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PARENTAL EXPECTATIONS OF SOCIAL-EMOTIONAL AND SELF-HELP/
SELF-DIRECTION DEVELOPMENT IN ABUSED CHILDREN

THESIS

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The present study examined the existence of unrealistic expectations in abusive parents. It was hypothesized that abusive parents would have higher expectations of their children's social-emotional and self-help skills than nonabusive parents. It was also hypothesized that abusive parents would have higher expectations of their children's social-emotional skills than nonabusive parents when both groups compared their children to average children. Abusive and nonabusive parents were administered the Social Competence Scales of the Child Behavior Checklist and the Daily Living Skills domain of the Vineland Adaptive Behavior Scales. The results contradict previous studies in this area and raise questions about present conceptualizations of expectations in abusive parents and the importance of this factor in child abuse.

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CHAPTER I

INTRODUCTION

Child maltreatment has increasingly become the focus of public and scientific interest in recent years. Many researchers and social scientists consider child abuse as a serious, perhaps the most serious, problem faced by society in recent years (Watkins & Bradbard, 1982). With the 1962 landmark publication by Kempe, Silverman, Steele, Droegemueller, and Silver describing the "battered child syndrome," the problem of child abuse was brought to national attention. The article triggered the creation of laws to protect children and programs for child abuse prevention and treatment. It also generated research studies which have attempted to understand the problem.

Most efforts in child abuse research have been directed at conceptualizing and explaining the phenomenon. Several theoretical models of child abuse have been proposed and various etiological factors have been studied in an effort to explain child abuse. Conceptual models of child abuse have attributed its causes to the abusive parent's "deviant personality," to socioeconomic factors affecting abusive families, to characteristics of the abused child, and to maladaptive patterns of interactions in these families. Recent explanations have focused on parental personality

characteristics, parental perceptions and expectations of their children, and parent-child interactions. Even though the literature on child abuse continues to increase, researchers have confronted methodological problems which, at times, have slowed the process of understanding all the dynamics of child abuse. Nevertheless, most studies and conceptual models seem to agree that child abuse is a complex phenomenon.

One area that has not received much attention in the child abuse research is parental expectations. According to the child abuse literature, abusive parents have unrealistic expectations of their children. They expect their children to display abilities and behaviors beyond their capacities. When these high demands are not met, abusive parents become frustrated and react aggressively toward their children. But, even though the existence of unrealistic expectations in abusive parents is accepted in the literature, there are few studies in this area and little information about the type and direction of such expectations. This study focuses on the existence of unrealistic expectations in abusive parents and on the areas where such expectations are believed to occur: the child's social-emotional and self-help/self-direction development.

Child Abuse Defined

Child abuse or physical abuse and child neglect are two common types of child maltreatment. Child abuse refers to

the infliction of physical injuries to a child such as bruises or burns. Child neglect refers to the failure to provide for the child's basic needs (e.g., shelter, clothes, food) and/or medical attention. Child neglect is believed to be five times more common than child abuse (Aragona & Eyberg, 1981). The American Humane Association reported that of 99,579 cases of child maltreatment reviewed, 58 percent were cases of neglect and 15 percent were a combination of neglect and abuse (Cantwell, 1980). But even though child neglect seems to occur more often, child abuse has received more public attention and has been the main focus of research on child maltreatment. Studies on child neglect are scarce.

The dynamics of child neglect were initially viewed as the same as those of abuse. Etiological models of child maltreatment have focused mostly on child abuse. Other types of maltreatment have been explained by these models also. In many research studies, abusive and neglectful subjects have been treated as one group. However, recent studies have found significant differences between child abuse and child neglect (Bousha & Twentyman, 1984; Burgess & Conger, 1978; Gaines, Sandgrund, Green, & Power, 1978). These differences seem to indicate that these two types of maltreatment have different etiologies and dynamics. This suggests that abuse and neglect should be studied separately.

In his review of the literature, Wolfe (1985) found that abuse seems to be associated more to the abused child's behaviors, whereas neglect appears to be related to the parent's personal inadequacies, failure to assume responsibilities, and apathy. Cantwell (1980) attributed child neglect to a lack of knowledge, judgment, and motivation in the neglectful parent. She explained that the neglectful parent lacks knowledge of child development and caregiving skills. He or she does not recognize the child's needs especially needs for affection. In addition, the neglectful parent does not discipline his child consistently. He shows poor judgment and lacks motivation to change.

Child abuse has been associated to antisocial behavior in adults and to the continuation of the cycle of violence in families (Wolfe, 1985). Wolfe points out that child abuse should be a concern not only because of the physical injuries to the child, but because it seems to have an impact on the child's development of competence and future behaviors as an adult. The high level of violence and physical damage to the child also makes the examination of abuse necessary. Due to these factors, to the vast extent of the child abuse literature, and to the availability of more objective criteria for identification of abuse cases, this study will focus on cases of child abuse only.

A major problem in child abuse research is the lack of consensus on a definition of child abuse. Because of the

many forms of child maltreatment, a definition which could include all these forms has been difficult to formulate. As Starr (1979) points out, some forms of abuse are not easy to define because there is no direct evidence of abuse present.

Several definitions of child maltreatment have been formulated for research and legal purposes. Kempe et al. (1962) defined child abuse using the term "battered child syndrome" which referred to serious physical injury to a child willfully inflicted by a caregiver. This definition places no restrictions on the type of injury. Gil (1981) also uses a broad definition of child abuse: ". . . abuse of children is human-originated acts of commission or omission and human created or tolerated conditions that inhibit or preclude unfolding and development of inherent potential of children" (p. 295).

More narrow definitions of abuse define it in terms of evidence of severe injury in the child (Berger, 1980) and evidence of repeated abuse (Green, Gaines, & Sandgrund, 1974). Both narrow and broad definitions of child abuse are limiting. Narrow definitions' restricted criteria will possibly miss cases of abuse. Whereas, broad definitions will probably consider cases where no abuse has occurred.

Other definitions consider the intent of the abuser and evidence of injury. But, assessing the abuser's intent is difficult. The evidence of injury can include many false

positives since children are likely to get injured easily even with adequate parental supervision (Berger, 1980).

Definitions based on the cultural context where abuse occurs have been proposed (Garbarino, 1981; Gelles, 1973; Gil, 1971). This approach attempts to differentiate child abuse from corporal punishment socially accepted as a form of discipline. In the later case, the parent's behavior conforms to the values of the group. However, because of the variety of sub-cultures and child rearing methods in society, such a definition of abuse may be problematic and difficult to formulate (Berger, 1980).

The Federal Child Abuse Prevention and Treatment Act of 1974 defines child maltreatment as:

The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby.

(Public Law 93-247, 93rd Congress, Senate 1191, 1974)

(Watkins & Bradbard, 1982)

As this definition shows, child maltreatment has many forms which have to be defined also. These categories of maltreatment include: abuse (physical), sexual abuse, physical neglect, medical neglect, educational neglect, abandonment, and multiple maltreatment (Watkins & Bradbard, 1982).

The extent of the problem of a lack of consensus on a definition of abuse is illustrated by Gelles' 1977 survey on how professionals defined abuse (Starr, 1979). He found that 80 percent of the professionals surveyed considered direct harm to the child, intent to injure, and intent without injury (e.g., locking child in closet) as child abuse. They had problems agreeing on which situations would not be considered abuse. For example, 38 percent believed that injury occurring due to inappropriate parental precautions was abuse, 34 percent felt it was not, and 28 percent could not decide.

In research, one of the most common definitions used describes child abuse as "non-accidental physical injuries that are results of acts of commission or omissions on the part of parents or guardians that violate community standards concerning treatment of children" (Parke & Collmer, 1975, p. 513).

Nevertheless, the variety of definitions used have lead to a lack of reliability and comparability of research studies (Besharov, 1981; Plotkin, Azar, Twentyman, & Perri, 1981). Recent studies have attempted to define child abuse more consistently by using evidence provided by a child welfare agency to select their abusive subjects or by using the agency's report of abuse in combination with an interview to determine child abuse (Wolfe, 1985). Even with these definitions, other

aspects of child abuse remain without description: chronicity, severity, and complexity (Wolfe, 1985).

Incidence

Establishing child maltreatment incidence rates has been difficult. Rates vary dramatically depending on the source and the way maltreatment is defined. For example, Gil (1971) projected that between 2.5 to 4 million children suffered some type of abuse every year. Light (1973) re-evaluated Gil's data and estimated a 1.7 million rate of child abuse annually. The National Center of Child Abuse and Neglect's survey (1976) (Watkins & Bradbard, 1982) found a rate of 1.3 million children who suffer from neglect every year and 340,000 who suffer from physical abuse yearly. Also, Strauss, Gelles, and Steinmetz (1980) (Wolfe, 1985) estimated that between 1.4 and 1.9 million children are exposed to violence that can lead to injury every year. More recently, the National Center of Child Abuse and Neglect (1981) estimated that 351,000 children were either physically, sexually, or emotionally abused every year (Wolfe, 1985).

Several reasons have been proposed to account for the problems in obtaining accurate child abuse rates. The lack of adequate definitions affect the way reports of abuse are classified and recorded. Also, an abusive parent may not seek medical help for his child's injuries or may visit several doctors and medical facilities to avoid being re-

ported. In addition, there may not be clear physical evidence of abuse or evidence of neglect. Doctors and neighbors may not report abuse (Parke & Collmer, 1975). Nevertheless, cases of child abuse have increased significantly for the past 15 years (Watkins & Bradbard, 1982). However, it is difficult to determine if this increase is due to more public awareness, stricter reporting laws, or a real increase in child abuse.

Methodological Problems

Child abuse research has confronted serious methodological problems. Because child abuse can not be directly observed or manipulated, assessing all aspects of the problem has been difficult. Most studies have had to rely on ex post facto designs and on questionnaires and other self-report measures to study abuse. Methodological problems have limited generalizability of results, comparability, and replication of studies.

Child abuse research has been criticized in several areas. Besides not using a consistent definition of abuse, many studies have not used control groups or have used small, inadequate samples. Also, some studies have not controlled for important variables, such as socioeconomic status or type of abuse (Berger, 1980; Wolfe, 1985). Another problem has been the selection of the abusing samples. Most samples are obtained from child welfare agencies or other agencies that provide social services to these

families. However, in many instances, adequate control for other problems these families face, for differentiating type of abuse, or for differentiating the abuser from the nonabusive spouse is lacking (Perry, Wells, & Doran, 1983). Also, studies have been criticized for not testing specific hypotheses (Berger, 1980; Spinetta & Rigler, 1972) and for only relying on indirect measures instead of using more direct observations of abusers (Burguess & Conger, 1978).

Recent efforts in research have been aimed at improving methodology and techniques. Researchers are using adequate control groups and designs as well as improved measures. They are controlling important factors and relying more on direct observations of interactions between family members of abusive families in an effort to improve consistency in child abuse research.

Conceptual Models of Child Abuse: Historical Perspective

Several theoretical models have been proposed to explain and study the causes of child abuse. Parke and Collmer (1975) discussed three basic etiological models of child abuse. These models are: the psychiatric or psychopathological model, the sociological model, and the social-situational model.

The Psychiatric or Psychopathological Model

The psychiatric model of child abuse assumes that the causes of child abuse are found in the abusive parent's personality. Abusive parents are portrayed as having some

form of psychopathology which prompts them to abuse their children. This model is mostly based on a medical model and equates being a child abuser to being sick (Burguess, 1979). Since early research on child abuse was conducted by physicians, this influenced the formulation of the psychiatric model as a model of sickness (Burguess, 1979).

Research under this model of abuse has focused on identifying the personality traits of the abusive parent which differentiate him from the nonabusing parent. Early studies sought to identify character types or diagnostic categories which could describe the abuser (Gaines, Sangrund, Green, & Power, 1978). However, studies have also focused on other variables related to the abusive parent such as negative early childhood experiences, attitudes toward child rearing, and perceptions and expectations of themselves, their child, and the environment.

According to early studies, the abusive parent was described as mentally ill, mostly psychotic (Spinetta & Rigler, 1972). Woolley and Evans (1955) and Miller (1954) (Spinetta & Rigler, 1972) were among the first to report finding a high incidence of neurotic and psychotic behavior among abusive parents. Others studies found abusers to be psychopathic (Gelles, 1973). Using personality test measures, researchers have attempted to study the personality characteristics of the abusive parent.

In 1969, Melnick and Hurley administered five scales from the California Test of Personality (self reliance, sense of worth, sense of freedom, feeling of belonging and withdrawing tendencies); the Manifest Rejection Scale to measure harshness of discipline methods; the Family Concept Inventory to measure family adjustment; twelve cards from the Thematic Apperception Test (TAT) to measure affiliation, aggression, dominance, independence, nurturance needs, and basic distrust of the environment to two groups of subjects. One group included abusive mothers ($n=10$) and the other group was composed of nonabusive mothers ($n=10$). Both groups were matched on age, socioeconomic levels, and education. All subjects were Black. Results showed abusive mothers to have a significantly lower sense of self-worth than nonabusing mothers. Results on the TAT measures showed that abusive mothers have low needs to nurture, marked dependency, distrust of the environment, and feelings of being unable to cope with responsibilities. The authors concluded that abusive mothers lack empathy for their children and seem to have an early history of emotional deprivation.

