected, or with the dominant discourse of partnership and parenting. Emma experienced belonging by having children, but the expectation that she will have children with one partner, and will care for all of her children, also constrained her.

## Conclusion

Reproduction was a significant feature of each of the participants' narratives, whether it was an actual experience of having children or projecting hopes, thoughts and regrets on to an imagined child. Participants perceived that having children was an opportunity to do childhood differently, and thus redeem their own childhoods. Having children offered participants a sense of belonging they had not experienced themselves as young people. Participants wanted different experiences for their children but were affected by two constraints; firstly, the lack of opportunity to develop parenting skills; and secondly, the poor quality of relationships they experienced meant they had little support to help them parent. Female participants saw that parenthood is a way to attain social acceptability, but when they were unable to parent learnt that motherhood only increases social inclusion if it is performed properly.

# Chapter Eleven: Discussion and Implications for Practice

## Introduction

In this final chapter, I consolidate the theoretical contributions to the literature that are contained in the preceding chapters. I also present what these theoretical contributions mean for the provision of out-of-home care. In the beginning of the thesis I wrote that in seeking out sexual stories in relation to the provision of out-of-home care, I would consider stories in which the public and the private intersect. This intersection has been woven throughout the project but occurred under three primary themes: the first is the intersection of my personal self, my professional self, and myself as a researcher; the second is the public and private nature of narrative research; and, the third is the public and the private nature of families and out-of-home care.

Throughout this research I have sought to answer the questions:

a) what are the sexual stories of adults who have been in out-of-home care?
b) how do the public and the intimate converge at the intersection between sexuality and the provision of out-of-home care?
c) what is the intersection between experiences of out-of-home care, sexual and romantic relationships and the meaning that adults who have been in out-of-home care have made of their lives?

In this chapter I respond to those questions, I explore what further research would be useful and I make three recommendations based on the literature, findings and theoretical contributions.

## The Dynamic Process of Completing this Research

I began the research in 2012 and completed writing this thesis more than seven years later. During this time there were changes in the social context of sexuality in New Zealand to the extent that marriage was not available to same sex couples when I began the project but was by the time I started collecting the data. There was also a significant remodelling of New Zealand's child protective system and CYF transformed into Oranga Tamariki. I also experienced changes in my life. My research changed me, and my personal and professional circumstances changed.

When I began my doctoral study, and while I collected data I worked as a social work educator in New Zealand. Although I had moved into social work education, I was motivated to conduct this research by my experience working as a child protection social worker at the commencement of my social work career. As discussed in Chapter Six I was deeply affected by not only hearing the participants' stories but considering what those stories meant for them, and for theory. When an opportunity came for me to take voluntary redundancy from my academic role, I chose to return to practice in a program delivering out-of-home care. I considered collecting the data as the most positive and fulfilling professional or academic experience I had had in the last several years and saw that as an indication I should return to an operational role. Furthermore, I felt compelled to work in a role which enabled me to contribute to the provision of out-of-home care in a way that was better than what the participants had experienced.

By the time I completed writing the thesis, I had begun a role as senior manager for out-of-home care for a Community Service Organisation in Victoria, Australia. My role involves overseeing an out-of-home care program—including caregiver recruitment, assessment and training—and providing case management to young people living in foster care, those who are supported by Targeted Care Packages, and my portfolio has also included residential care case management. My role is both strategic and operational, with only two lines between myself and the case managers who work with the young people. While the case managers carry out the routine contact with the young people, within my role overseeing the program there are times when I have contact with young people for whom my program provides out-of-home care. I have learned from my research that when I and my team are making practice and policy decisions, we must consistently ask the question: "when this young person is 25, what will they say about the decisions that we have made and the services that we have delivered to them?" I ask this as a humanising question, to consistently keep a culture alive which acknowledges that young people are not cases, but people with lives that will go on long after they have been in our care. I think about what the young people in our care would say to a researcher, if in ten years' time they were asked about their experience of being in out-of-home care.

The completion of the thesis was preceded by the end of my marriage, and writing this thesis and exploring ideas about heteronormativity, love and meaning contributed to my decision to leave the relationship. I had been in a relationship with my husband for ten years. Throughout the project I felt a sense of unease, I had been discussing and describing the pressure to be heteronormative as reflected in the literature and in participants' stories. On reflection, one of the reasons I remained in a relationship I was not satisfied with, was because I enjoyed the privileges that came with a heteronormative partnership, including greater social acceptability for myself and for my children. As I started my life as a single woman in my mid to late 30s and thought about whether I wanted to have another relationship, and if I did, what I would want it to be like, I was informed by what I had learnt from the participants in my project. I knew I had much to make meaning of before entering another relationship, and that if I was to enter one, I would want it to be based only on a genuine and sincere appreciation and love for each other's entire selves and stories. I found a relationship just like this, and I acknowledge that the stories my participants told me helped me not only professionally, but personally.

Throughout the process of writing the thesis, my supervisors continued to encourage me to lean in to the intersection between the personal and the private, not just in terms of theorising, but also in terms of myself as a researcher. Towards the end of the process, I realised how crucial this was in terms of maintaining the humanity of the participants as people, not research subjects. As discussed in Chapters Five and Six, when I developed the methodology, I stressed the importance of the co-construction of knowledge between myself and participants, while acknowledging the power inequities. When I was developing the methodology, the framework for co-constructing knowledge was consistent with my personal and professional ethics, but theoretical. It is now at the end of writing my thesis that I am able to see and acknowledge the way that my willingness to share the power to create knowledge not only means my participants' voices have directly impacted my findings, but they have also impacted on how I see both myself and the world.

## Discussion

Those who are in, or who have been in out-of-home care have been marginalised throughout their life: in terms of the circumstances which brought them into out-of-home care, their experiences in, and since leaving, out-of-home care. In response to marginalisation, participants sought to demonstrate their agency and their power. For those who have been in out-of-home care, power is analogous with inclusion. Participants related the experiences of societal exclusion to having poor relationships and imagined that, if they were to have socially acceptable relationships, they would experience a sense of social inclusion—and the power that comes with that—in a way they had not experienced before. For some participants this was the case. They met partners and felt a sense of belonging at individual and societal levels not previously experienced. For other participants, this was not the case. They ceded agency in order to have the type of relationship they imagined would provide them with the belonging they desired.

The difference between participants who found a sense of belonging in relationships and those who did not, was that those who found a sense in belonging in relationships had made meaning of their very complex lives and of the world, including sex and relationships. Making meaning is an activity which can be taught and encouraged. Many meaning making skills are developed with the support of parents. In the absence of parents, young people in out-of-home care experience a diffusion of parental responsibility—in terms of holding the young person's story, engaging in meaningful and complex conversations about sex and relationships, or feeling and demonstrating real love and care for and from the young person. The lack of conversations that young people have in out-of-home care is a reflection of role-confusion and a discomfort around sexual conversations, experienced by the adults who are charged with their care.

### What the Sexual Stories Were of People Who Had Been in Out-of-Home Care?

While the focus on this study was specifically on stories about sex and relationships, the inextricability of relationships to stories about the participants' lives became clear. The way that participants storied their lives affected their experience of sex and relationships, and conversely sex and relationships affected the way that participants storied their lives. At the outset of the project I defined being in out-of-home care as a discrete moment, and sexuality as a discrete aspect of a person's life. Surprisingly, participants demonstrated little awareness of their care status in terms of their life events, and sexual stories were intermingled with stories about their wider lives. All the participants were eager to tell their stories, and to be listened to. Participants wanted to talk for long periods of time and to provide me with an account of their stories.

All the participants had experienced traumatic events across their life course, and many of these traumatic events were recounted to me as sexual stories. Stories of the intimate included stories of sexual abuse, rape, non-consensual incest, rejection, partner violence, unintended pregnancy and the removal of children. Some of the sexual stories were positive with participants describing feelings of loving and of being loved by their partners and children. There was never a single story: even one participant could hold multiple and contradictory stories. Participants' stories demonstrated it is possible for people who have experienced adversity and trauma in their early interpersonal relationships to form positive ones. Even when participants had experienced rejection, violence and neglect, they could demonstrate great resilience and form loving and respectful partnerships.