Wright (1976) describes abusers as able to present a convincing normal personality while hiding their psychopathology. He termed this phenomenon the "sick but slick syndrome". Wright administered the Minnesota Multiphasic Personality Inventory (MMPI), the Rorschach Inkblot Test, and the Rosenzweig Picture Frustration Study to two groups

of abusive and nonabusive parents ($n=13$ per group). Subjects were matched on age, sex, race, number of children, marital status, socioeconomic and educational levels, and having a child hospitalized recently. The abusive parents group scored higher on the Rosenzweig Test measures on group conformity and intropunitiveness and lower on the Lie Scale (L) of the MMPI and on the Bizarre Content measure of the Rorschach than the control group. These findings contradicted previous research results, and the author explained the results by concluding that abusive parents presented a "healthy" personality on the personality measures to conceal their psychopathology.

Contradictory findings and new research questioned the assumption of the psychopathological model that all abusive parents were mentally ill. Several researchers support the view that only few abusers are psychotic (Kempe et al., 1962; Parke & Collmer, 1975; Steele & Pollock, 1974). Kempe and Helfer (1972) estimated that less than 10 percent of abusive parents are mentally ill. However, many researchers supporting the psychiatric model of abuse agree that the abusive parent has a basic personality "defect" which is responsible for the uncontrolled expression of aggressive and violent impulses (Parke & Collmer, 1975; Spinetta & Rigler, 1972). Paulson, Afifi, Thomason, and Chaleff (1974) (Shorkey & Armendariz, 1985) administered the MMPI to two groups of abusive and neglecting mothers ($n=33$). A control

group of nonabusive mothers was included also ($n=63$). The abusive and neglectful group was divided into three subgroups: abusers, passive abusers, and non-abusers. Even though comparisons between the abuse/neglect group and the control group were not significant, abusive mothers were characterized by more violence, aggression, and authority conflicts than controls.

Evans (1980) also found that abusive mothers ($n=20$) scored higher than controls ($n=20$) on a TAT measure of aggression. In this study, the Sense of Personal Worth Scale, the Family Concept Inventory, the Depression/Apathy and Resentment/Aggression scales, six scales measuring Ericksonian developmental conflicts, and measures of reward and punishment attitudes were used. Abusive mothers scored higher on the measures of apathy, resentment/aggression, and depression/apathy than controls. They scored lower than controls on the Ericksonian developmental conflicts measure, on the Family Concept Inventory, and on the need dependent measure of the TAT.

Other characteristics discussed in the literature describe the abusive parents as having a low self-esteem (Evans, 1980; Melnick & Hurley, 1969; Shorkey & Armendariz, 1985); as being immature, self-centered, and lacking control over impulses (Berger, 1980); and as being anxious and depressed (Berger, 1980; Johnson & Morse, 1968). Other characteristics of abusive parents include having a high

incidence of divorce or separations, minor criminal acts, and alcoholism (Blumberg, 1974; Johnson & Morse, 1968; Spinetta & Rigler, 1972).

There is general agreement that most child abusing parents share a history of abuse themselves as children. According to Steele (1972), the abusers' lack of empathy toward their children is due to their own abuse experiences as children. The abusive parent raises his children in the same way she was raised, creating an intergenerational pattern of abuse (Steele & Pollock, 1974). Abusive parents who have a history of abuse did not receive appropriate mothering and care. Researchers have identified these negative experiences as crucial in damaging emotionally the abusive parent. The emotional damage leads the parent to react toward her children the same way his parents reacted toward her (Fontana, 1968). Also, Steele (1980) argues that child abuse could be considered a disorder of attachment. He believes that parents who have been abused were not cared for adequately and grow up without the qualities of a good caregiver.

Wright (1976) also points out that many abusive parents were deprived of affection as children. This explains their high dependency needs. Melnick and Hurley (1969) conclude, in their study of abusive mothers' personality characteristics, that these mothers' lack of empathy and frustrated dependency needs may be closely associated to their early

emotional deprivation and inability to attach to their own children. Watkins and Bradbard (1982) also agree that the abusive parent cannot care for and protect her child because she did not receive the nurturance and appropriate mothering.

Gelles (1973), in his discussion and critique of the psychiatric model, explains how the negative early childhood experiences and the abusive parents' characteristics lead to abuse. In this model, the negative experiences in the abuser's childhood are the cause of his pathology.

Childhood deprivation creates psychological stress which gives way to the psychopathic states which in turn lead to abuse.

A final aspect of the psychiatric model of child abuse includes the perceptions and expectations abusive parents have of their children. Many researchers believe that abusers view their children in a distorted manner and hold inappropriate expectations about their children's development and behavior which prompts inappropriate parenting or abuse (Wolfe, 1985). Also the abusive parent seems to have misunderstandings or lack of information in child development. Furthermore, abusive parents tend to place high demands and expectations early in the child's life. They tend to disregard the children's needs and limited abilities (Spinetta & Rigler, 1972). They also perceive their children as being "different" (Friedrich & Boriskin, 1976).

According to the psychiatric model, the relationship between the abusive parent and her child can be described in terms of "transference psychosis" (Gelles, 1973). The abusive parent leads to misinterpretations of the child's behavior. The child is viewed as the cause of the parent's problems. This, in turn, leads to abuse.

In explaining the process of abuse, Steele (1980) proposed four conditions for abuse to occur. These conditions include the parent's predisposition to abuse his child due to his own negative childhood experiences; a crisis representing added stress; lack of resources available to the parent; and the perception of the child as being different or "unsatisfactory". Steele argues that the abusive parent comes to the caregiving situation as an emotionally needy individual due to being abused as a child. He turns to his child for love and support. Initially, the parent approaches his child with genuine desire to help and care for him. However, the parent expects the child to respond positively at all times and to meet his emotional needs. When this does not occur, the parent perceives the child as criticizing him and as symbolizing negative childhood experiences. He then directs built-up anger and aggression toward the child.

The phenomenon of "role reversal" has also been noted by researchers (Steele & Pollock, 1974). As mentioned previously, the abusive parent tends to regard his child as

an adult and develops unrealistic expectations about the child. In this process, the insecure and dependent parent seeks to meet his needs for affection and security through the child. The parent expects to be cared for by the child who is not developmentally able to meet these demands. The abuser comes to expect and demand that his child behave and perform beyond his physical and emotional capacities. Because the child cannot fulfill these expectations, physical punishment is seen as "justifiable" to correct the child, who is regarded as a failure (Steele, 1980).

Abusive parents have also been found to lack child development knowledge (Spinetta & Rigler, 1972). This lack of information seems to be related to the unrealistic expectations many abusive parents have of their children. Galdston (1965) found that abusive parents regarded their children as adults and could not understand their stages of development (Spinetta & Rigler, 1972). Also, Elmer (1981) found that abusive mothers lack knowledge about child development. In addition, Steele and Pollock (1974) found that abusive parents had high expectations of their children early in their lives and sought them for support. Green et al. (1974) reported that abusive mothers used their children as "scapegoats" and attributed negative attitudes to their children. Elmer and Gregg (1967) found that abusive mothers perceived their children's behavior negatively, whereas

their research team did not find evidence of this in the children's behaviors.

Studies supporting the psychiatric model of child abuse generally agree that most abusive parents are not mentally ill. Research has supported several hypotheses about the child abusing parent. The most important conclusion reached is that the abusive parent has a character defect which allows her to express aggression freely. Secondly, most abusive parents have a history of abuse as children. They also share a misunderstanding of child development and child rearing. They have unrealistic expectations of their children. However, the psychiatric model has been criticized for having several deficiencies (Gelles, 1973). The model is viewed as being too simplistic and narrow in explaining the phenomenon of abuse, for being contradictory, and for using research that does not meet minimal standards (Berger, 1980; Gelles, 1973).

Many researchers consider child abuse as a complex phenomenon. They criticize the psychiatric model for disregarding other variables, such as family interactions and social factors, which appear to be important in explaining child abuse. According to Berger (1980), conceptualizing child abuse unidimensionally is not useful. She argues that other factors need to be studied. Since abuse occurs within the family, family characteristics should be a focus of research also. She also argues that

even though many abusing parents may have deviant personality and social characteristics, many parents who are not abusers share the same characteristics. Berger concludes that psychopathology should not be considered as a necessary condition for abuse.

The model has also been criticized for being contradictory (Gelles, 1973). According to Gelles, researchers supporting the model contradict themselves when they argue that abusive parents are psychopaths and that they are different from normal individuals in the society. He argues that research has disproved the assumption that abusive parents are mentally ill. Gelles also points out that research has been unable to establish the personality characteristics that abusive parents share.

Finally, research supporting the model has been criticized for its methodological problems. Many studies under the model have relied on clinical observation only to study abuse (Berger, 1980). Sampling techniques also have been flawed. Many subjects participating in studies were selected from clinical cases of child abuse. Therefore, they did not represent adequately child abusive parents since many of them are seldom seen in clinical settings (Gelles, 1973). Control groups were not included in most studies and the size of the samples used were small (Berger, 1980; Gelles, 1973). Also, few studies used standardized tests and blind interviewing (Berger, 1980). In addition,

testing psychological characteristics of abusive parents using different tests made replication of studies problematic.

According to Gelles (1973), few studies under the psychiatric model have sought to test specific hypotheses of child abuse. Instead, they have tested "common sense" assumptions. In addition, most studies are ex post facto and do not address the causes of abusive behavior. Conclusions reached in these studies have poor predictive validity.

The Sociological Model

Several researchers have disagreed with the psychiatric model's conceptualization of child abuse as related only to parental characteristics. They have sought other alternatives to explain the phenomenon of child abuse and have developed other etiological models of abuse.

The sociological model was first proposed by Gelles (1973) and Gil (1971). Research under this model has centered on the forces within society that lead adults to abuse their children. This model focuses on social values, culture, the community, social organization, and specific family characteristics which can explain child abuse. Gelles (1973) stresses the importance of social factors in understanding abuse and criticizes the psychopathological model's sole emphasis on the abusive parents' characteristics as the only cause of abuse. He outlined complex social factors to explain abuse. According to Gelles, stress and

frustration are central factors in abuse. It can be explained by a frustration-aggression approach. In this approach, social factors and parental characteristics pressure the family creating a state of stress and frustration. In the presence of a specific event, the built-up stress will lead to aggression. Some of the social factors outlined by Gelles include the social position of the parent, the family members' roles, and the community. Even though the model includes characteristics of the parents, such as socialization experiences and psychopathic states, Gelles considers these factors to be less important. His emphasis is on social variables which influence the occurrence of abuse.

Gil (1971) proposed a sociological model of child abuse. As Watkins and Bradbard (1982) note in their review of conceptual models of child abuse, Gil's model is based on three major assumptions. The first assumption is related to the cultural acceptance and encouragement of physical force as means of solving interpersonal problems. The second assumption states that child abuse is related to the degree of stress and frustration families face. The third assumption relates child abuse to the family's organization and position in society. Gil's and Gelles' models show many areas of agreement. Both models emphasize the role of frustration and stress as main factors in abuse. They point to social variables which contribute to higher tension and

stress levels within the family which in turn lead to episodes of abuse.

Research in child abuse under the sociological model has mostly centered on the assumptions of both models. Several researchers (Burguess, 1979; Gil, 1971; Straus, 1980) have examined society's attitudes toward violence. They argue that our culture tends to sanction physical punishment as a normal child rearing method. Gil argues that physical force as a form of discipline is many times encouraged by child development professionals in our society. He points out that American law allows the use of a "reasonable" amount of physical punishment with children. Straus (1980) points out that the level of violence in American society is too high compared to other Western nations. The American family is viewed as the most physically aggressive group a person is part of in society. Straus states that physical violence within the family allows children to learn that aggression is associated with affection and control of behavior. The message conveyed is that it is right to hit other family members. According to Straus, people would not respond aggressively if society did not encourage aggressive behavior.

The sociological model assumes that social factors create stress and frustration within the family. This in turn leads to violence within the family. Child abuse is only one form of this violence (Burguess, 1979). The model

implies that the stress parents feel is related to the socioeconomic level of the family (Watkins & Bradbard, 1982). According to this view, the families in the lower socioeconomic levels face higher degrees of stress in the environment, and this increases their potential for abuse. Therefore, child abuse is viewed mainly as a problem resulting from poverty (Gil, 1971). Social factors, such as poverty, create stress which leads to frustration and aggression. Children are the targets, in many cases, because they are unlikely to retaliate (Egeland, 1979). Poor families are likely to face more social stresses. According to Egeland, they face crowded and unsafe living conditions, unemployment, and isolation, among other problems.

Several researchers have strongly supported the assumption that child abuse is related to low socioeconomic status (Garbarino, 1981; Gil, 1971; Pelton, 1981; Straus, 1980). Gil conducted a nationwide survey of reported child abuse and neglect incidents between 1967 and 1968. He reviewed about 14,400 cases. According to his findings, the majority of abusive families came from low socioeconomic levels. Thirty seven percent of the families were receiving public assistance during the incident of abuse, whereas about 60 percent had received public assistance before the abuse. Income for 48.4 percent of the families reported for abuse was under \$5,000 in 1967, and only 3 percent of abusive families had incomes higher than \$10,000 per year. Also

serious injuries were reported for families with an income level of less than \$3,500 per year. Gil concluded that the stresses of being poor precipitate abuse by lessening the parent's ability to control aggression. He advocates the elimination of poverty and the creation of programs to prevent child abuse.

Pelton (1981) has strongly denounced what he terms the "myth of classlessness" in child abuse. According to him, there is strong evidence that child abuse is related to poverty. In his review of the literature, Pelton cites the American Humane Association National study of official cases of abuse and neglect between 1975-76 to support his view. According to this study of 12,766 reports, the yearly income for 53.2 percent of the abusive families was less than \$5,000, and 69.2 percent had an income of less than \$7,000. Only 11 percent of the abusive families were reported to have incomes higher than \$11,000. In 1976, 49.6 percent of abusive families had incomes of less than \$5,000 and 65.4 percent had incomes below \$7,000. About 14.9 percent of the abusive families had incomes above \$11,000 and 9 percent had incomes over \$13,000.

Young (1971) examined the records of 300 families reported for child abuse and found that 42.7 percent of the families had received public assistance at some point and only 10.7 percent did not have any financial problems (Pelton, 1981). Also, Pelton revised a random sample

of abusive and neglectful families in Mercer County, New Jersey. He found that 81 percent of the families had received public assistance at some point and that 79 percent of the families earned \$7,000 or less per year. According to Pelton, these statistics confirm that child abusive parents are consistently from lower socioeconomic classes. Thus, child abuse is a problem of poverty. Pelton argues that the myth of classlessness exists because it allows professionals to conceptualize the problem as a "disease" needing a medical cure. Also, it allows professionals to describe abuse as epidemic. It also justifies the allocation of government funds to deal with the problem. He argues that not recognizing the relationship between abuse and poverty does not help the victims of abuse nor the poor.

Straus (1980) argued that society places high expectations on the family and this in turn leads to stress. He believes that there is a link between aggression and stress if the culture accepts and rewards aggression toward other members of the family and if the person learns to respond violently to stress. Straus interviewed 1,146 parents (half of the sample composed of females) with at least one child between the ages of 3 and 17 years living at home. The participants were between the ages of 18 and 70 years of age and were married or living with a member of the opposite sex. Straus utilized a list of common life stresses to

assess the degree of stress of the sample and the Conflict Tactics Scales to assess child abuse incidence in the sample. Straus defined stress as occurring when subjectively experienced demands are inconsistent with the individual's response capabilities to the perceived stress. Environmental demands can be above or below the person's capacity to cope. When demands are too high, some level of stress will occur.

Straus found that the fathers of his sample had a higher number of stressors in the preceding year. Most of these stressors were job related. Fathers were also found to have a higher child abuse rate as their stressors increased. On the other hand, the relationship between stress and child abuse was low for mothers. Mothers under low stress had higher rates of abuse. However, the author points out that higher stress scores correlated positively with higher rates of child abuse. He also found that abuse was associated to social isolation, low income, low level of education, and occupation combined.

Race and ethnicity have also been discussed as social factors creating stress for the individual in society. Several researchers have looked at the relationship between ethnicity and child abuse. Lauderdale, Valiunas, and Anderson (1979) studied this relationship. They surveyed 36,945 reported cases of child abuse and neglect between 1975-77 in the state of Texas. After dividing the cases according to ethnic group, the researchers found annual

rates of abuse and neglect for Caucasians to be 2.87, for Mexican-Americans 3.17, and for Blacks 3.94 per 1,000 children under the age of eighteen. The highest rate of abuse and neglect was found among Mexican-Americans. Caucasians had the lowest rate of neglect. Results also showed that ethnic differences were found in neglect rates and not in abuse rates. The authors suggest that ethnic differences may be responsible for the different rates of abuse. For example, the very low rate of abuse among the Mexican-Americans could be the result of less aggression toward children within the culture.

In his nationwide survey, Gil (1971) found higher rates of abuse among Blacks and Puerto Ricans. For example, severity of abuse was found to be related to ethnicity. Serious or fatal injury was found in 35.2 percent cases of abused White children compared to 52 percent of cases of Black and Puerto Rican children. Nonserious injury was found in 61.6 percent of White abused children. Black and Puerto Rican abused children presented nonserious injury in 47.3 percent of the cases reported. Gil argues that minorities have been target of prejudice in society. As a result, many minority groups live in poverty and lack financial and educational resources. Gil attributes the high rate of abuse among minorities to their low status in society.

The final major area of the sociological model focuses on the family's position in society and on its degree of isolation from support systems. The abusive family has been described as being isolated from other support systems (Burguess, 1979; Garbarino, 1976). Young (1964) found that 80 percent of her sample had few social relationships (Watkins & Bardbard, 1982). According to Watkins and Bradbard (1982), the causes of this isolation are not clear. Yet, it is speculated that abusive parents seek isolation to conceal abuse. It is also argued that the abusive parent lacks the social skills needed to establish social relationships and that it may be other people who avoid the abusive parent because they disagree with his disciplinary methods (Parke & Collmer, 1975). Young also reported that the abusive parent tends to isolate his children by limiting their social contacts. According to Burguess (1979), the isolation of the abusive family prevents abusive parents from being scrutinized by society and from being pressured by social values to behave in accepted ways toward their children.

Unemployment has also been associated to high rates of abuse and other forms of abuse within the family (Gelles, 1973; Gil, 1971). Gil's nationwide survey found that 50 percent of the fathers in his sample had been unemployed during year before the abuse occurred. He also found that 12 percent of the fathers were unemployed at the time of the abuse incident.

It is hypothesized that the unemployed father in the home tends to increase conflict. Unemployment increases stress in the home and leads to conflict (Parke & Collmer, 1975).

Finally, unsafe and poor living conditions have been associated with child abuse also. It is believed that crowded living conditions strain parent-child relationships allowing an increase in aggressive interactions (Watkins & Bradbard, 1982). In addition, Mitchell (1971) and Young (1964) suggest that poor living conditions seem to affect the interactions with neighbors and to increase the family's isolation (Watkins & Bradbard, 1982).

Other factors related to the family's position in society are parents' poor health, financial difficulties, crowded conditions, marriage difficulties, legal problems, drug/alcohol problems, and too many children (Berger, 1980; Burgess, 1979; Egeland, 1979). All these factors seem to contribute to an increase in stress and aggression within the family. As the sociological model states, the families more exposed to stress in society will tend to have higher rates of child abuse. Such families are more likely to be from lower socioeconomic levels in society.

The sociological model emphasizes social factors as the cause of child abuse. According to research under this model, stress created by social factors and a disadvantaged position in society are related to higher rates of child abuse. The model argues that child abuse is a problem of

poverty. The poor families are more vulnerable to stresses such as unemployment, financial problems, and isolation which increase frustration and aggression. Most studies supporting this assumption have found a higher percentage of low income families represented in reported cases of child abuse, more aggression among family members of such families, and more stresses present.

Several researchers reacting to this model's explanations of child abuse have argued that the model fails to explain why not all poor families abuse their children and why child abuse is found in other socioeconomic levels in society (Burguess, 1979). Egeland (1979) points out that other families undergoing the same social stresses as abusive families do not abuse their children. He argues that social factors cannot be considered as the only explanation of child abuse.

Berger (1980) attributes the over representation of low income families in studies of abuse to sampling bias. She explains that abusive families in higher socioeconomic levels are likely to have more resources to conceal abuse. For example, they may have the financial resources to seek medical treatment for an abused child at several locations without being suspected of abuse. Berger argues that the major problem with the assumption that poor families are more prone to abuse their children is that many studies supporting this assumption have not included appropriate

control groups. She points out that correlational data is being interpreted as causal data. Finally, Berger points out that the increased marital conflict reported in abusive families has not been assessed properly in many studies. She believes that conclusions have been reached on the basis of subjects' reports or informal observations only.

Burguess (1979) related the over-representation of poor families in the literature to the likelihood that these families will contact social service agencies more often than families with higher incomes.

The Social-Interactional Model

The social-interactional or social-pathological model represented an alternative approach to the psychiatric and sociological models. Some researchers were dissatisfied with explanations of child abuse which focused only on the abusive parent's psychological characteristics or on social stress factors (Burguess, 1979). This new model considers child abuse as multidimensional and both social and psychological factors as important. Child abuse is conceptualized as resulting from a combination of parent and child characteristics, patterns of interactions in the family, and social stresses pressuring the family (Watkins & Bradbard, 1982).

According to this model, parents who use physical punishment to discipline their children may be more likely to abuse their children when faced with stressful situations.

The parent's inconsistent use of physical punishment allows the child to continue the behaviors for which she is punished. The parent perceives the child as aggressive and hostile and continues to escalate the level of physical punishment (Watkins & Bradbard, 1982). Therefore, proponents of this model stress that in order to understand child abuse, patterns of interactions within the family have to be observed and studied. The model also acknowledges that abused children may have a more active role in the abuse process. The abused child is viewed as possessing characteristics which make him more vulnerable to abuse.

The interactional or social-psychological model emphasizes patterns of interactions between parent and child to explain abuse. The focus of research should be on observation of the abusive family's interactions to understand the process of abuse and what stimuli seems to be involved in eliciting this behavior (Parke & Collmer, 1975).

Abusive families have been described as engaging in more negative interactions than nonabusive families (Burguess & Conger, 1978). In their study, Burgess and Conger examined behavior patterns in abusive ($n=17$), neglectful ($n=17$), and nonabusive families ($n=19$). All families were matched on age of parents, number of children, income, and educational level of parents. The families were observed at home by trained observers. Families in each group were given three different tasks to encourage

interaction during observations. Tasks were divided into skill, construction, and discussion. Skill tasks allowed the family members to set rules and compete. Construction tasks were selected to encourage cooperative interaction and physical contact. Discussion tasks were aimed at verbal interaction among family members. Results showed that abusive parents had lower rates of verbal and physical behaviors compared to the control group. They tended also to be more aversive, less compliant, and less positive toward their children than controls. Abusive mothers were more different in their behavior than controls. They were found to be less verbal, to talk less to their children, and to have less positive contacts with their children. Abusive parents tended to be more aversive and to interact less physically with their children compared to controls.

Neglectful families were found to have the more negative interactions among family members. Neglectful fathers were found to be less positive toward their children than controls. Finally, negative behaviors observed in children of abusive families suggested that more aversive behavior is present in this group than in the control group. Nevertheless, the authors found no evidence suggesting that children from abusive families behaved different compared to children from the control group.

Early research had identified the child's role in the abuse process as one of victim. The abused child was

described as a passive recipient of parent aggression. However, several researchers began to recognize that the child played an important part in his own abuse (Burguess, 1979; De Lissovoy, 1979; Egeland, 1979; Gelles, 1973). The child's role began to be viewed as more active. Several groups of children were noted to possess characteristics which seemed to make them more vulnerable to abuse. Identification of these characteristics has been the focus of research on this new etiological factor of child abuse.

Bronfenbrenner (1973) described child abuse as a reciprocal system in which there is bi-directionality in parent-child relationships (De Lissovoy, 1979). The parent's behavior affects the child's behavior and vice versa. The child is viewed as both a recipient of abusive behavior and as a cause of abuse. According to De Lissovoy, the child's behavior may or may not have a learned motivational component.

Some researchers supporting other etiological models of child abuse have considered the characteristics of abused children as related to abuse. For example, in his psychodynamic model of abuse, Helfer (1973) established three conditions for abuse to occur: 1) a series of crises; 2) potential for abuse in the parent; and 3) a very special child (Friedrich & Boriskin, 1976). Helfer argues that the parent can perceive the child as special or the child can possess characteristics that make him different. Sangrund,

Gaines, and Green (1979) added one more condition to Helfer's model: cultural tolerance (Friedrich & Boriskin, 1976). Also Milowe and Lourie (1979) considered defects in the abused child and special characteristics in their early theory of the role of the child in abuse (Friedrich & Boriskin, 1976).

Gelles' (1973) sociological model of abuse considers child-related stress as contributor to abuse. According to Gelles, the child-related stress results from the child being unwanted or problematic (e.g., sick, retarded, handicapped). In his review of the literature, Gelles found that more children were abused at younger ages. He outlined three reasons for this phenomenon: 1) the young child's vulnerability to injury if abused and the difficulty in concealing the injury; 2) the young child creates frustration in the parent because she does not interact socially yet; and 3) a new child creates stresses which the family may not be ready to deal with.

Several characteristics and behaviors have been identified as being associated to abused children. These characteristics and behaviors include prematurity and low birth weight, physical handicaps, mental retardation, and "difficult" temperament.

Premature and low birth weight babies seem to be at a higher risk for abuse than full-term babies (Watkins & Bradbard, 1982). In their review of the literature,

Friedrich and Boriskin (1976) found a higher percentage of premature and low birth weight babies represented in child abuse studies (Elmer & Gregg, 1967; Fomifod et al., 1975; Klien & Stern, 1971). In these studies, the percentage of premature children in the communities where the studies were conducted was lower than the percentage found in the samples of abused children included in the studies. Herrenkohl, Herrenkohl, and Egolf (1979) compared abused children to their siblings and found 6.9 percent premature children in the abused group compared to 1.5 percent premature children in the nonabused sibling group. In a similar study, Starr (1982) found a higher percentage of low birth weight in a sample of abused children compared to their siblings (Wolfe, 1985). In addition, Hunter et al. (1978) studied premature and sick babies ($n=225$) and found a 4 percent incidence of child abuse a year later (Friedrich & Einbender, 1983). This seems to support the notion that premature children are more at risk for abuse.