Participants told sexual stories which were happy, sad, traumatic and hopeful. Many participants spoke of either finding or hoping to find a sense of belonging in relationships. This sense of belonging that participants found or hoped to find in relationships went beyond the belonging they experienced with their partners. Participants had experienced the ways their family situations as young people had led to their experiencing exclusion, and some participants hoped that, by having acceptable relationships, they would experience the societal inclusion they had not experienced as young people.

It was not important to participants to differentiate between before they entered out-of-home care, and while they were in out-of-home care. Some participants actively positioned themselves as different people after leaving out-of-home care, but many did not. For those who positioned themselves as different since leaving out-of-home care, this did not necessarily coincide with the date that they officially left out-of-home care. As an example, John was one of the participants who sought to position himself as a new person, but he did not consider himself to have left out-of-home care until he ended the relationship he had with his former caregiver, who became the mother of his daughter. While these time periods might be significant to practitioners, to people who are in, or who have been in out-of-home care, they are simply their lives. The out-of-home care system is structured around providing care to young people who need it within a particular time period, with a view of increasing their wellbeing within that particular time period. Those who are in out-of-home care must live with these experiences throughout their life, long after the state and its agents no longer have responsibilities to them. For this reason, the state is only acting *in place* of a parent, and not *as* a parent.

The care provided to participants reflected a boundaried provision of care, as opposed to acting in a way consistent with how a good parent would; one which considers the young person's life beyond the present. Good parents think about their children's future. They consider the implications of the actions they take now in terms of what they will mean for their children as adults. The role of the parent, for participants of this study, was divided between the institution and its agents—largely social workers—and those responsible for providing day-to-day care to the young person, whether that was a caregiver or residential workers. Social workers cannot be available to young people constantly in the way that a parent is. Caregivers are often not able to offer permanent placements, and while residential care workers may demonstrate great care for the young people they look after, they work in discrete shifts. However, the young person experiences being in out-of-home care 24 hours a day, seven days a week. Out-of-home care diverges from traditional theories of institutions such as those proposed by Goffman (1961) as it is only the young person who unrelentingly experiences the institution, while the other participants are regularly entering it and exiting it. Oranga Tamariki states that the purpose of foster care is to provide young people in out-of-home care with "more than just food, shelter and supervision by helping them to part of a family" (Oranga Tamariki, n.d., para. 2). As it presently stands, the current system does little to provide a living circumstance for a young person in out-of-home care that would enable them to feel like they are part of someone's family. Furthermore, the current system does little to enhance the role of a young person's family of origin in their lives. The legislation compels Oranga Tamariki to consider a young person within the context of their whānau, hapū and iwi (Oranga Tamariki, 2018), however, once a young person enters out-of-home care they often experience significant disconnection from their families of origin.

When this division of parenting occurs, not all parenting roles are allocated to the institution or to the foster carer or maintained within the family of origin. Furthermore, the key aspect of the parenting role is providing stability and predictability which is antithetical to the out-of-home care system which is chaotic. Young people in out-of-home care incur ‘placement bounce’, changes of social workers and changes of placement plans. Young people in out-of-home care do not understand the complexity of this division and are left feeling confused and unloved and are put in a position where they must take on adult responsibilities when they are still children. It is little wonder then, that the notion of a traditional relationship with a partner offers so much to those who have been in out-of-home care who perceive that such a relationship will provide them with permanence and societal acceptance. Participants anticipated, and sometimes felt, that a socially accepted romantic relationship offered them a sense of power and acceptance in their communities they had not previously experienced. In reality, heteronormative relationships also constrained participants and diminished their agency. Sometimes participants’ agency was diminished within relationships in literal ways, such as when they became victims of family violence.  Other times, this loss of agency occurred in more indirect ways, such as feeling a compulsion to perform traditional gender roles within relationships. The agency that some participants were willing to cede in order to feel like they belong is an indicator of how strong the pull for belonging and acceptance is, and the extent to which young people in out-of-home care do not have this need met.

### How do the Public and the Intimate Converge at the Intersection Between Sexuality and the Provision of Out-of-Home Care?

Participants largely reported that explicit conversations about sexuality and relationships were absent in their discussions with social workers and caregivers, outside of conversations that social workers and caregivers instigated about sexual regulation. Conversations about sexuality and relationships are also absent from any out-of-home care policy or practice frameworks in New Zealand, even though a positive sexual identity and healthy romantic relationships are an integral part of overall wellbeing (Allen et al., 2014). This created difficulties for participants as it made it more difficult to make meaning about the sexual stories they had been exposed to before they entered out-of-home care and while they were in out-of-home care. The absence of discussion about sex and relationships that participants reported reflects a broader reluctance amongst New Zealanders to discuss sex (Braun, 2008), and a reluctance of out-of-home care providers to do better and find ways to support adults caring for young people to have these conversations, despite the awkwardness they experience.

In the place of explicit discussion, participants learned what the dominant discourses were in relation to sex and relationships, and took on those discourses as ‘normal’, ‘healthy’ and ‘proper’ ways of being, particularly in terms of relationships. Part of developing their identities was developing an understanding that stories of them entering relationships, and stories of them becoming parents, were problematic and embarrassing to other people. Participants were removed from their homes because of judgements about their families, and about parenting. They knew this, and it affected their approach towards relationships, coupling and parenting throughout their life. They anticipated stigma and mitigated it accordingly. Internalising notions of normal, healthy and proper families led to participants anticipating stigma on personal and societal levels. This anticipated stigma affected their lives as much as the actual stigma they experienced. They behaved in particular ways that keeping their heads down, trying at all costs to have a relationship that is considered normal, in order to mitigate the anticipated stigma associated with being in out-of-home care.

All aspects of the out-of-home care process, from funding and policy-making decisions to the delivery of services are conducted by people and delivered to people. However, within out-of-home care, a culture exists of dehumanisation of people who are providing, and those who are receiving, services. In most instances, participants described social workers and carers in a way that reflected an ambivalence towards them in terms of their connection, and a perception of them as an agent of the institution rather than a person. They believed that social workers and carers had insufficient time for them, insufficient understanding of their needs and insufficient investment in either their present or future. Consequently, participants in turn dehumanised those providing out-of-home care, either omitting them from their narratives, or describing the practitioners they worked with as irrelevant parts of their out-of-home care experience. In a space where the most intimate things occur, none of the people involved in the space related to each other on a human level.

Young people in out-of-home care receive a boundaried service from the state. The service remains until the order placing them in the care of the Chief Executive of OT expires, is revoked or until the young person ages out of care. Social workers are charged with the responsibility of executing the Chief Executive’s rights and responsibilities during working hours, while they are in a role, and while they are allocated a case. These factors demarcate the relationship between social workers and young people as professional relationships and are different from personal relationships. Nevertheless, opportunities exist for professionals and carers to engage with young people on a personal level, rather than solely in their positioning as service providers. It is possible for social workers to acknowledge the human connection that exists between themselves and their clients while still practising safely. As I heard the participants’ stories I experienced an urge to tell them that I still cared about each one of the clients who had been on my caseload, and that it is possible that their social worker did too but did not know how to demonstrate that care in a professional setting.

A more sophisticated approach to the establishment of boundaries has the potential to provide young people in out-of-home care with the opportunity to build a positive relationship with their social worker, develop a stronger sense of self through that relationship, and provide a basis for meaningful conversations about sexuality and relationships. At present, the current approach to the provision of out-of-home care in New Zealand is directed to avoid risk to the organisation and social workers. Practice decisions at organisational and practice levels reflect the organisation's and social worker's prioritisation of not actively doing something that may have a negative consequence, even when it is likely greater harm will be caused by not undertaking an action. Passivity does not reduce risk when it comes to approaching complex issues including sex, relationships and connection but current practice models in the provision of out-of-home care in New Zealand reflect a belief that it does Although there is a greater chance a young person will be harmed by not being connected to their social workers on a personal basis, and by not having proactive discussions about sex and relationships, there is less chance that the organisation will be blamed for a negative outcome. Social workers and carers can demonstrate connection to young people by telling them they care about them, by using self-disclosure appropriately, by offering young people physical affection in an appropriate way if a young person is comfortable with it and by demonstrating concern for a young person beyond a manualised risk assessment.

Connection is particularly relevant to sex and relationships. Like other New Zealanders, those who work in management and delivery of out-of-home care appear to practice in a way that reflects their discomfort in dealing with issues of sexuality, particularly adolescent sexuality. The discomfort of those who work in management is reflected in the lack of a framework to address sexuality, and this creates a climate within agencies in which social workers are reluctant to engage in the topic. This is evidenced in the participants' experiences of an absence of conversations about sexuality with the social workers, and in the absence of a strategy to build positive sexual identities among young people in out-of-home care.

## What is the Intersection Between Experiences of Out-of-Home Care, Sexual and Romantic Relationships, and the Meaning that Adults who have Been in Out-of-Home Care have Made of Their Lives?

Participants had to make meaning of complex experiences with a dearth of resources supporting them to do so. They had fractured and sometimes non-existent relationships with their family of origin and lacked photographs to help them understand their story. They did not have language that they could use to share their stories either in the communities, or with their partners. Participants internalised dominant discourses and made meaning of those, and their lives in relation to those dominant discourses. For some participants, the marginalisation associated with sexual behaviours and identities intersected with the marginalisation of being in out-of-home care. The reproductive paradigm had assumed a place of importance in the lives of participants and contributed to the stigma they felt about being in out-of-home care. Some female participants literally invoked fairy tale narratives to imagine a relationship transforming the previously unhappy life they had experienced into one in which they were content and cared for.

Participants had experienced an absence of explicit discussions about sex and relationships while they were in out-of-home care and were left to make meaning of these complex topics themselves. Social workers and caregivers did not speak to them about sex, and in the absence of explicit discussion, participants fell back on the reproductive paradigm which values monogamous permanent relationships in which children are cared for by their parents. Participants unconsciously measured themselves against this doxa and found themselves lacking.

Relationships were more successful when participants made meaning of their lives before they entered the relationship, rather than attempting to use the relationships to make meaning. This is because the participants who waited had had an opportunity to internally generate an identity, rather than developing an identity that was contingent on both a relationship and societal acceptance. This contrast could be seen in the narratives of John and Izzie. John had a period of being single and "working himself out" was able to engage in a relationship with his wife that was mutually loving and secure, whereas Izzie presented her relationship the focus of her adult identity, but in tenuous terms. Participants demonstrated resilience not by forming a relationship, but by making meaning of their lives and making decisions about relationships despite either their own negative experiences of relationships or the societal pressure to be in a relationship.

## Recommendations

Within New Zealand's current social structure, it is inevitable that young people will continue to come into out-of-home care, and in fact as inequalities and rates of child poverty continue to grow in New Zealand (Hyslop & Keddell, 2018; O'Brien, 2016) it is likely that higher rates of young people will enter out-of-home care (St. John & Wynd, 2008). As set out in the introduction, it is not within the remit of this thesis to argue about the right time for children to be best cared for by the state rather than by their parents. However, it is essential to acknowledge that child protection and out-of-home care is intrinsically related to the policing of the poor, and particularly the policing of their sexuality and reproduction (Reekie, 1998; Wacquant, 2009).

It is better for young people and society if young people are to be able to be happy and safe in the care of their family than to be in the care of the state, and most families' preference is to retain the care of their children. Radical redesigns to the delivery of social services increase the possibility of families who are marginalised being able to care safely for their children and should reflect the fact that "we all give and receive care throughout the life course, dependency and vulnerability are basic aspects of the human condition" (Featherstone et al., 2014, pp. 1744-1745). The 'Relational Welfare' approach suggested by Cottam (2011) (Chapter Four) offers an approach that is both compassionate and practical and has demonstrated positive outcomes. Within a Relational Welfare paradigm, rather than the state collecting revenue from all citizens and allocating and rationing specific services according to the state's agenda, the state acknowledges that all citizens require and are able to provide different levels of support at different times of their life. This approach does not deliver welfare in a punitive way, but in the case of child protection determines that families are best able to care for their children when they are appropriately resourced, and that families themselves are best positioned to determine which resources will best support them to care safely and happily for their children.

Accepting that in the immediate future it is inevitable that out-of-home care will exist, it is significant that within the current out-of-home care system it is inevitable that placements will be difficult to make, and young people in care will experience changes of case managers and carers. While I was undertaking this study, there was a significant overhaul of New Zealand's child protection system which comes with challenges and opportunities. While this thesis was not written in response to these changes and goes beyond exploring the practices of one organisation, I am conscious that the timing of the completion of my thesis coincides with the first two years that Oranga Tamariki has been established. Several participants commented that they took part in this research because they hoped something good could come of it for children who are currently in out-of-home care, or who will be entering out-of-home care in the future. Strategies to enhance wellbeing in terms of sex and relationships must go beyond SRE, as both the literature and the data in this thesis demonstrate good SRE will not in and of itself lead to increased satisfaction in terms of sex and relationship choices.

The recommendations I propose go beyond current SRE and include that young people in, and people who have been in, out-of-home care have the opportunity to develop and maintain strong relationships with carers and social workers and their families of origin; have their voices included in policy and legislation development relating to out-of-home care; have the opportunity to develop an understanding of their own story and have access to high quality SRE in out-of-home care.

**Recommendation One: That young people in, and people who have been in, out-of-home care have environments in which to develop and maintain strong relationships with caregivers, carers and social workers and their families of origin.**

Participants' understanding of positive relationships were most insightful when a person was in their life with whom they could discuss positive relationships. Participants' decisions about whether or not to discuss sex or relationships with a carer or social worker primarily depended on the quality of that relationship. Chapters Two and Seven discuss the challenges young people in out-of-home care experience in relation to forming quality relationships with their social workers and carers, the two most significant being the frequent changes of social workers and carers, and not feeling understood, listened to or cared about by their social workers or carers. Many times, this disruption was because social workers left their roles, and caregivers were not able or willing to provide permanent care to a child. The Officer of the Chief Social Worker (2014) found the pressures CYF social workers experienced and difficulties were due to "overworked staff, complex systems, services under pressure, increasingly complex child and family needs and high-profile child abuse cases" (p. 25). If social workers have fair and reasonable case-loads they are more likely to stay in their role, and they are also more likely to engage in best practice (Ministry of Social Development Centre for Social Research and

Evaluation, 2012). Furthermore, if social workers are properly trained and equipped to acknowledge the humanity of their clients, relationships with their clients will be more authentic, meaningful and, consequently, productive. Social workers can best do this when they are not overwhelmed by administrative and compliance-related tasks and have the opportunity to engage with young people beyond manualised assessment and intervention procedures. Releasing social workers from these tasks would enable them the time to build connections with young people, and the opportunity to engage in reflective practice. Social workers should be encouraged to use self-disclosure appropriately with young people, to acknowledge the relationship between two people need not be authoritarian. The Office of the Chief Social Worker has determined the harm that has been caused by social workers with high caseloads and should continue that work by establishing appropriate caseload levels and monitoring the caseload of OT social workers. This metric would also be helpful for the OCC when monitoring OT and considering factors that impact on the ability of OT to deliver a service to young people and their families.