Several explanations have been proposed to account for the high rate of premature and low birth weight abused children. Prematurity is considered to be disruptive of the mother-child attachment process. Because the child is usually kept at the hospital for some time, there is a delay in the attachment process. The parent may not be able to develop sensitivity to the baby's needs. The arrest in the

development of mother-child attachment seems to interfere with future caretaking behaviors (De Lissovoy, 1979).

Korger (1979) studied how prematurity affects the mother-child "synchrony" (Watkins & Bradbard, 1982). Synchrony was defined as the correlation between the mother's and the child's behaviors during three feeding sessions. The degree of synchrony differentiated two groups: premature and full-term babies. The responsitivity of mothers and children in the premature group was inversely related. This implied that interactions between the mothers and the children were already maladaptive three months after birth. The results suggest that premature children may be at higher risk for abuse. The maladaptive attachment seems to facilitate abuse (Watkins & Bradbard, 1982).

The premature or low weight baby seems to require special care. In many instances, these children present other abnormalities which have resulted from being premature (e.g., mental retardation, physical handicaps). The premature baby not only needs an extra amount of special care which the parent may not be able to provide, but also creates significant stress in the parents. The premature child is often overly sensitive to stimuli, colicky, developmentally slow, and tends to cry more (Friedrich & Boriskin, 1976). These characteristics seem to increase parental stress and frustration leading to child abuse. The

child is viewed as abnormal (Elmer & Gregg, 1967) and as not meeting parental expectations (Steele & Pollock, 1974).

Even though several studies have reported high rates of mentally retarded children represented in abused groups, according to Friedrich and Boriskin (1976), the many variables involved in mental retardation make it difficult to establish a clear relationship between child abuse and mental retardation. These variables that need to be evaluated include differentiating mental retardation occurring as a result of abuse, socioeconomic causes, poor parental care, parental deprivation, or genetic abnormalities. Nevertheless, the mentally retarded child is likely to be more vulnerable to abuse because he may be a source of parental stress, require extra care, be more difficult to manage, and may cry more. Elmer (1965) found that 55 percent of the abused children in his study had an IQ of less than 80 (Friedrich & Boriskin, 1976).

Physically handicapped children are also at a higher risk for abuse. Johnson and Morse (1968) reported that 70 percent of the abused children ($n=97$) in a Denver Department of Welfare study had a physical or mental handicap before the abuse occurred. Twenty percent of the sample had severe temper tantrums, 19 percent had speech problems, and 17 percent were mentally retarded or learning disabled. Also, Gil's survey (1971) found that 29 percent of the abused children in his sample ($n=12,000$) had had abnormal social

interactions prior to abuse. Also, 22 percent had some physical or intellectual dysfunction. In addition, 13 percent of the children in the school age group were in special classes or in grades below their age level.

Utilizing unpublished materials from the National Clearing House on Child Abuse and Neglect at the American Human Association in Denver, Soeffing (1974) reported that 1,680 out of 14,083 abused children had "special" characteristics (Friedrich & Boriskin, 1976). Two hundred eighty eight were mentally retarded, 195 premature, 250 chronically ill, 234 physically handicapped, 180 had congenital defects, and 669 were emotionally disturbed.

Differences in children's behavior and temperament present at birth have also been related to child abuse (Friedrich & Boriskin, 1976). According to Thomas et al. (1968) children's temperament can be grouped into three "types": 1) slow to warm up; 2) "easy"; and 3) "difficult" (De Lissovoy, 1979). The first type of children usually have a pattern of withdrawal followed by slow adaptation to new stimuli. The "easy" child tends to have regular bodily functions, approaches new stimuli, adapts to change easily, and has a positive mood. On the other hand, the "difficult" child tends to have irregular bodily functions, negative responses to new stimuli, negative moods, and difficulty adapting. According to the study, the "difficult" child's behavior is contrary to

parental expectations, affects caregiving behaviors, clashes with the parents' personalities, and leads to increased parental stress. The "difficult" child's characteristics and her effect on the parents seem to account for the child's vulnerability to being abused.

Korger (1979) found differences in babies' crying patterns and in their soothability while crying (Watkins & Bradbard, 1982). She argued that these differences can have an effect on the mother's feeling about her caregiving skills. She pointed out that the differences found imply that there are several ways to care for children. Nevertheless, parents feel guilty and frustrated when their children behave differently.

The social-interactional model conceptualized child abuse as having multiple dimensions. The model focuses on patterns of interactions between family members in abusive families to establish the causes of child abuse. The model proposes that maladaptive interactions between family members occur in abusive families. These maladaptive interactions increase the likelihood that parents will interact aggressively with their children.

The model is the first one to develop the concept of an active role of the child in abuse. Other models had considered characteristics of the abused child as related to abuse. However, the social-interactional model elaborated this concept and suggested that the abused child plays a

more active role in his abuse and possesses certain characteristics (e.g., prematurity, difficult temperament, etc.) which place high demands on the parents' skill as caregivers and increase the parents' stress and frustration levels. The model also acknowledges that environmental stresses affect the family. These stresses combine with maladaptive interactions between family members, and increase the stress level produced by a child with "special" characteristics increasing the probability of child abuse.

This model has primarily been criticized for its concept of an abuse-provoking child. Steele (1980) argued that only a small percentage of children with special characteristics are abused or neglected. He pointed out that most abused children are normal and that in many instances, the abuse itself causes problems such as retardation. In addition, the child's functioning prior to the abuse has not been systematically studied (Gaines et al., 1978). Therefore, it is not clearly established that the child's "special" characteristics trigger abuse.

Steele (1980) strongly objected to implying that the child's characteristics and "provocative" behavior explains child abuse while disregarding the parents' abusive behavior. He pointed out that the abuse-provoking child hypothesis implies that abuse can be understood and "forgiven" because it is the child's "fault". He concluded

that child abuse could not be accepted as a solution for any situation.

Current Research on Child Abuse

The early conceptualizations of child abuse reviewed thus far group into three major models: the psychiatric model, the sociological model, and the social-interactional model. As discussed previously, the psychiatric model initially viewed child abuse as resulting from parental personality deviations. As research studies failed to confirm this, the model was revised. The model then conceptualized child abuse as resulting from a "defect" in the abusive parent's character which allows free expression of aggression. Also, the model viewed the abusive parent as holding unrealistic perceptions and expectations of his child, and as lacking child development knowledge.

The sociological model noted that social stressors, cultural acceptance of abuse, and low socioeconomic status are associated with child abuse. As pointed out earlier, the sociological model proposes that families more vulnerable to stress and frustration are more likely to abuse their children. These families are identified as having a low socioeconomic status. Therefore, in this model, child abuse is believed to be a problem of poverty.

On the other hand, the social-interactional model viewed child abuse as multi-dimensional. The model proposed that parent-child relationships in abusive families are

negative and that some children possess characteristics that make them more vulnerable to being abused.

As research on child abuse has progressed, these etiological models have undergone several changes. Current conceptualizations of child abuse seem to group under two of three etiological models discussed: the social-interactive and the psychiatric models (Wolfe, 1985). The social-interactive model continues to view abuse as multi-dimensional and to consider parent-child relationships important in understanding it. But, recently, research under this model has also begun to focus on the bi-directional influences of behavior between family members, on antecedents that precipitate abuse, and on how consequences may maintain the abusive act (Burguess, 1979; Parke & Collmer, 1975). The model also stresses current behavior of the abusive parent in the family and community contexts (Wolfe, 1985). Other important factors related to child abuse are the parent's learning history and interpersonal experiences. In addition, child abusive behavior and environmental stressors are believed to interact with the parent's experience. The parent may develop negative attributions or conditioned arousal that allows aggression to occur (Wolfe, 1985).

The current psychiatric model of child abuse continues to view the abusive parent as having a personality "defect" which allows the free expression of aggression. Current

research under the model continues to study the personality characteristics of the child abuser. Also, parental attributions, perceptions, and expectations are studied.

Different areas of the sociological model seem to have become integrated into the social-interactional and psychiatric models. For example, the concept of environmental stress and frustration, previously part of the sociological model, is shared by the psychiatric and social-interactional models. The concept of isolation of the abusive family is now discussed as a characteristic of the abusive parent under the psychiatric model. The major concept of the sociological model, child abuse as a problem of poverty, does not seem to be an area of interest in the two present conceptualizations of child abuse.

As Wolfe (1985) points out, even though the social-interactional and psychiatric models differ on the importance assigned to social factors, parental and child characteristics, both share several areas. They attempt to examine the characteristics of abusive parents and how their past experiences and present situation relate to child abuse. Also, they focus on the abusive parent's perceptions and expectations of his child.

Social-Interactional Model: Current Research

Recent research under this model has concentrated on patterns of interactions between members of abusive and nonabusive families (Wolfe, 1985). The model asserts that

abusive parents have more negative interactions with other family members than nonabusive parents. Also, the role of the abused child is examined. In addition, researchers have tried to study the abusive parent's reaction to aversive child stimuli.

The social-interactional model has emphasized the use of observation as opposed to self-report measures to study patterns of interactions in abusive and nonabusive families. Researchers have used structured and unstructured activities during observations in the home. Also, several studies have sought to investigate parent-child interactions in the laboratory by re-creating common child rearing situations and by measuring parental responses to aversive child stimuli.

Observational studies of abusive and nonabusive families in their homes have generally found that abusive parents relate in a more aversive way to other family members (Wolfe, 1985). In their observational study of behavior patterns in abusive, neglectful, and nonabusive families, Burgess & Conger (1978) found that family members in abusive families interacted less compared to nonabusive families. Interactions were found to be negative in abusive families.

Reid et al. (1981) included a group of distressed nonabusive parents in their study of patterns of interactions between family members of abusive and nonabusive families (Wolfe, 1985). They found that abusive

parents were more aversive than their distressed sample. Other findings showed that spouses in abusive families interacted more negatively than spouses of distressed and nonabusive families. Also, interactions with children were more aversive in the abusive and distressed samples.

Lorber, Felton, and Reid (1984) were not able to find differences between abusive and distressed families in patterns of interactions (Wolfe, 1985). However, in both groups, family members interacted more negatively compared to nonabusive families. Abusive parents were found to be more aversive toward their spouses than the distressed and nonabusive samples. In addition, abusive parents responded more inappropriately to their children's prosocial behaviors than distressed parents.

Lahey, Conger, Atkeson, and Treiber (1984) observed interactions between family members of 8 abusive and 16 nonabusive mothers and their children as part of their study on parenting behavior and emotional status of abusive mothers. Abusive mothers were observed to be more negative toward their children than nonabusive mothers.

Interactions between abusive parents and their children have been described as negative and aversive. The abusive parent is believed to be more punitive to her children in common rearing situations (Wolfe, 1985). The social-interactive model explains that abusive parents do not use effective discipline techniques with their children and do

not use positive methods to teach positive behaviors. Thus, a cycle of aversive behaviors is initiated and it escalates to child abuse (Wolfe, 1985).

Studies on parent-child interactions have found that abusive parents use less effective child management techniques (Wolfe, 1985). Abusive parents use less positive affect, less physical and positive contacts, and less communication with their children compared to nonabusive parents (Burguess & Conger, 1978; Disbrow, Doerr, & Caulfield, 1977; Herrenkohl, Herrenkohl, & Egolf, 1977; Lahey et al., 1984).

As part of their study on child abuse and neglect potential, Disbrow et al. (1977) observed abusive ($n=22$), neglectful ($n=24$), and nonabusive ($n=50$) families at home once. The groups were matched for age, education, race, marital status, and age of child. During the observations, the parents had to teach their children two structured tasks varying in difficulty. Results showed that abusive and neglectful parents were less facilitating of behavior in their children and communicated less with them. Also, they used more punishment and less options in handling difficult child behaviors.

Bousha and Twentyman (1984) examined interactions between abusive ($n=12$), neglectful ($n=12$), and nonabusive ($n=12$) mothers. All groups were matched on SES, race, age, and number of children. The groups were observed in

unstructured situations. All groups were significantly different. Abusive mothers showed more physical and verbal aggression toward their children. They also showed less social interactions, instructional behaviors, and affection than controls. Neglectful mothers showed the lowest rates of social interactions, instructional behavior, and affection.

On the other hand, Mash, Johnston, and Kovitz (1983) studied the interactions between mothers and children from abusive ($n=18$) and nonabusive ($n=18$) families. The subjects were observed in the laboratory during structured and unstructured play situations. The authors also used data on hyperactive children and their mothers for comparison. Children in all three groups were matched on age, sex, and intelligence level. The abusive group's SES was significantly lower than the other two groups. Observation showed that abusive mothers were more directive and controlling during structured play only. In explaining these contradictory findings, some researchers have argued that a high rate of negative interactions in abusive families may not be important in differentiating these families from nonabusing families (Wolfe, 1985). It appears that the negative reciprocal interactions between abusive parents and their children, their low rate of positive statements, and the negative reinforcement of aversive behavior seem to be more representative of interaction in abusive families (Wolfe, 1985).

Researchers have recognized that the behaviors of the child seem to influence the parents' "caregiving behavior" and to be related to child abuse (Friedrich & Boriskin, 1976). Studies have compared behaviors of abused children to those of nonabused children. Also, reactions to aversive child behaviors have been examined in abusive and nonabusive parents. Studies comparing behaviors of abused and non-abused children have found that abused children behave more disruptively. Also, their behaviors have been described as similar to problematic behaviors observed in children from distressed families (Lahey et al., 1984). Bousha and Twentyman (1984) found that abused children showed higher rates of verbal and physical aggression compared to nonabused children. Similarly, Lahey et al. (1984) found that 4 percent of abused children's behaviors were physically aversive compared to 1.5 percent of behaviors of children in the low SES group and .5 percent behaviors of children in the middle SES group. In addition, Reid et al., (1981) reported that abused children had the highest rates of aversive behaviors in their families (.83 rpm). This rate was higher than behavior-problem children (.52 rpm) and nonproblematic children (.28 rpm) (Wolfe, 1985).

Wolfe and Mosk (1983) studied differences in the behaviors of children from abusive, nonabusive, and distressed families. The researchers used three groups in their study: abused children ($n=35$), nonabused children

($n=35$) from the community, and nonabused children from distressed families ($n=36$). The groups were matched on the children's age, number of members in the household, occupation index, and months receiving help from an agency (abusive and distressed families only). Social competence and behavior problems in the children were assessed by the Child Behavior Profile which was administered to the parents. Also, the families were rated on their child-rearing methods. Results showed that the abusive parents used more inappropriate child rearing methods compared to nonabusive parents. Children from abusive and distressed families displayed low social competence compared to nonabused children. They also displayed more behavioral problems than nonabused children. However, Burgess and Conger (1978) and Mash et al. (1983) were not able to find higher rates of negative behaviors in abused children compared to nonabused children in separate studies.

The abused child, according to George and Main (1979) and Toro (1982), seems to display more problem behaviors which appear to be learned responses to the abusive family's patterns of interaction and/or the result of personality characteristics (Wolfe, 1985).

The emotional reactions to aversive child behaviors in abusive and nonabusive parents have also been a focus of research. Disbrow et al. (1977) presented videotaped stressful and nonstressful family interactions to abusive,

neglectful, and control subjects. Physiological measures showed that abusive and neglectful parents had less heart rate variability than control parents in the presence of stressful and nonstressful scenes. However, abusive parents had a higher heart rate and skin conduction responses (GSR) than controls. Similarly, Frodi and Lamb (1980) found that abusive subjects had higher rates of heart rate and skin conduction than controls when presented with videotaped stressful infant stimuli (Wolfe, 1985). Also, the abusive group was more annoyed and unsympathetic than the control group. In the presence of nonstressful infant stimuli, the abusive group showed blood pressure changes, less attention, and more indifference than controls. Also, Wolfe, Fairbank, Kelly, and Bradlyn (1983) found that their abusive group ($n=7$) had more GSR and breathing changes than a control group ($n=7$) when presented with videotaped scenes of stressful parent-child interactions. No heart rate differences were reported.

Bauer and Twentyman (1985) examined parental responses to child-related stressors. Three groups of abusive, neglectful, and nonabusive mothers participated in the study. Each group included 12 subjects. The groups were matched on parent's age, race, marital status, income, and number of children and their ages. A series of audiotapes and stressful parent-child situations, a recording of a child crying (after all situations presented), nonstressful

parent-child situations, and a situation generated by each parent were presented. The subjects were asked to rate their annoyance and the clarity with which they imagined the stories. Abusive mothers showed more annoyance to child and nonchild related stressors and showed more intensity in responding. Also, situational factors seem to have affected the annoyance responses for all groups. The authors suggests that abusive parents may be more easily aroused in various situations. It appears that some situations are more likely to generate higher rates of annoyance and could in turn lead to child abuse.

Psychiatric Model--Current Research

As mentioned previously, the psychiatric model of child abuse first focused on the abusive parents' personality characteristics and explained child abuse as a function of the abusive parent's psychopathology. Even though studies have failed to establish distinct characteristics of the child abusive parent, continued interest on the concept of mental illness in the abusive parent as the cause of abuse seems to have been maintained by early reports and studies of child abusers (Wolfe, 1985). However, most researchers supporting the psychiatric model now conceptualize the abusive parent as having a character "defect" which allows aggression to be expressed more easily (Spinetta & Rigler, 1972). Therefore, important areas studied include the parent's poor impulse control, immaturity, self-esteem,

depression, and other personality characteristics. Recent studies under this model have focused on two areas: parental psychological characteristics and the perceptions and expectations abusive parents have of their children.

Research on characteristics of abusive parents has continued to focus on determining personality traits and characteristics which differentiate abusers from nonabusers. Many studies have used a variety of personality measures in their attempt to assess personality differences believed to exist between child abusers and nonabusers. Other studies have used measures designed specifically to assess these differences. However, the variety of measures used have made replication and comparison of studies in this area difficult (Wolfe, 1985). Generally, results of studies investigating personality traits of child abusers have not showed specific patterns which could be considered as characteristic of this group. Results have been varied and contradictory.

Gaines et al. (1978) studied etiological factors of child abuse using three groups: abusive, neglectful, and nonabusive mothers ($n=80$ per group). The authors studied twelve factors believed to be associated with child abuse using four self-report measures. The Michigan Screening Profile of Parenting was used to assess child-rearing attitudes and parents at risk for child abuse. The Schedule of Recent Experience was used to assess life events and the

Downstate Childrearing Questionnaire assessed abuse proneness. Finally, the Family Life Form was used to assess negative life experiences faced by ghetto families. Results showed no differences between abusers and nonabusers on the factors assessed. According to the authors, the results challenged the concept of an "abuse-prone" personality.

On the other hand, two studies using measures designed to differentiate child abusers from nonabusers were able to find significant differences between the groups. Spinetta (1978) administered the Michigan Screening Profile of Parenting to groups of child abusers and their spouses, neglectful parents, and nonabusers. Results showed that abusers and their spouses and neglectful parents were more angry, isolated, afraid of external threat and control, and had a poorer family history than nonabusers. In addition, Milner and Wimberley (1980) administered the Child Abuse Potential Questionnaire to abusive and nonabusive parents ($n=65$ per group) in order to assess child abuse potential. Both groups were matched on sex, age, ethnicity, education, marital status, number of children, sex and age of children, and area of residence. Results showed that abusers were more unhappy, rigid, and distressed than nonabusers. There were no differences on loneliness, self-concept, or interpersonal factors.

Perry, et al. (1983) studied the characteristics of abusive and nonabusive parents using a variety of measures.

The subjects' history of abuse as a child was assessed by an interview. The Janis-Field Feelings of Inadequacy Scale was used to assess self-esteem and the "trait" portion of the Self-Evaluation Questionnaire measured anxiety. Life stress was evaluated using the Family Environment Scale. Finally, expectations of children's development were assessed with the Parent Questionnaire. Results showed that abusive mothers showed more anxiety, less cohesion and expression, and more conflict in their families. Also, abusers had more life stresses than nonabusers. Fathers from abusing families had different perceptions of their families and their children.

In their study of parenting behavior and emotional status of abusive mothers, Lahey et al. (1984) administered the Beck Depression Inventory, the State-Trait Anxiety Inventory, and the Cornell Medical Index to abusive mothers, to a low income group of nonabusing mothers, and a group of middle SES mothers ($n=8$ for all groups). The groups were also observed at home. Abusive mothers and low income nonabusive mothers were matched on marital status, number of children, income, education, age, ethnicity, age and sex of children. The other control group was only matched on ethnicity, and age and sex of children. Results showed that abusive mothers were more depressed and physically distressed than nonabusive mothers. Abusive mothers were more anxious than mothers in the middle SES group.

Shorkey and Armendariz (1985) tested the hypothesis that irrational thinking is an important characteristic of abusive mothers and that this characteristic explains other personality traits observed in this group, such as low self-esteem, aggression, and isolation. The authors included 18 abusive mothers and 18 nonabusive mothers in their study. Both groups were matched on income level, race, and educational level. The subjects were administered the L scale of the MMPI to assess social desirability; the Sense of Personal Worth Scale of the California Test of Personality; the Srole Anomia Scale to assess sense of alienation; the Rosenberg Self-Esteem Scale to measure their perception of self-worth; three scales of the Buss-Durkee Hostility Inventory to assess hostility and aggression; and the Rationale Behavior Inventory to assess belief systems. The authors found no differences between the groups on the L scale of the MMPI. Rationality of belief systems differentiated the two groups. Abusive mothers showed more irrational thinking than nonabusive mothers. A higher sense of alienation and hostility was also found among abusive mothers. According to the authors, irrational thinking reflects the abusers' intolerance of the demands of others. The abusers' inability to accept themselves and others contributes to their low self-esteem and aggression toward others. The authors concluded that irrational thinking is a significant personality characteristic of abusers. Other

variables associated with child abuse, such as stress, interact with the abusers' personality and leads to abusive behaviors.

In general, most studies have not been able to differentiate abusers from nonabusers. The differences found have mostly centered on the abusive parents' dislike of their role as parents and on their high degree of stress. Characteristics such as depression reported in abusive parents seemed to result from stress from the children, the environment, and the family. These stresses influence the sense of competence of the parent and child abuse may be a way to attempt to control the environment (Wolfe, 1985).

Parental Perceptions, Attributions, and Expectations

The etiological models of abuse discussed previously seem to share in common the concepts of unrealistic expectations and perceptions in abusive parents. The psychiatric model of child abuse states that abusive parents have unrealistic expectations of their children. They demand that their children develop and display complex behaviors early in their lives when they are not physically or emotionally able to do so. When these expectations are not met, the abusive parent becomes frustrated and physically abusive toward the child. The parent views the child as hostile and oppositional even though the child may not be capable of displaying these characteristics.

Gelles' (1973) sociological model of abuse also considers characteristics of the child as factors which contribute to increase parental stress. This conceptualization seems to imply that the abusive parent views his child as being different or as possessing undesirable characteristics. Like this model, the social-interactional model of abuse points out that the abused child seems to have characteristics which make him or her more vulnerable to abuse. The parent seems to perceive the child as aggressive and hostile. The abusive parent with children with special characteristics, such as physical handicaps or "difficult" temperaments, expect them to develop and behave like average children. When these demands are not met, the parent becomes frustrated and abuse occurs.

Parental perceptions, attributions, and expectations of children's behavior have been the focus of recent research under the psychiatric model. Based on early studies, it is believed that the abusive parent perceives his child in a distorted manner, misattributes his behavior, and has high expectations of the child's behavior (Wolfe, 1985).

Many studies in this area have generally followed Steele's (1980) model of abuse or a more recent cognitive-behavioral model proposed by Twentyman, Rohrbeck, and Amish (1984) (Bauer & Twentyman, 1985). Both models propose the existence of distorted perceptions and unrealistic expectations in the abusive parent and relate this to the process of abuse. Steele's model proposes that the abusive

parent becomes an adult with unmet nurturance needs due to negative childhood experiences. He views his child as the way to meet his emotional needs. When the child fails to meet these expectations, the parent becomes frustrated and child abuse occurs.

The cognitive-behavioral model proposed by Twentyman et al. (1984) states that first, the parent develops unrealistic expectations of the child. Second, the child fails to confirm these expectations. Third, the parent misattributes this to negative characteristics in the child (e.g., did it intentionally). Finally, the parent reacts aggressively and punishes the child physically.

Perceptions and Attributions

The way a person interprets other people's behavior seems to affect the way that person will relate to others in different situations (Rosenberg & Repucci, 1983). Therefore, it is possible that the way an abusive parent perceives and interprets his child's behavior will determine the way the parent will relate to the child. Therefore, if the abusive parent views the child in a distorted way and misattributes the child's behavior, it is likely that the parent will relate to the child in an abusive manner.

Two types of perceptions seem to characterize abusive parents (Rosenberg & Repucci, 1983). First, they attribute the child's noncompliant behavior as being intentional (Steele, 1980). Second, they view noncompliant behavior as

an indicator of the child's negative characteristics. The parent develops these perceptions and attributions early in the child's life even though the child is too young to possess the characteristics observed by the parent.

The parent's distorted perceptions and misattributions of the child's behavior seem to increase the possibility of abuse in two ways (Rosenberg & Repucci, 1983). First, the child's behavior is perceived as intentional, and an aggressive response from the parent is more likely. Second, misperceptions and misattributions may not allow the parent to consider other explanations for noncompliant behavior such as the child being sick (Rosenberg & Repucci, 1983). In addition, misattributions allow the parent to place more responsibility in problematic situations on the child and less responsibility on himself and/or the environment (Larrance & Twentyman, 1983).

According to Wolfe's review (1985), most studies using questionnaires to assess abusive parents' perceptions and attributions of their children's behavior have not found major differences between abusive and nonabusive parents in these areas. Starr (1982) was not able to find differences between abusive and nonabusive parents ($n=87$ per group) in the way they perceived their children (Wolfe, 1985). Also, there were no differences between the groups in discipline choices. However, Milner and Wimberley (1980) used the Child Abuse Potential Inventory to assess differences

between abusive and nonabusive parents ($n=65$ for each group). The groups showed no significant differences on child perceptions.