Closer assessment and enhanced support of caregivers have the potential to attract and retain higher quality carers who are better able to support young people long term, and consequently, to provide young people with the opportunity to not only learn about positive relationships but to establish them. More attention and resources should be provided to recruit and retain caregivers who wish to look after young people long term. Caregivers have the potential to transform a young person’s life, and appropriately qualified and empathetic caregivers need to be recruited, well supported and well compensated to look after other people’s children.

When the participants in this study were in out-of-home care, the state’s responsibility to them ended when he or she turned 17, unless the relevant Department or Ministry sought to extend their order until they turned 20. Since then, there has been a recognition that 17 is too young to leave out-of-home care, and that young people require more support when out-of-home care ends. One of the key reforms of the Oranga Tamariki legislation was to extend the age of care from when they turn 17 to when they turn 18, and to proactively offer support to young people who are in out-of-home care until they turn 21, including the ability to stay with or return to a caregiver until they turn 25 if they request such support. Prior to the introduction of legislation, the state went from having all of the responsibilities of a parent, to no responsibility at all when a person turned 17. This is arguably one of the most profound differences between a parent, and the state as *in loco parentis*. In explaining the reasons why the legislation would change to allow those changes, the Minister of Social Development at the time, Anne Tolley, argued "just as a parent, you know that you don't just send an 18-year-old off and say, "You're going to university and you're on your own" " (Collins, 2016b, para. 4). Offering young people this support as they transition into adulthood provides them with more opportunities to establish safe, happy and healthy lives and removes the stress teenagers experienced from being unsure about what will happen when they turned 18.

A crucial aspect of considering the young person across their life is considering the role that families of origin play for young people in out of home care. The literature (Diamant-Wilson & Blakey, 2019) and the data—for instance James and his Nan—suggest that families of origin are best positioned to provide young people in out-of-home care with information about sexuality and relationships. While a family may not be able to provide day to day care for a young person, they may have much to offer a young person in, and once they have left, out-of-home care. They may be able to offer belonging without offering day to day care by loving and caring for a young person and holding their stories. They may be able to enhance a young person's sense of identity and offer them unlimited practical and emotional support.

In the previous section, I advocated for an approach that encouraged and supported social workers working in out-of-home care to be trained and encouraged to acknowledge their own humanity and in the people with whom they work. Rather than taking a risk-averse and simple approach of establishing a boundary whereby the practitioner and the client only acknowledge themselves within the context of their professional tasks, practitioners should be equipped by their education and their organisations to respond to the fact they are working with people who are often isolated, marginalised and not just seeking help, but seeking connection. Those who are working with and caring for young people in out-of-home care should show care for them. This approach based on human connection should extend to those who work in policy and management in the provision of out-of-home care. When people in these roles make funding, policy or programmatic decisions, they should consider what they would want for the young people for whom they are making decisions, as if those young people were their own children.

**Recommendation Two: The child protection and out-of-home care system is informed by the voices of people who are in, or who have been in, out-of-home care.**

The literature and the data spoke to a ‘top-down’ child protection system in New Zealand, in which decisions are made for young people by adults. Young people felt powerless within the child protection and out-of-home care system and felt they were living with the consequences of decisions made by people who did not understand them, either as individuals or as a group. The decisions made would have been more suitable had they been informed by young people, and young people would have been more invested in the outcomes had they been included in the decision-making process. This could be partially addressed on an individual level by the enhancement of relationships between social workers and young people, as is discussed in the previous section, and should also be enhanced by the engagement of young people in out-of-home care, on a larger scale.

In Australia, the CREATE Foundation is

> …the national consumer body representing the voices of children and young people with an out-of-home care experience [who] run programs and services across all Australian states and territories for children and young people in foster care, kinship care, and residential care (CREATE, n.d.).

CREATE, established in 1999 brings together young people who are in, or who have been in out-of-home care and supports them to commission and participate in research, and to make submissions to advocate for a better out-of-home care system. CREATE is embedded in the out-of-home care system in Australia and has an active and strong voice in the development of government policy and system design. In New Zealand VOYCE—Whakarongo Mai—was established in 2017 and is funded by philanthropically. VOYCE states that it

> …will be starting small and planning big, so with your help and support, by the end of the year will be a megaphone to the government and the care system about the things that matter most to [young people in out-of-home care] (VOYCE, n.d.).

While Oranga Tamariki CE Grainne Moss has stated that she sees VOYCE as an important partner to Oranga Tamariki (Radio New Zealand, 2017), it is significant is it funded by philanthropically rather than by the state. While independent funding offers VOYCE a level of objectivity and independence, other entities such that monitor OT such as the Office of the Children's Commissioner, and the Ombudsman are funded by the state but still able to offer objective critiques of OT. It is important that VOYCE be adequately funded to ensure it has the longevity and influence in New Zealand that CREATE has established in Australia. It is also important that the state gives weight to the work conducted by VOYCE, so the voice of those who are in, or who have been in, out-of-home care, can influence research and development of policy.

### Recommendation Three: Young people in out-of-home care, and adults who have been in out-of-home care should be provided with opportunities to engage in life story work.

This research has demonstrated the immense efforts that adults who have been in out-of-home care put in to understanding their lives when they have experienced trauma, digressions from dominant discourses and separations from people who are significant to them. A life story approach is a therapeutic intervention and a practical model for qualified people to use to work with young people to help them develop an understanding of their lives.

> The value and power of the life story approach to reconstruct and reconnect a person with his or her experience using personal narrative cannot be underestimated. This is a developmentally sensitive and 'trauma informed' refreshing and renewing clinical approach:  it is a manifestation of wisdom about humankind. (Perry, in Rose, 2012, p. 11)

Life story work is useful for adults involved in the young person's life to use to demonstrate an understanding of, and empathy towards, a life story which is non-normative, and contains stigmatisation (Rose, 2012). As discussed in Chapter One, life stories have traditionally been treated by those providing statutory care as an optional extra, where life story work actually plays an essential role in responding to the wellbeing of young people in care (Atwool, 2016). Specific qualifications relating to life story work such as the Diploma in Therapeutic Life Story Work, delivered by Childhood Trauma Intervention Services in both the United Kingdom and Australia, prepares social workers to conduct life story activities with young people.

Life histories are different from life stories and provide young people with artefacts they can use to increase their ability to form a congruent life story. When social workers and carers collect and hold information, the collection of information fulfils two purposes. One is that it shows the child that they are important. It acknowledges to the child that the collector of the information sees the child is more than just the present interaction, but a human, who will have a life outside of the current transactional relationship. The other purpose served by the collection of artefacts such as photographs, school reports and letters is that they contribute to knowledge for the person to better develop their life story. Evans, McKemmish, and Rolan (2017) argue for a 'Records Continuum' approach to the records of young people in out-of-home care, arguing that such an approach “aims to re-position recordkeeping and archiving, not as bureaucratic overheads, but as drivers of high-quality, efficient, and effective person-centred child protection and Out-of-Home Care services” (p. 12). A ‘Records Continuum’ approach democratises access to the records so that the client can access them while receiving the service, and once they have left it. Records should be maintained, not just to meet compliance, but to provide accountability to young people in out-of-home care. Thus, records should be created and stored to be accessible to young people, for their own understanding. New applications such as caringlife.com allow out-of-home care staff and carers to upload photos and videos to a secure platform, so young people are able to access them throughout their life. The Victorian Government has sponsored the project in recognition of the fact that young people’s ability to access memories created while they are in care, is important. Providing young people with the opportunity to access these images helps them to create a legacy and a more congruent self-narrative (Caring Life, n.d.).

### Recommendation Four: that young people in, and people who have been in, out-of-home care have access to sexual wellbeing being education in out-of-home care.

Participants observed that the quality of the carer and social worker relationship affected whether or not they spoke to them about sex. Participants were not necessarily aware of issues their carers and social workers may have experienced in terms of their willingness and ability to discuss sex and relationships. In the absence of explicit information about sexuality, individuals tend to fall back on heteronormative ideas (Bhattacharyya, 2002). In the same way that caregiver training, and social work education aims to build a level of cultural competence in caregivers and social workers respectively, training designed in a way that rejects outdated notions of sexuality, relationships and families is required. Social workers and caregivers should be accredited with sexuality and relationship information to be able to deliver SRE to young people in out-of-home care. Carers are with young people day in and day out, and how they are educated to approach sexuality and relationships with young people in their care is crucial.

OT needs to communicate to staff and carers their expectations about how they should talk about sex and relationships with young people who are in out-of-home care, but first there is a policy and regulatory need to establish an understanding of what the key messages should be. Social workers should not fear that they will be accused of impropriety when they talk to young people about sexuality; OT should expect that social workers do so as part of their role. Sexuality is an inevitably contentious subject area, in which layers of politics, religion, culture and personal history exist. However, it is possible and necessary for the state to establish what healthy adolescent sexuality and positive relationships look like. The Office of the Prime Minister's Chief Science Advisor is well positioned to undertake this work, having previously undertaken large-scale projects relating to sexual health in New Zealand. Once this position on positive sexual and relationship development is established, it should inform out-of-home care policy development, practice frameworks, social worker training, and carer training and assessment. Social workers' abilities to promote the development of a positive sexual identity will be enhanced by an increased focus in the New Zealand social work curricula on understanding sexuality, and the implications for social work practice. The Social Workers Registration Board set out minimum curricula in order for qualifications to be recognised by the board, but these requirements only include human relationships in the broadest sense of the word, and do not include sexuality which they should.

Developing an SRE curriculum to be delivered by social workers and carers would mean stepping out of the risk averse paradigm and delivering a curriculum that teaches both technical information and invokes a space where children and young people in care can learn about consent, safety and pleasure as "sexual education needs to expand its parameters to balance sexual pleasure and safety—and to suggest methods of managing the balance of the two"

(Bhattacharyya, 2002, p. 140). Such a curriculum would contribute to the wellbeing of young people by disrupting the absence of explicit information about sex that exists and encouraging children and young people in out-of-home care to engage in and question the discourses about sex, relationships and reproduction that position them as *less than*.

In its initial evaluation of CYF in 2015, the OCC has stated its intention to continue to monitor how well CYF delivers services to young people in out-of-home care. One of the features of the report is it consistently evaluates the quality of the services that are provided, from the young people's perspective. The OCC has so far considered a range of questions, including how well CYF delivers services to tamariki Māori. In a future evaluation, it would be useful for the OCC to consider how well OT is delivering SRE, and how well OT is responding to gender and sexually diverse young people in its care. Appropriate measures would be qualitative and meaningful and assess sexuality and relationship knowledge and confidence, gathering data such as young people's experience of discussing positive sexuality with the people that care for them and their ability to make informed decisions about become parents.

## Further Areas for Research

The intersection between sexuality and child protection is an under-researched area, and to date, there has been no literature from New Zealand specifically about the intersection of these topics. As described throughout the thesis, sexual stories cannot be isolated from other aspects of life stories. As I had the privilege of hearing the life stories of people who had been in out-of-home care, I have been able to identify further research which would make a valuable contribution to understanding young people in, and adults who have been in, out-of-home care.

### Area for further research one: More research involving the voices of adults who have been in out-of-home care.

These stories need to be heard and policymakers need to be specifically listening to adults who have not only been in out-of-home care, but who have had lives after leaving out-of-home care. Leading evaluations of child protection in New Zealand have included the voices of young people in out-of-home care (Atwool, 2012; OCC, 2015, 2016) but outside of hearing claims of abuse, there are few opportunities to hear from people who have been in such care and about the effects of it across their life course. Hearing these stories would enable researchers, practitioners and policymakers to have a greater understanding of the longer-term implications of, or particular aspects of, out-of-home care. The existence of VOYCE, Whakarongo Mai can help operationalise these voices in the research.

### Area for research two: Research involving sexuality and the voices of young people currently in out-of-home care.

Allen (2003, p. 216) writes "if [sexuality programmes] are to be relevant and engaging then they must acknowledge how young people construct meaning about their sexual selves". This project considered the stories of participants who were up to two generations older than some of the young people who are currently in out-of-home care. Research should be conducted with young people who are now in out-of-home care to understand their views about sexuality and SRE. Young people in out-of-home care face specific challenges in terms of SRE, including a greater likelihood that they have experienced, or will experience, trauma. It is essential to understand how young people in out-of-home care understand sexuality, what they could learn which would enhance their wellbeing and who the people were who could most effectively deliver this information. While traditionally voices of those who have been positioned as vulnerable have been excluded from research lest they incur harm in the process of the research, greater harm is caused when those who are being researched are not provided with an opportunity to have their voices included (Henrickson & Fouché, 2017; Zwi et al., 2006).

### Area for further research three: Research involving the perspectives of social workers and caregivers in relation to sexuality.

Existing literature (Knight et al., 2006; Warwick et al., 2009) and this study point to the fact that young people in out-of-home care do not receive SRE from their social workers and caregivers. While participants were not able to speak for caregivers and social workers, they imagined a range of reasons why social workers and caregiver did not speak to them about sex including discomfort, lack of closeness and fear of impropriety. Knight et al. (2006) found that caregivers' uncertainty about their role as *in loco parentis* contributed to their inability to discuss sex and relationships with young people in care. Like the United Kingdom which is where Knight et al.'s (2006) study was based, New Zealand's care and protection system separates the role of care and decision making between families of origin, social workers and caregivers. Caregivers and social workers have the potential to be the people delivering SRE, so it is imperative to understand their perspectives about sexuality, and the delivery of information about sex and relationships.

## Conclusion

The sexual stories of adults who have lived in out-of-home care involves a complex and dynamic matrix of society, sex and the state. This intersection was reflected in the lives and stories of participants and layered with both trauma and resilience. The stigma of being in out-of-home care, and the stigma of sexual stories that diverged from dominant discourses intersected. This was firstly in terms of participants' own identity in relation to reproduction. When considering how out-of-home care impacted on sexuality and relationships in the lives of the participants, the meaning that participants made of the experiences had more of an impact on their lives than the actual experiences.

At the heart of all of these recommendations listed above is a call for policymakers, social service practitioners, researchers and communities to consider young people in out-of-home care as people, with a need for connection, care and belonging. The state, and those people acting as agents of the state, are ascribed responsibility for the wellbeing of young people in out-of-home care and must discharge this responsibility by ensuring that the young people for whom they care have homes, food and access to education and healthcare. However, the state and its agents need to take additional responsibility for young people in their care and do what a good parent would do, accepting their responsibility to increase wellbeing in the lives of those young people, not just while they are in out-of-home care, but for the remainder of their lives. Love, relationships and sex are a central feature in the lives of all people. It is the role of the state as a good parent to support a young person in its care to competently navigate those aspects, so that they might lead good lives.