Rosenberg and Repucci (1983) studied the perceptions, interpretations, and attributions of 12 abusive mothers and 12 nonabusive mothers. Both groups were matched on age, race, education, income, and number of children. Perceptions and interpretations of children's behavior were assessed by presenting vignettes of children's behavior and asking the mothers to explain the intent of the children's behavior. The mothers also had to relate similar incidents that had occurred with their own children. Other measures included an adjective checklist and the Social Readjustment Rating Scale to measure life stresses. Even though abusive mothers showed more stress than nonabusive mothers, there were no differences between the two groups in their attributions of intent.

Other studies have used other methods, such as samples of real behaviors, to assess parental perceptions and attributions. Generally, these studies have found significant differences between abusive and nonabusive parents in the way they view and explain their children's behavior. Larrance and Twentyman (1983) studied abusive, neglectful, and nonabusive mothers' expectations of their children and their explanations of the children's positive and negative behaviors. Three groups of mothers ($n=10$ per group)

participated in the study. The groups were matched on SES, race, educational level, sex, and age of child. The mothers were shown six sets of pictures portraying their children in three types of situations: a) an ambiguous situation; b) situation with destructive outcome; and c) competitive situations with ambiguous outcome. The mothers had to tell stories about their children's behavior in each situation. This was used to assess parental expectations. Causal attributions were assessed by asking the mothers to explain why the children behaved in specific ways in five situations. A sixth situation required that the mothers explain why their children behaved positively and negatively.

Results showed that abusive mothers attributed more their children's negative behaviors to internal and stable traits in the children than nonabusive mothers. Finally, both abusive and neglectful mothers attributed more their children's success in situations to external, unstable factors. When the children misbehaved or were not successful, the abusive mothers attributed this to more internal and stable characteristics on the children. The authors concluded that there are cognitive distortions present in abusive parents.

Mash et al. (1983) assessed abusive and nonabusive mothers' ($n=18$ per group) perceptions of their children's behavior and the extent to which they viewed their children as "difficult". The Child Behavior Checklist was used to assess the mother's perceptions of the children's behaviors.

Results showed that abusive mothers viewed their children as being more problematic and less socially involved than nonabusive mothers.

As part of their study on abusive, neglectful, and nonabusive mothers' reactions to child-related stressors, Bauer and Twentyman (1985) administered a three-item questionnaire to assess how they explained the behaviors of children presented in audiotaped stressful parent-child situations. For the study, three groups of abusive, neglectful, and nonabusive mothers ($n=12$ per group) participated. All groups were matched on age, race, marital status, income, number and age of children, and income source. Results showed that abusive mothers viewed their children as behaving intentionally to annoy them. Abusive mothers were more likely to believe that their children were acting intentionally even when minimal information was available to form this judgement. The authors pointed out that abusive parents seem to have an attributional style of blaming their children. This style is likely to increase the level of aggression especially if other factors associated with child abuse are present. The authors pointed out that assessment of attributional style might be important in determining potential for child abuse. In addition, they suggested the use of cognitive modification techniques in treating child abusive parents.

Parental Expectations

Even though the child abuse literature describes abusive parents as holding unrealistic expectations of their children, research studies in this area are scarce. Recent studies on parental expectations have yielded conflicting results with regard to the areas of child development where parents have these high demands of their children. Also, the existence of unrealistic expectations in abusive parents has not been clearly determined.

In his study of parental factors in child abuse, Spinetta (1978) administered the Michigan Screening Profile of Parenting to abusive parents ($n=7$) and their spouses ($n=9$), neglectful parents ($n=13$), nonabusive mothers from a college population ($n=15$), nonabusive mothers from a middle SES ($n=15$), and nonabusive mothers from low SES ($n=41$). Results showed that abusers and their spouses had higher expectations of their children than nonabusive mothers from middle SES groups. No other differences were found in this area. However, using the same measure, Gaines et al. (1978) were not able to find differences in the area of expectations of children in three groups of abusive, neglectful, and nonabusive mothers ($n=80$ per group).

More recently, Perry et al. (1983) administered the Parent Questionnaire to abusive parents and their spouses and to nonabusive parents ($n=55$ per group) to assess their expectations regarding their children's behaviors as part of

their study on characteristics of abusive and nonabusive families. Both groups were matched on SES, age, family size, sex, and age and birth order of the abused child. All subjects, except one, were Caucasian. Results showed that abusive mothers expected their children to develop slower compared to nonabusive mothers. Fathers of abusive families differed from nonabusive fathers in their expectations and perceptions of their children's development.

Two studies have attempted to specifically assess the existence and extent of unrealistic expectations in abusive parents. Using Steele and Pollock's (1974) model of child abuse, Twentyman and Plotkin (1982) studied the existence of unrealistic expectations in abusive ($n=14$), neglectful ($n=15$), and nonabusive parents ($n=12$). All groups were matched on age, sex, race, educational level, marital status, number and age of children, and employment status. The authors assessed the direction of errors of parental expectations as indicated by their deviations from normative data on child development. The authors proposed that abusive and neglectful parents would show more errors in under and over estimating their children's development and would also show more errors than nonabusive parents. The Developmental Expectation Questionnaire was administered to the subjects to assess their expectations of child development. The 20 items included in the questionnaire and the normative data used were obtained from the Vineland

Social Maturity Scale. The parents were asked to estimate the age at which their children would reach several developmental milestones. They also had to estimate when an average child would reach the same developmental milestones. Results indicated that abusive parents expected their children to reach developmental milestones later than they expected an average child to reach the same milestones. The neglect and control groups showed no differences in this area. Abusive and neglectful parents showed more bidirectional errors compared to the nonabusive group. The authors concluded that abusive parents have an educational deficit in the area of child development. Their results seem to contradict Steele and Pollock's model of child abuse which states that abusive parents have higher expectations of their children's development. However, the authors pointed out that abusive parents not only underestimated their children's development, but also overestimated development. High expectations may be more related to child abuse, whereas low expectations may be more related to actual delay in the child's development. Finally, the authors pointed out that unrealistic expectations may be a more complex construct.

Azar, Robinson, Hekimian, and Twentyman (1984) also studied unrealistic expectations and problem-solving skills in abusive, neglectful, and nonabusive mothers. The authors pointed out that previous studies in the area were not able to show the presence of unrealistic expectations in abusive

parents or found bi-directional errors in estimating child development. The authors believed that assessment of the parent's knowledge of developmental milestones may not be an adequate measure of "unrealistic expectations". An assessment of parental expectations in interpersonal situations seems more accurate. In their study, the authors attempted to establish the existence of unrealistic expectations and poor problem-solving skills in abusive and neglectful mothers compared to nonabusive mothers. The authors assessed parental expectations with a measure of knowledge of developmental milestones and another measure of behaviors expected in interpersonal situations. The authors hypothesized that the measure of behaviors would be more effective in differentiating the groups.

Three groups participated in the study: abusive, neglectful, and nonabusive mothers ($n=10$ per group). All groups were matched on race, age, educational level, and number of children. The Child Development Questionnaire (CDQ), the Parent Opinion Questionnaire (POQ), and the Parent Problem-Solving Instrument (PPSI) were administered to the subjects. The CDQ required that the subjects specify the ages at which some developmental milestones occur. The POQ required that the subjects agree or disagree with expecting certain behaviors of their children in several situations. The PPSI presented common child rearing problems and required that the mothers generate solutions to the

problems. No significant differences were found between the groups on the measure of knowledge of developmental milestones (CDQ) as the authors hypothesized. However, results showed that abusive and neglectful parents have unrealistic expectations of their children in situations requiring that they display complex behaviors. The authors pointed out that the failure of others studies to find unrealistic expectations in abusive parents is related to the use of measures assessing knowledge of child development as an indicator of unrealistic expectations. This area seems to be a separate construct which does not seem related to parental expectations of children's behavior in different situations.

The literature reviewed thus far generally confirms that abusive parents have unrealistic expectations of their children. Nevertheless, the number of studies in this area is quite small. This limits the generalizability of results. Also, studies have not agreed on a conceptualization of unrealistic expectations and on the extent of such expectations. Twentyman and Plotkin (1982) defined unrealistic expectations as inappropriate demands which exceed the child's abilities. They assessed this construct by measuring the parent's knowledge of child development. On the other hand, Azar et al. (1984) believed that unrealistic expectations occur in the area of behaviors displayed by the child in different situations and not in parental knowledge of child development. The abusive parent

expects the child to behave in a complex manner in a variety of situations when the child is not developmentally able to.

Even though both studies showed that abusive parents have unrealistic expectations of their children (Azar et al., 1984; Twentyman & Plotkin, 1982), their results are contradictory. Twentyman and Plotkin found that abusive parents had lower expectations of their children's development, whereas Azar et al. found that abusive and nonabusive mothers were not different on a measure of knowledge of child development. But, abusive mothers were found to have high expectations of their children in situations requiring that they display complex behaviors. Therefore, it is not clear in what area of their children's development abusive parents hold unrealistic expectations. Also, the direction of such expectations is not clear.

Methodological problems in both studies should also be noted. Twentyman and Plotkin (1982) did not control for socioeconomic level of the participants only for employment status. Ethnic groups in their samples were not equally represented. Other variables such as birth order and age of the abused child were not controlled. An important variable not accounted for is the developmental level of the abused child. As the child abuse literature points out, there is a significant number of children with developmental and physical problems represented in child abuse cases (Friedrich & Boriskin, 1976; Watkins & Bradbard, 1982). It seems important

that this variable be considered in assessing parental expectations, especially if lower expectations seem to be associated to slower development in children as Twentyman and Plotkin point out in their study.

The procedure used by these researchers in their study may have confounded the results. The subjects were asked to estimate the age they expected their own children to achieve several developmental milestones. It is possible that if abusive parents had unrealistic expectations of their children, they could have unrealistic expectations of other children also. The concept of an "average" child does not seem to have been clearly defined. In addition, the measure used, the Vineland Social Maturity Scale, has an inadequate standardization sample and limited psychometric properties (Sattler, 1982).

The study by Azar et al. (1984) has methodological problems also. This study utilized small samples of participants. The authors did not control for socioeconomic status of the participants, for age and birth order of the abused child, or for marital status of subjects. In addition, in analyzing their data, the authors combined the abusive and neglectful subjects' data to compare it to nonabusive subjects' data. Even though there were no significant differences between the abusive and neglectful groups, treating the groups as one may have confounded the results. An increasing number of studies on child abuse

have established significant differences between abusive and neglectful parents which suggest that each group must be studied separately (Bousha & Twentyman, 1984; Burgess & Conger, 1979; Wolfe, 1985).

As pointed out previously, recent studies have confirmed the existence of unrealistic expectations in abusive parents. Yet, there is disagreement on the conceptualization of the construct and on the directionality of these expectations. The purpose of this study is to assess the existence of unrealistic expectations in abusive parents in two areas of child development: social-emotional and self-help/self-direction, and to compare the expectations these parents have of their children to those of nonabusive parents.

Hypotheses

The following hypotheses were examined:

Hypothesis I

Abusive parents would have higher expectations of their children's social-emotional development than a control group of nonabusive parents. This would be assessed by discrepancies between the abusive parents' ratings of their children's social skills on the Social Competence Scales of the Child Behavior Checklist and the ratings of nonabusive parents of their children's social skills on the same measure.

Hypothesis II

Abusive parents would have higher expectations of their children's self-help/self-direction skills development than

a control group of nonabusive parents. This would be assessed by discrepancies between the abusive parents' ratings of their children's self-help skills on the Daily Living Skills domain of the Vineland Adaptive Behavior Scales and the ratings of nonabusive parents on the same measure.

Hypothesis III

Abusive parents would have higher expectations of their children's development when compared to the expectations of nonabusive parents when both groups are asked to compare their children's social abilities to those of average children on six areas of the Social Competence Scales of the Child Behavior Checklist. These areas require that parents compare their children's abilities to an average child in sports (participation and skill), play (participation and skill), participation in organizations, ability in chores, ability to get along with others, and ability to work alone.

CHAPTER II

METHOD

Subjects

Twelve physically abusive parents and 16 nonabusive parents from a large metropolitan city in the Southwest participated in the study. The abusive parents were referred for the study by a local child welfare unit, a local child guidance clinic, and a child care program serving these clients. Abusive parents were defined as parents who have been identified by a child welfare agency or mental health professional as having used excessive physical punishment with their children which resulted in their physical injury. The abused children of these parents were living at home and had continuous contact with their parents during this study. Parents who perpetrated other forms of child maltreatment were excluded from the study.

The group of nonabusive parents was recruited from local child care programs in the community. These parents were participating in these programs to obtain daily care for their children while employed. Nonabusive parents were defined as parents who had not been identified by child welfare or a mental health professional as being physically abusive to their children. In addition, parents included in this group had not committed any other type of child maltreatment.

The abusive subjects age range was 20 to 39 years of age. The mean age for this group was 28.33 years and the standard deviation was ± 5.58 years. Nine females and 3 males were included in this group. Three females and one male in this group answered more than one questionnaire due to having more than one child to whom they had been abusive.

The nonabusive subjects age range was 22 to 45. The mean age for this group was 30.20 years and the standard deviation was ± 7.15 years. Twelve females and 4 males participated in this group. One female answered two questionnaires.

Both groups of subjects were matched for sex of respondent, ethnicity, and sex and age of target child. Even though an effort was made to match the groups for socioeconomic status, this was not possible due to the voluntarily nature of this study.