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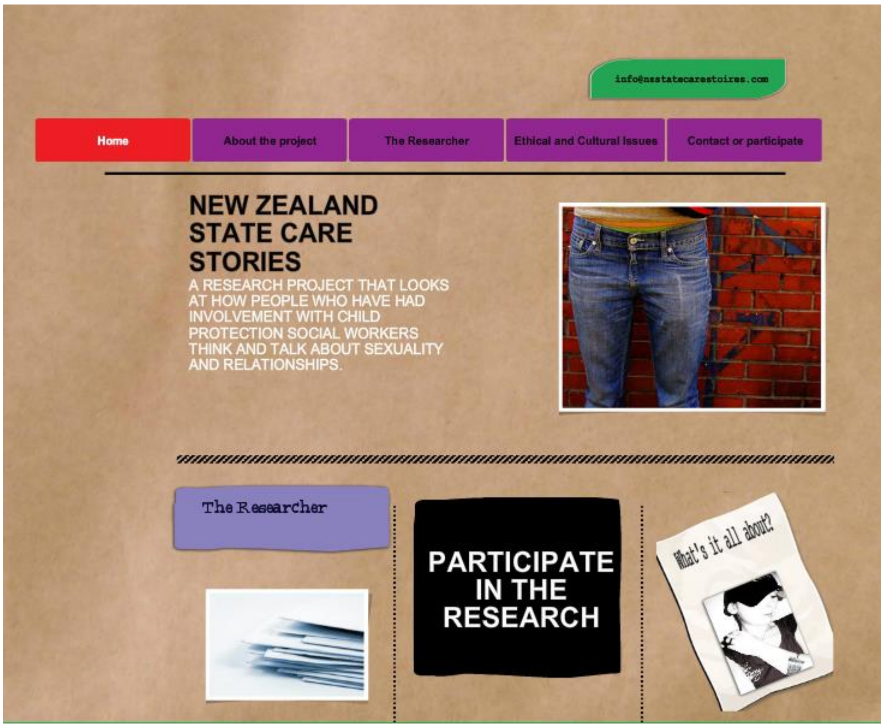
# Appendices

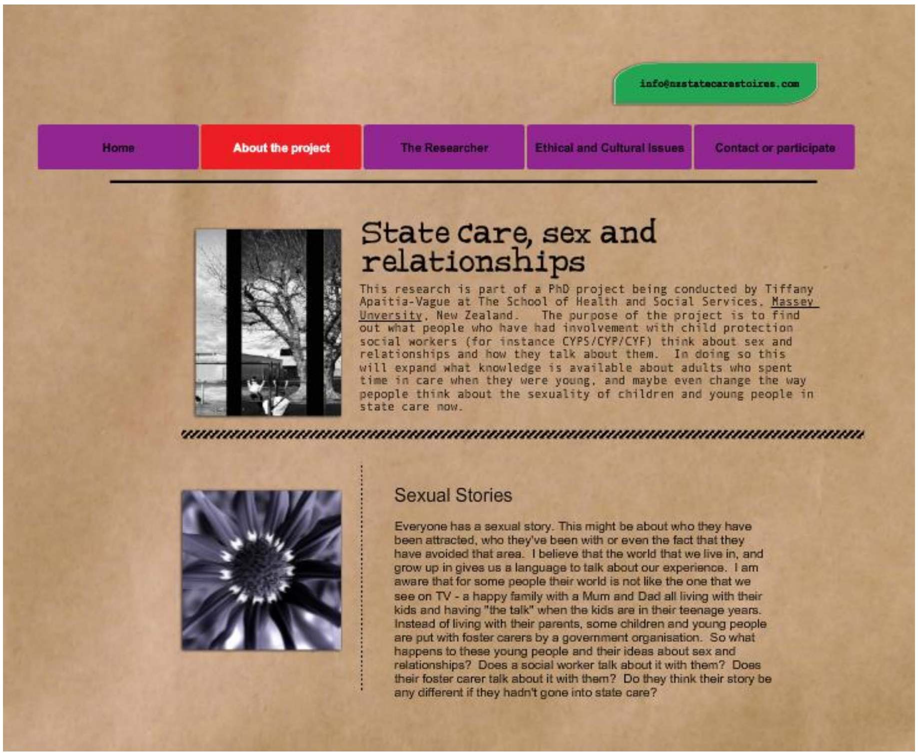
## Appendix One: Screen shots of website



NEW ZEALAND
STATE CARE
STORIES

A RESEARCH PROJECT THAT LOOKS AT HOW PEOPLE WHO HAVE HAD INVOLVEMENT WITH CHILD PROTECTION SOCIAL WORKERS THINK AND TALK ABOUT SEXUALITY AND RELATIONSHIPS.

PARTICIPATE IN THE RESEARCH

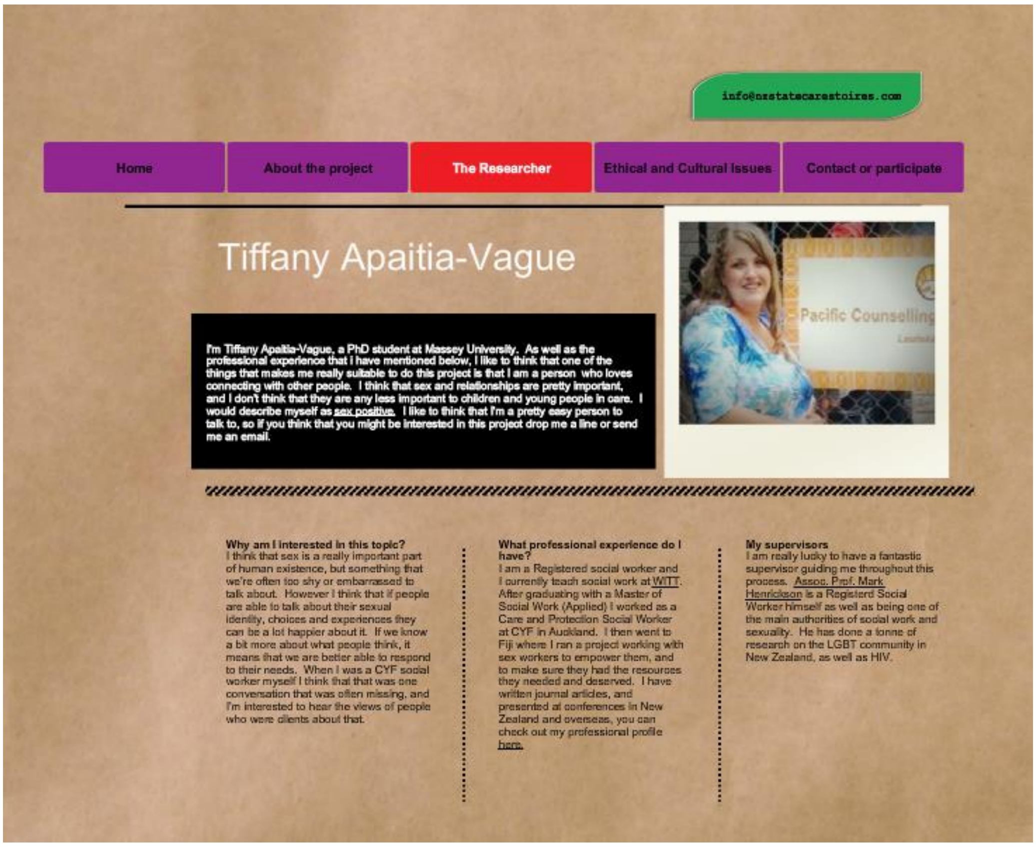


State care, sex and relationships

This research is part of a PhD project being conducted by Tiffany Apaitia-Vague at The School of Health and Social Services, Massey Unversity, New Zealand. The purpose of the project is to find out what people who have had involvement with child protection social workers (for instance CYPS/CYP/CYF) think about sex and relationships and how they talk about them. In doing so this will expand what knowledge is available about adults who spent time in care when they were young, and maybe even change the way pepople think about the sexuality of children and young people in state care now.

Sexual Stories

Everyone has a sexual story. This might be about who they have been attracted, who they've been with or even the fact that they have avoided that area. I believe that the world that we live in, and grow up in gives us a language to talk about our experience. I am aware that for some people their world is not like the one that we see on TV - a happy family with a Mum and Dad all living with their kids and having "the talk" when the kids are in their teenage years. Instead of living with their parents, some children and young people are put with foster carers by a government organisation. So what happens to these young people and their ideas about sex and relationships? Does a social worker talk about it with them? Does their foster carer talk about it with them? Do they think their story be any different if they hadn't gone into state care?



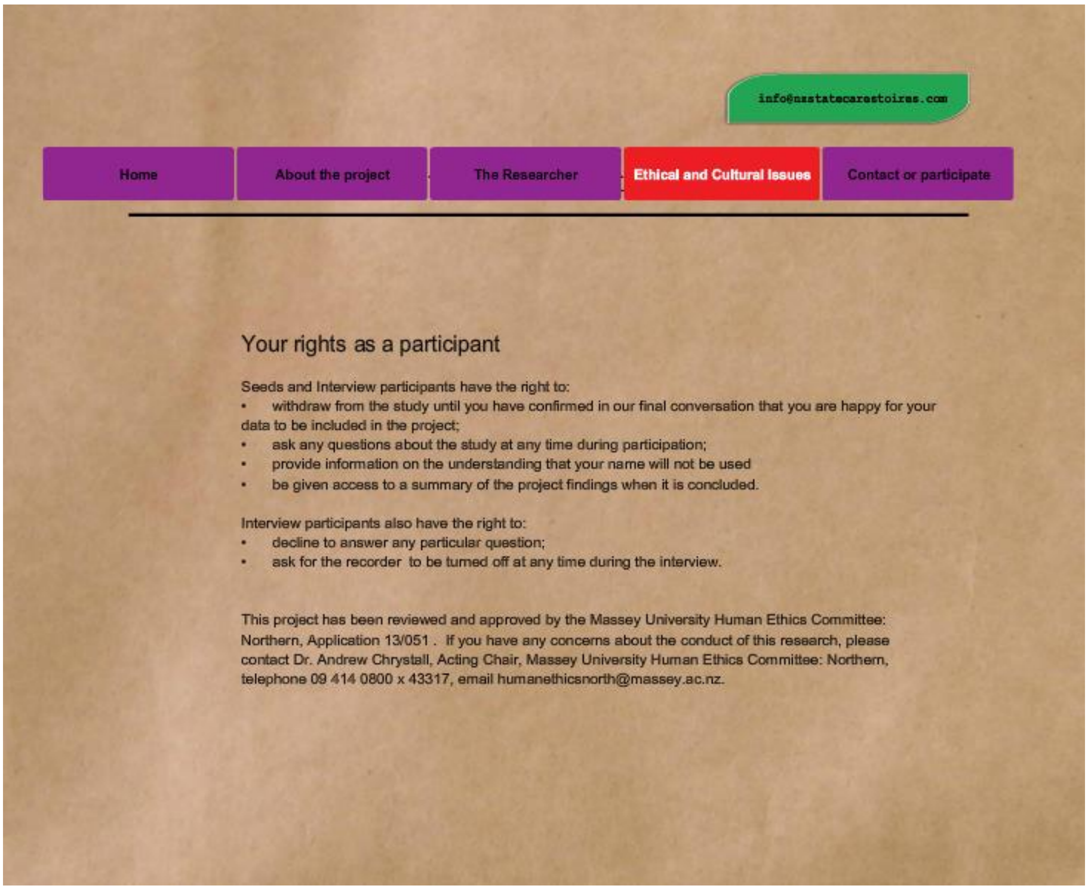
Tiffany Apaitia-Vague

I'm Tiffany Apaitia-Vague, a PhD student at Massey University. As well as the professional experience that I have mentioned below, I like to think that one of the things that makes me really suitable to do this project is that I am a person who loves connecting with other people. I think that sex and relationships are pretty important, and I don't think that they are any less important to children and young people in care. I would describe myself as sex positive. I like to think that I'm a pretty easy person to talk to, so if you think that you might be interested in this project drop me a line or send me an email.

**Why am I interested in this topic?**
I think that sex is a really important part of human existence, but something that we're often too shy or embarrassed to talk about. However I think that if people are able to talk about their sexual identity, choices and experiences they can be a lot happier about it. If we know a bit more about what people think, it means that we are better able to respond to their needs. When I was a CYF social worker myself I think that that was one conversation that was often missing, and I'm interested to hear the views of people who were clients about that.

**What professional experience do I have?**
I am a Registered social worker and I currently teach social work at WITT. After graduating with a Master of Social Work (Applied) I worked as a Care and Protection Social Worker at CYF in Auckland. I then went to Fiji where I ran a project working with sex workers to empower them, and to make sure they had the resources they needed and deserved. I have written journal articles, and presented at conferences in New Zealand and overseas, you can check out my professional profile here.

**My supervisors**
I am really lucky to have a fantastic supervisor guiding me throughout this process. Assoc. Prof. Mark Henrickson is a Registerd Social Worker himself as well as being one of the main authorities of social work and sexuality. He has done a tonne of research on the LGBT community in New Zealand, as well as HIV.

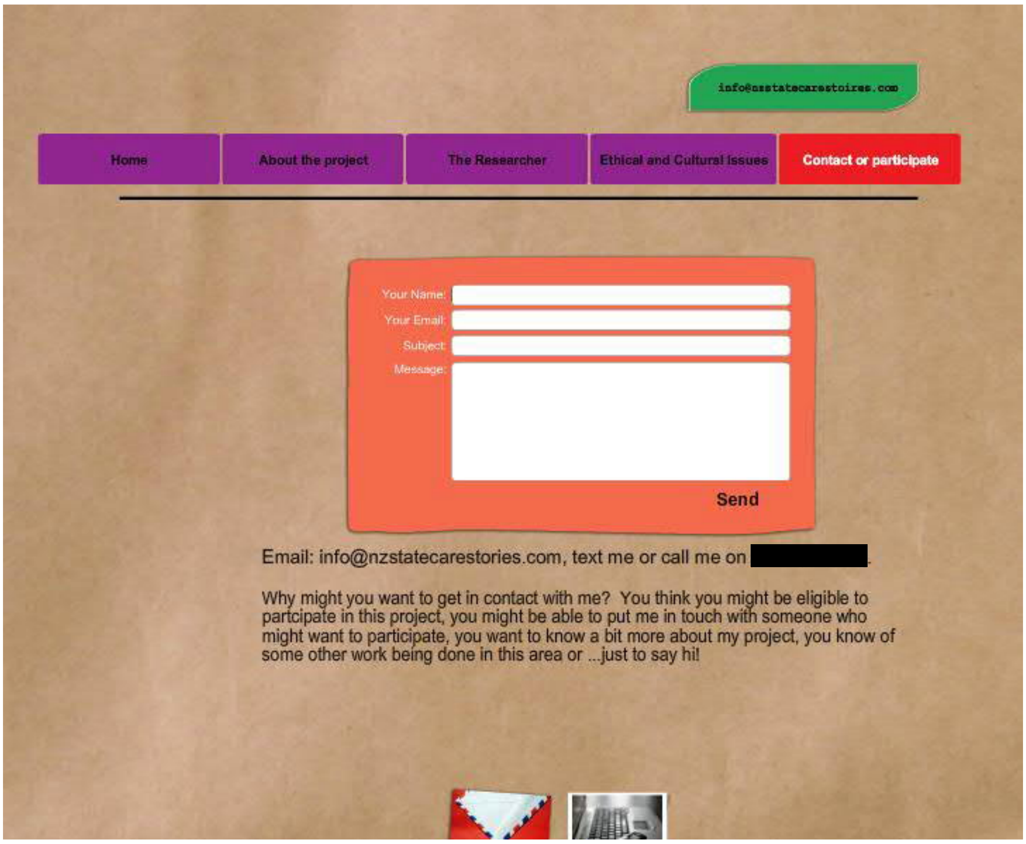


Your rights as a participant

Seeds and Interview participants have the right to:
- withdraw from the study until you have confirmed in our final conversation that you are happy for your data to be included in the project;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used
- be given access to a summary of the project findings when it is concluded.

Interview participants also have the right to:
- decline to answer any particular question;
- ask for the recorder to be turned off at any time during the interview.