Target Children

Fifteen physically abused children and 15 controls were targeted in this study. The abused children ages ranged from 2 to 14 years of age. The mean age was 6.29 years, and the standard deviation was ± 3.86 years. The group included 10 males and 5 females. Some of the type of physical abuse received included bruises, dislocated arms, and burns. However, detailed information on type of physical abuse was not available.

The nonabused children's ages ranged from 2 to 15 years. The mean age for this group was 6.54 years, and the standard deviation was ± 3.93 years. The group included 11 males and 4 females. Both groups of children were matched for age, sex, and ethnicity. Children with physical handicaps were excluded as target for this study.

Instruments

Parents in both groups were asked to complete a self-report questionnaire on the target children. The self-report questionnaire utilized in this study was developed by modifying the Daily Living Skills domain of the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984) into a self-report format and administering it with the Social Competence Scales of the Child Behavior Checklist (Achenbach, 1978; Achenbach & Edelbrock, 1979) as one measure. A demographic information sheet was completed by workers making the subject referrals.

Demographic Data Sheet

This data sheet comprises questions about demographic characteristics of the subjects completing the questionnaires (see Appendix A). This form was filled by workers and clinicians administering the questionnaire. This sheet compiled data about age, sex, and ethnicity of respondent, type of maltreatment, income, number in household and characteristics of the target child such as age, birth order, and sex.

Social Competence Scales, Child Behavior Checklist

The Social Competence Scales of the Child Behavior Checklist (Achenbach, 1978; Achenbach & Edelbrock, 1979) was also administered to both groups of parents in this study. Since this is a self-report measure, no alterations in its format were necessary for its administration. A partial Spanish translation of the Social Competence Scales, completed by the author of this study, was utilized. This translation was made available to Spanish speaking subjects who requested assistance in completing the questionnaire. This Spanish version followed the format of the Social Competence Scales (see Appendix B).

The Child Behavior Checklist is a measure of a child's social competence and behavioral problems. This is a self-report measure completed by parents or surrogate parents of children from age 4 to 16. The measure consists of two scales: Social Competence Scales and Behavior Problem Scales. The social competence area consists of three scales: Activities, Social Participation, and School Performance scales. The behavior problem area consists of six behavior problem measures, which are derived from similar first-order factor scales and two second-order factors which have been labeled internalizing and externalizing behavior problems (Wolfe & Mosk, 1983). The Activities scale assesses the amount and quality of the child's involvement in jobs and chores, sports and nonsports activities (Achenbach &

Edelbrock, 1979). The Social scale assesses the child's involvement in social relationships, and the School scale assesses the child's academic performance and problems at school. This scale is only scored for school age children. T scores are obtained for each social competence area, behavior problem scales, and internalizing-externalizing areas. The mean score is 50 and the standard deviation is 10.

The Child Behavior Checklist accounts for differences in age and sex in behavioral competencies and problems by utilizing age ranges, for females and males separately, of 4-5, 6-11, and 12-16 years. The measure was normed separately for each age group. Norms were derived by using 50 normal children of each sex at each age. The normative sample excluded children receiving mental health treatment. The racial distribution of the sample was described as 80.6 percent White, 17.8 percent Black, and 1.7 percent other groups. The behavior problem scales for each age range were obtained through factor analysis of the checklists filled by the parents of 450 children receiving mental health services in the East coast. Socioeconomic levels in both samples were matched.

Interparent reliability on the scoring of specific items showed a correlation of .99 for behavior problems and .98 for social competence (mothers' and parents' ratings). Test-retest reliability on mothers' ratings after a week interval

showed a correlation of .95 for behavior problems and .99 for social competence. Inter-interviewer reliability showed a .96 correlation for behavior problems and .93 for social competence. Reliability of rank ordering of scores showed a correlation of .69 agreement between mothers' and fathers' ratings and .88 correlation for test-retest reliability of mothers' scores within a week. The mean mothers' ratings were reported as not differing significantly from mean ratings of fathers on most scales. Mothers' scores also were reported to have not changed significantly after a week interval. Comparisons of clinical and nonclinical samples showed significant differences on social competence scales and behavior problem scores.

Daily Living Skills Domain, Vineland Adaptive Behavior Scales

The Daily Living Skills domain of the Vineland Adaptive Behavior Scales (Sparrow, et al., 1984) was administered to both groups of parents. This domain was modified into a self-report format to facilitate administration of the measure by workers and clinicians. This domain was utilized as a measure of self-help/self-direction skills in the study. The Spanish version of this domain provided by the authors and normed nationally in the United States was also utilized for Spanish speaking subjects. This Spanish version was also modified into a self-report format.

The Vineland Adaptive Behavior Scales is a measure of personal and social efficiency in persons between the ages

of birth and 18 years. This measure can also be used to assess an individual's development and functioning. This measure is a revision of the Vineland Social Maturity Scale designed by Edgard Doll in 1935 (Sparrow et al., 1984). The revised Vineland has three versions: Interview Edition, Survey Form; Interview Edition, Expanded Form; and Classroom Edition. All three editions contain four domains to assess adaptive behavior: Communication, Daily Living Skills, Socialization, and Motor Skills. The Motor Skills domain assesses gross and fine motor development. The Socialization domain assesses development in interpersonal relationships, coping skills, and use of leisure time. The Communication domain assesses receptive, written, and expressive communication. Finally, the Daily Living Skills domain assesses development in personal, domestic, and community settings. The Survey and Expanded forms include an optional domain to assess maladaptive behavior. This study utilized the Interview Edition, Survey Form of the revised Vineland.

The revised Vineland requires that the respondent be familiar with the target person's adaptive behavior. Responses are scored by the interviewer and totals are converted to standard scores, percentile ranks, stanines, adaptive levels, and age equivalents based on normative charts for each domain and for the Adaptive Behavior Composite. Adaptive levels and age equivalents are available for subdomains also. All scores are obtained by comparing

each individuals functioning, as reported by an informant, to a representative sample of individuals of the same chronological age. For each domain and for the Adaptive Behavior Composite the mean is 100 and the standard deviation is 15. The revised Vineland was normed with a representative sample of 3,000 individuals from birth through 18 years, 11 months of age. Supplementary norms are available for all domains and the Adaptive Behavior Composite for individuals who are handicapped. Maladaptive levels for the Maladaptive Behavior domain are also available and indicate whether a person displays maladaptive behaviors compared to same age individuals.

The interval consistency or split half median reliability coefficient of the Vineland Adaptive Behavior Scales in the standardization group for the Survey Form are: .89 for the Communication domain; .90 for the Daily Living Skills domain; .86 for the Socialization domain; .83 for the Motor Skills domain; and .86 for the Maladaptive domain. The reliability coefficient range for the Adaptive Behavior Composite is .89 to .98 with a median of .94.

The test-retest reliability and interrater reliability coefficients were: .99 and .98 respectively for the Adaptive Behavior Composite and .87 for the Maladaptive Behavior domain. Coefficients for the individual domains and subdomains were reported as ranging from .80's to .90's.

The mean standard errors of measurement (SEM) were: 5.4 for the Communication domain; 5.0 for the Daily Living Skills domain; 5.6 for the Socialization domain; and 6.1 for the Motor Skills domain. For the Adaptive Behavior Composite the values ranged from 2.2 to 4.9 standard score units (mean = 3.6).

Criterion validity for the Vineland was supported by comparisons between the Vineland and the other adaptive behavior and intelligence scales. The Vineland Adaptive Behavior Composite standard scores were compared to two different scores of the original Vineland. The two scores were a Social Quotient and Deviation Social Quotient. The correlation between the Adaptive Composite score and the Social Quotient was .55. The correlation found between the Adaptive Behavior Composite and the Deviation Social Quotient was also .55. These correlations showed a moderate degree of relationship probably due to the differences in context and standardization between the two measures.

Procedures

Subjects in the abusive group completed the questionnaires individually. The questionnaires were provided to the subjects by their child welfare worker, their clinician, or child care facility social worker after they indicated to these workers their willingness to participate in the study. This procedure was followed to maintain confidentiality and the anonymity of the subjects. All workers had established

a relationship with the subjects previously. Written consent from the agencies involved was obtained to access the data compiled by the workers and clinicians. This procedure insured anonymity of participants. The questionnaires were introduced by the workers and clinicians to the subjects. The subjects' participation was voluntary. The workers and clinicians received written instructions for the introduction and administration of the questionnaire (see Appendix C). They were also instructed to assist the subjects in completing the questionnaire if they required assistance. Workers and clinicians were asked to fill out a demographic data form for each subject answering a questionnaire. Subjects who had more than one child meeting the criteria for target child were asked to fill out individual questionnaires for each child.

A similar procedure was followed for the control group. Questionnaires were administered to nonabusive parents by their child care facility's social workers. A written consent was obtained from child care agencies participating in the study to access the data compiled by the workers and maintain anonymity. All questionnaires were administered on an individual basis and participation was voluntary. All workers received written instructions on the introduction and administration of the questionnaire. Workers were asked to assist subjects which required this assistance in filling out the questionnaires. Parents who had more than one child

who met the criteria for the control target child group were asked to fill more than one questionnaire. Workers were asked to fill out demographic data forms for each subject answering a questionnaire. Spanish versions of the questionnaire were available for Spanish speaking subjects in both groups.

CHAPTER III

RESULTS

General Demographics of Groups

Table 1 provides a description of the demographic characteristics of both groups of subjects who participated in the study. The means and standard deviations for subjects' age, income, and age of target children are also provided.

A total of 12 abusive and 16 nonabusive subjects completed questionnaires for the study. Chi square tests of contingency were performed on sex, ethnicity, marital status, and birth order of target child for both groups. None of these variables were found to be significantly different for the groups. A t test was done to compare the mean ages of participants, average income, number of children, and average age of target child. A significant difference was only found on average income ($t(21) = -79.98$, $p < .01$).

Table 1

Demographic Data of Subjects

Characteristics	Groups	
	Abuse	Nonabuse
Number of subjects	12	16
Sex, n.s.	males = 3(25%) females = 9(75%)	males = 4(25%) females = 12(75%)
Average age (in years), n.s.	<u>M</u> = 28.33 <u>SD</u> = 5.58	<u>M</u> = 30.20 <u>SD</u> = 7.15
Ethnic group, n.s.	Anglo = 2(17%) Black = 4(33%) Hispanic = 6(50%)	Anglo = 2(13%) Black = 6(38%) Hispanic = 6(50%)
Marital status, n.s.	married = 8(67%) divorced = 1(8%) single = 3(25%)	married = 13(81%) divorced = 0(0%) single = 3(19%)
Average income per year*	<u>M</u> = \$13,848.67 <u>SD</u> = \$14,021	<u>M</u> = \$19,879.25 <u>SD</u> = \$13,684
Average number of children per family, n.s.	<u>M</u> = 2.4 <u>SD</u> = .97	<u>M</u> = 2.31 <u>SD</u> = 1.01
Birth order of target child, n.s.	first = 7(47%) second = 4(27%) other = 4(27%)	first = 5(33%) second = 6(40%) other = 4(27%)
Sex of target child	males = 10(67%) females = 5(33%)	males = 11(73%) females = 4(27%)
Average age of target child (in years), n.s.	<u>M</u> = 6.29 <u>SD</u> = 3.86	<u>M</u> = 6.54 <u>SD</u> = 3.93

Note. M = mean; SD = standard deviation; n.s. = nonsignificant variable.

*significant, $t(21) = -79.98, p < .01.$

Hypothesis I

The first hypothesis of this study stated that abusive parents had higher expectations of their children's social-emotional development than the expectations nonabusive parents have of their children in this area of adaptive behavior. To evaluate this hypothesis, the ratings of both groups of parents on the Social and Activities scales of the Social Competence Scales of the Child Behavior Checklist were compared. Also, the School scale ratings were compared for both groups' children who attended school. A matched t test was performed for each scale to compare the mean ratings of each group. Tables 2 and 3 present these comparisons (see Appendix D). For the Social and Activities scales, the differences between the two means of both groups for each scale were not statistically significant. A t test comparing the means of both groups on the School scale for 6 children, in each group, who attended school, was also nonsignificant. Table 4 shows this comparison (see Appendix D). Therefore, Hypothesis I was not confirmed.

Since t scores for children below the age of 4 were not available for the Child Behavior Checklist's Social Competence Scales, t scores for these children were obtained utilizing the norms for 4 year olds. An analysis of the data without the scores of these young children (5 per group) showed also nonsignificant differences between the groups on the Social and Activities scales (see Appendix D).

An analysis of the School scale was not completed because these 10 children did not attend school and had not been included in the original analysis of that scale.

Hypothesis II

Hypothesis II stated that abusive parents will have higher expectations of their children's self-help/self-direction skills than the expectations of nonabusive parents have of their children in this area of development. To evaluate this hypothesis, the ratings of both groups of parents on the Daily Living Skills domain of the Vineland Adaptive Behavior Scales were compared. A matched t test was performed to compare the mean ratings of both groups. Table 7 (see Appendix D) presents these comparisons. No significant differences were found between the mean ratings of the groups in this area. The hypothesis was not confirmed.

A t test for matched samples was also performed to compare the differences between chronological and age equivalents for each group. Tables 8 and 9 (see Appendix D) summarize these results. The comparison proved to be nonsignificant for both groups. The differences in mean age deviations between the two groups were also compared using a matched t test. This analysis was also nonsignificant (see Appendix D).