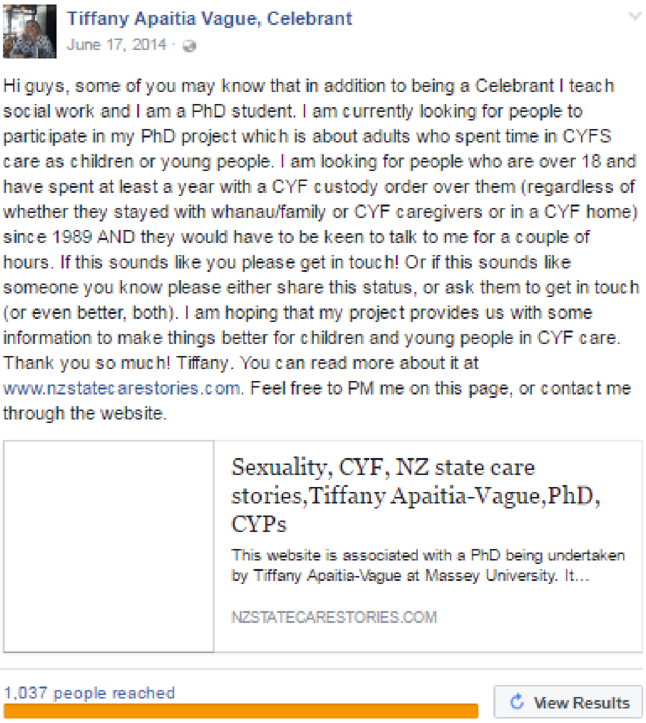
This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 13/051 . If you have any concerns about the conduct of this research, please contact Dr. Andrew Chrystall, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317, email humanethicsnorth@massey.ac.nz.



Email: info@nzstatecarestories.com, text me or call me on [redacted].

Why might you want to get in contact with me? You think you might be eligible to partcipate in this project, you might be able to put me in touch with someone who might want to participate, you want to know a bit more about my project, you know of some other work being done in this area or ...just to say hi!

# Appendix Two: Screen shots of recruitment posts



**Tiffany Apaitia Vague, Celebrant**
June 17, 2014 ·

Hi guys, some of you may know that in addition to being a Celebrant I teach social work and I am a PhD student. I am currently looking for people to participate in my PhD project which is about adults who spent time in CYFS care as children or young people. I am looking for people who are over 18 and have spent at least a year with a CYF custody order over them (regardless of whether they stayed with whanau/family or CYF caregivers or in a CYF home) since 1989 AND they would have to be keen to talk to me for a couple of hours. If this sounds like you please get in touch! Or if this sounds like someone you know please either share this status, or ask them to get in touch (or even better, both). I am hoping that my project provides us with some information to make things better for children and young people in CYF care. Thank you so much! Tiffany. You can read more about it at www.nzstatecarestories.com. Feel free to PM me on this page, or contact me through the website.

Sexuality, CYF, NZ state care stories,Tiffany Apaitia-Vague,PhD, CYPs

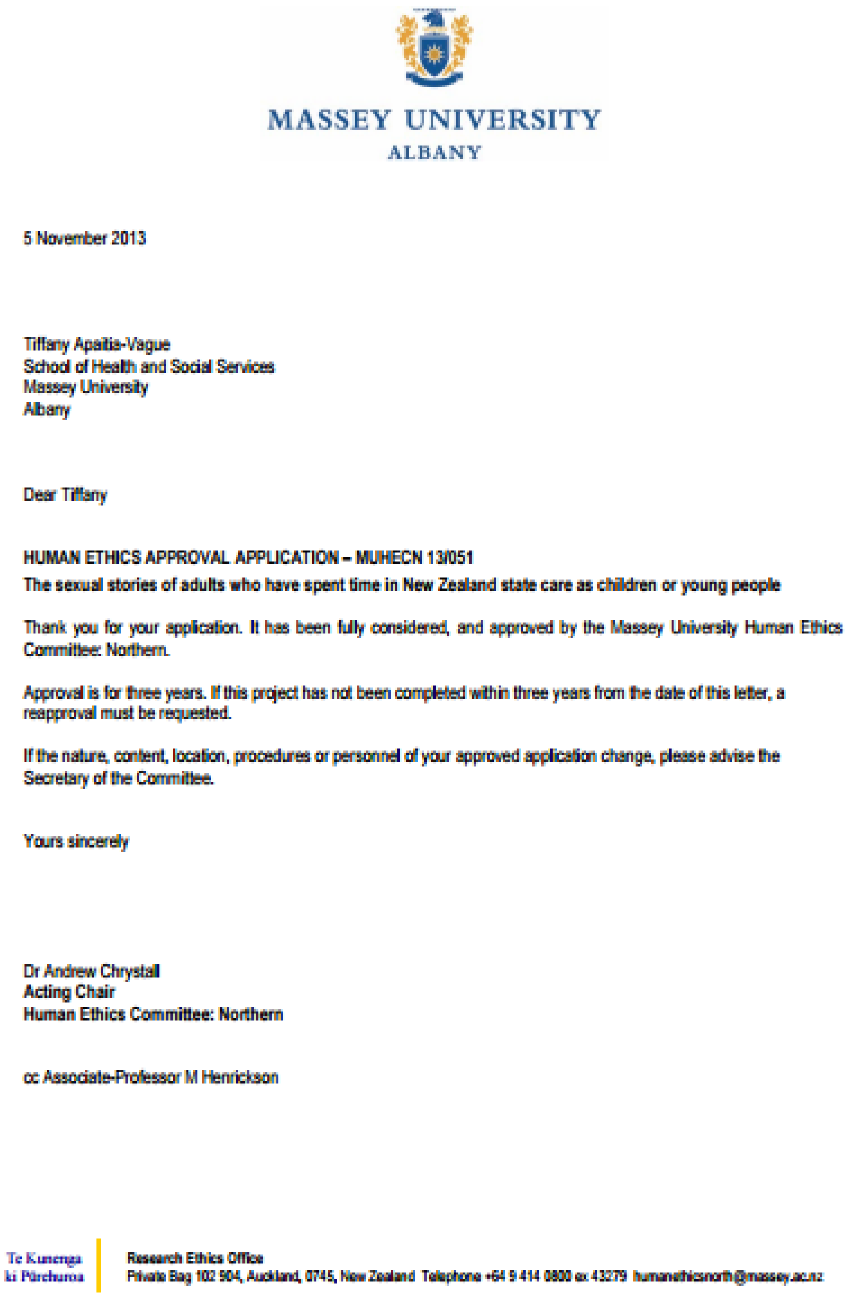
This website is associated with a PhD being undertaken by Tiffany Apaitia-Vague at Massey University. It...

NZSTATECARESTORIES.COM

**Tiffany Apaitia-Vague**
December 6, 2015

LOOKING FOR PEOPLE WHO IDENTIFY AS LGBT AND GREW UP IN THE NEW ZEALAND FOSTER CARE SYSTEM. As part of my PhD being conducted at Massey University, I have spoken to nine incredible men and women who have so generously shared their story with me about what growing up in CYFs/CYPs care was like. They all identify as straight, and I would love to speak to some people who identify as lesbian, gay, bisexual, transgender, queer or anything on the rainbow spectrum. To participate you need to have spent at least one year in CYFS/CYPs/CYF care since 1989 (even if you lived with family). Location doesn't matter, I can travel or we can Skype. This has Massey University Ethics Approval. If this is you, or anyone that you know that you think might want to participate please feel free to get in touch with me on this page, or through my website www.nzstatecarestories.com for a no obligations chat.

# Appendix Three: MUHEC ethical approval



MASSEY UNIVERSITY
ALBANY

5 November 2013

Tiffany Apaitia-Vague
School of Health and Social Services
Massey University
Albany

Dear Tiffany

**HUMAN ETHICS APPROVAL APPLICATION – MUHECN 13/051**
**The sexual stories of adults who have spent time in New Zealand state care as children or young people**

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Andrew Chrystall
**Acting Chair**
**Human Ethics Committee: Northern**

cc Associate-Professor M Henrickson

Te Kunenga ki Pūrehuroa
**Research Ethics Office**
Private Bag 102 904, Auckland, 0745, New Zealand Telephone +64 9 414 0800 ex 43279 humanethicsnorth@massey.ac.nz