Hypothesis III

The third hypothesis of this study stated that abusive parents will have higher expectations of their children's abilities than the expectations of nonabusive parents have of their children when both groups compare their children's abilities to those of average children. T tests for matched samples were completed on each of the six questions from the Social Competence Scales which required that parents compare their children's abilities to those of average children. The analyses showed no significant differences for question 1 (participation and skill in sports), question 2 (participation and skill in play), question 4 (ability in chores), question 5 (getting along with others), and question 6 (ability to work alone) (see Appendix D). There was a significant difference for question 3 (participation in organizations); $t(16) = 2.524$; $.01 < p \leq .25$ (see Table 13, Appendix D). This result seems to be a statistical artifact. This hypothesis was not confirmed.

CHAPTER IV

DISCUSSION

The three hypotheses tested in this study were not confirmed. Abusive parents' expectations of their children's social-emotional skills were not significantly different from the expectations nonabusive parents have of their children in this area of child development. Also, abusive parents' expectations of their children's self-help/self-direction skills were not significantly different from the expectations nonabusive parents have of their children's development in this area. Finally, abusive parents' expectations of their children's social competence abilities were not significantly different from the expectations of nonabusive parents when the two groups of parents compared their children's abilities to those of average children. The findings of this study are in contrast to some researchers who conceptualize that abusive parents have unrealistic expectations of their children's developmental abilities. These studies have generally suggested that abusive parents have unrealistic expectations of their children in the area of behavior (Azar et al., 1984) and in the area of achievement of developmental milestones (Twentyman & Plotkin, 1982). The present study failed to support these findings. Results of the present

study support the findings of Gaines et al. (1978) who were unable to find differences in expectations between abusive and nonabusive parents.

The failure of this study to confirm the existence of unrealistic expectations in abusive parents raises questions regarding the present conceptualizations of the abusive parent in the literature. These results seem to challenge the view that abusive parents have unrealistic expectations of their children's development and behavior. In addition, these results question the accuracy of our definitions of unrealistic expectations in child abuse and questions the importance of this area in the process of abuse. The present study suggests that, if neither abusive or non-abusive parents differ in their expectations of their children, other factors may be more crucial in understanding child abuse. These other factors seem more related to the abusive parents' personality, their ability to control aggression, and their perceptions of their children as suggested in the psychopathological model of abuse. On the other hand, it may be possible that abusive parents have a different type of expectation of their children which may be related to their perceptions of their children and their expected roles within the family. The concept of role reversal, proposed in the psychopathological model of abuse, would seem a more adequate description of these expectancies. In role reversal, the abusive parent perceives his child as

an adult that can meet all his emotional and psychological needs. The abusive parent's unfulfilled emotional and psychological needs are a product of a deprived or abused state in childhood. The abusive parent then expects the child to fulfill his needs and to assume a parental role. The parent's perceptions of the child become distorted. When the child fails to meet the expectations of fulfilling an adult role and meeting his parent's needs, the abusive parent fails to control expression of aggression and physically harms the child.

Future research in the area of child abuse should explore more the area of expectations in abusive parents. Revision of present conceptualizations of expectations in these parents seems appropriate. Studies in the area of role reversal as the expectation abusive parents have of their children are crucial. In addition, future research should also focus on the mechanisms of control of aggression in abusive parents and their perceptions of their children. Also, an important area of study is the degree of physical abuse inflicted on a child and its relationship to the factors mentioned above.

The present study confronted some of the difficulties previous studies in the area of child abuse have encountered. As with other studies in this area, the number of subjects participating in the study was small and may not have been completely representative of abusive parents due to the

voluntary nature of the study and to the system of referrals utilized. Sample selection and accessibility to subjects is a major variable that research in the area has to contend with. In addition, because the subjects were not categorized by type of physical abuse, when referred to the study, this variable was not examined. It would seem important in future research to explore differences in abusive parents according to extent of physical abuse they inflicted on their children.

This study, as most previous studies in child abuse, was unable to control socioeconomic variables in its samples. Since the study relied on referrals and volunteer subjects, this factor was not controlled. Therefore, questions remain as to what extent socioeconomic factors influence parental expectations. Controlling this variable in child abuse research remains a challenge, but an important one to overcome in our understanding of child abuse.

Child abuse remains a complex phenomenon. Many factors seem to interrelate in the process of abuse. Our conceptualizations of abusive parents continue to be revised as new research in the area is generated. Nevertheless, important questions remain to be evaluated.

APPENDIX A

DEMOGRAPHIC DATA SHEET

Demographic Data Sheet

CODE NUMBER _____
DHS Worker filling this form _____

Demographic Information Form

Age of mother _____

Date of birth of child _____

Age of father _____

Age of child _____

Marital Status _____

Birth order of child _____

Employment:

Number of children _____

mother _____

Annual Income _____

father _____

Physical handicap in child:

Ethnic group _____

yes _____

Number in household _____

type _____

Type of abuse:

no _____

physical _____

Length of time in therapy _____

neglect _____

Type of therapy _____

sexual _____

other _____

Case:

Valid _____

Invalid _____

Questionnaire filled by:

mother _____

father _____

other(specify):

Questionnaire filled by perpetrator of abuse:

yes _____

no _____

APPENDIX B

SOCIAL COMPETENCE SCALES
(SPANISH TRANSLATION)

Social Competence Scales (Spanish Translation)

Edad del niño _____ Sexo del niño _____ Niño _____ Niña _____ Raza _____ Esta forma fue llenada por: _____ Fecha _____
 _____ Niño _____ Niña _____ Madre _____ Padre _____ # _____
 _____ Otro (especifique): _____

Tipo de trabajo de los padres (Por favor sea específico - por ejemplo: mecánico, maestro, ama de casa, trabajador de construcción, vendedor de zapatos, sargento, aún cuando el padre o madre no viva con el niño) _____
 tipo de trabajo (padre): _____ tipo de trabajo (madre) _____

Por favor enumere los deportes en que su niño (a) participa. Por ejemplo: natación, beisbol, patinaje, correr bicicleta, pescar, ect.
 Ninguno _____

Comparado (a) otros niños de la misma edad, alrededor de cuánto tiempo dedica a cada uno?	No sé	Menos del promedio	Más del promedio	No sé	Menos del promedio	Más del promedio
a. _____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____

Por favor enumere los pasatiempos, actividades y juegos favoritos de su niño (a) aparte de deportes. Por ejemplo: sellos, muñecos, libros, piano, artes, cantar, ect. (No incluya televisión).
 Ninguno _____

Comparado a otros niños de la misma edad, alrededor de cuánto tiempo dedica a cada uno?	No sé	Menos del promedio	Más del promedio	No sé	Menos del promedio	Más del promedio
a. _____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____

Por favor, enumere cualquier organización, clubes, equipos o grupos a que su niño (a) pertenezca.
 Ninguno _____

Comparado a otros niños de su misma edad, cuán activo es su niño (a) en cada uno?	No sé	Menos activo	Promedio	Más activo
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____

Appendix B--Continued

Por favor, enumere cualquier trabajo o tarea que su niño(a) tiene. Por ejemplo: reparte periódicos, cuida niños, hace su cama, ect.

Comparado a otros niños de su misma edad, cuán bien él/ella los hace?

No sé Ilenos del promedio Mejor del promedio

_____ Ninguno _____

a. _____

b. _____

c. _____

1. ¿Cómo cuántos amigos cercanos tiene su niño (a)? _____ Ninguno 2 ó 3 _____ 4 o más
2. ¿Cómo cuántas veces a la semana hace cosas con ellos su niño (a)? _____ menos de 1 _____ 1 ó 2 _____ 3 ó más

Comparado a otros niños de la misma edad, cuán bien hace su niño (a) los siguientes:

Peor Igual Mejor

- a. Llevarse con sus hermanos y hermanas. _____
- b. Llevarse con otros niños. _____
- c. Comportarse con sus padres. _____
- d. Jugar y trabajar solo (a) _____

Progreso presente en la escuela - para niños entre las edades de 6 y mayores:

_____ No va a la escuela. Fracasando Menos del Promedio Promedio Más del promedio

- a. Lectura o Inglés _____
- b. Escritura _____
- c. Aritmética o Matemática _____
- d. Deletreo _____
- Otras áreas académicas: e. _____
- (por ejemplo: historia, ciencia, idiomas, geografía). f. _____
- g. _____

¿Esta su niño (a) en clases especiales?

_____ No _____ Sí - ¿qué tipo?

Por favor describa cualquier problema académico que su niño haya tenido en la escuela?

_____ Ninguno

APPENDIX C

INSTRUCTIONS FOR QUESTIONNAIRE ADMINISTRATION

Instructions for Questionnaire Administration

Instructions for the administration of the Social Competence Scale and the Daily Living Skills Domain.

This questionnaire is a self-report measure that will provide information about the expectations abusive parents have of their children in the areas of social competence and self-help skills development. It is important to introduce this questionnaire to the clients as a way to obtain information about their children's development of social and self-help skills. Do not use the word expectations in your introduction of the measure.

Clients answering this questionnaire should be perpetrators of the abuse. Perpetrators of physical abuse are the main target of the study. However, other types of abuse will be considered as well as passive perpetrators. But, whenever possible, the perpetrator should be the person answering the questionnaire. The questionnaire should refer to the abused child only. If there are other abused children in the family, please have the client fill out separate questionnaires for each child. The ages of the abused children should be between birth and 16 years.

Clients should be able to fill the questionnaire by themselves. However, the worker will need to indicate to the client where to start answering the second part (Daily Living Skills Domain, page 3). Clients need to start answering this part a year before the present age of their child. The worker will locate the correct age on the left margin of the measure, beside the item numbers, and will mark for the client where she or he needs to start. Please remind the client to stop answering this part when he or she obtains seven consecutive 0 answers.

Please fill out the demographic data sheet as the client completes the questionnaire. Make sure that the client's name does not appear on this form nor on the questionnaire. Each demographic form and questionnaire have a code number that should match for each client. Write this code number in your records so you can obtain information about specific clients if you so desire.

A Spanish-version of the questionnaire is available for Spanish speaking clients. These same instructions should be followed for its administration.

Thank you for your cooperation.

APPENDIX D

TABLES

Table 2

t Test, Social Scale, Child Behavior Checklist

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	40.47	11.88	2.88	.38, n.s.
Nonabuse	17	42	11.87	2.88	.38, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Table 3

t Test, Activities Scale, Child Behavior Checklist

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	43.59	13.46	3.26	.12, n.s.
Nonabuse	17	44.24	13.38	3.24	.12, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 4

t Test, School Scale, Child Behavior Checklist

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	6	47.17	7.78	3.17	.54, n.s.
Control	6	49.17	8.01	3.27	.54, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 5

t Test, Sample of Older Children, Social Scale, Child Behavior Checklist

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	12	39.33	11.54	3.33	.53, n.s.
Nonabuse	12	41.75	11.14	3.22	.53, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Table 6

t Test, Sample of Older Children, Activities Scale, Child Behavior Checklist

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	12	48.67	6.93	2.00	.29, n.s.
Nonabuse	12	43.00	15.02	4.34	.29, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 7

t Test, Daily Living Skills Domain, Vineland Adaptive Behavior Scales

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	100.00	26.93	6.53	.094, n.s.
Nonabuse	17	99.94	21.69	5.26	.094, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 8

t-Test, Chronological Age Versus Age Equivalent in Abuse Group

Abuse Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Chronological Age (in months)	17	75.53	46.36	11.24	-.25, n.s.
Age equivalent (in months)	17	77.29	43.00	10.43	-.25, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Table 9

t Test, Chronological Age Versus Equivalent in Nonabuse Group

Nonabuse Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Chronological Age (in months)	17	78.47	47.19	11.44	-.17, n.s.
Age Equivalent (in months)	17	79.35	41.47	12.48	-.17, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 10

t Test. Age Deviations in Abuse Versus Nonabuse Groups

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> value
Abuse (in months)	17	-1.76	28.56	6.93	-.01, n.s.
Nonabuse (in months)	17	-.88	21.31	5.17	-.01, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 11

t Test, Participation and Skill in Sports

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	.83	.51	.12	.21, n.s.
Control	17	.88	.59	.14	.21, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Table 12

t Test, Participation and Skill in Play

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	.96	.65	.16	1.27, n.s.
Control	17	1.20	.56	.14	1.27, n.s.

Note. N = number of subjects; M = mean SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 13

t Test, Participation in Organizations

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	.18	.53	.13	2.52*
Control	17	.50	.66	.16	2.52*

Note. N = number of subjects; M = mean SD = standard deviation; SE = standard error; n.s. = nonsignificant.

*significant $t(16) = 2.52, .01 < p < .025.$

Table 14

t Test, Ability in Chores

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	1.16	.90	.22	-1.01, n.s.
Control	17	.88	.86	.21	-1.01, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Appendix D--Continued

Table 15

t Test, Getting Along with Others

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	1.17	.53	.13	.19, n.s.
Control	17	1.20	.48	.12	.19, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

Table 16

t Test, Ability to Work Alone

Group	<u>N</u>	<u>M</u>	<u>SD</u>	<u>SE</u>	Paired <u>t</u> Value
Abuse	17	1.53	.51	.13	.62, n.s.
Control	17	1.65	.49	.12	.62, n.s.

Note. N = number of subjects; M = mean; SD = standard deviation; SE = standard error; n.s. = nonsignificant.

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