PARENTS AT RISK: AN INITIAL EXAMINATION

OF A COMMUNITY TREATMENT PROGRAM
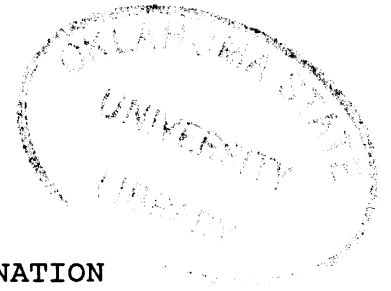
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CHAPTER I

INTRODUCTION

The definition of child abuse is difficult to specify.
The definition encompasses many different words and phrases
that are broad and open to interpretation. The Child Abuse
Prevention and Treatment Act, enacted by Congress in 1974,
defined child abuse and neglect as

> ...the physical or mental injury, sexual abuse,
> negligent treatment, or maltreatment of a child
> under the age of eighteen by a person who is
> responsible for the child's welfare under circum-
> stances which indicate that the child's health or
> welfare is harmed or threatened thereby... (42
> U.S.C. 5103).

Beezer (1985) further stated that a general trend
toward broadening the definition of child abuse and neglect
was evident because state statutes intend to protect the
child from more than just physical abuse.

Child abuse affects all areas of development. A great
deal of research has been concerned with the effects of
physical (visually seen) abuse, yet there has been a
deficit of research relating to other effects of abuse
(Roscoe, 1985). Cryan (1985), in a review which examined
matching groups of abused and non-abused children, stated
that the evidence consistently demonstrate detrimental con-

sequences of abuse for emotional, social and intellectual development.

Numerous studies have shown that neurological and brain tissue damage can result from severe physical abuse and may cause permanent mental impairment (Birrell and Birrell, 1968; Buchanan and Oliver, 1977; Gregg and Elmer, 1969; Martin and Rodeffer, 1976). Research has consistently shown that abused childrens' scores are lower on intelligence and developmental tests than those of nonabused children. Appelbaum (1980) examined the cognitive development of young children by means of the Bayley Scales of Infant Development and the Denver Developmental Screening Test, and found that abused children experience delayed development. An assessment of the cognitive deficits shown by abused children revealed that they are more likely "to possess learning disorders and an inability to adequately perceive and act on their environment in a manner that exhibits a pursuit of mastery" (Martin and Rodeffer, 1976).

The effects of abuse on emotional development has been the least studied because it is the most difficult to measure. Kinard (1980) and Martin and Beezer (1976) assessed the self-concepts of abused children and found they definitely have a lower self-concept and are more likely to possess and maintain a negative self-concept. Kinard (1980) explained that when abused children are asked to describe themselves, they use such words as sad, unpopular, disobedient, nonconforming, and unhappy. Children possess-

ing a poor self-concept are often emotionally immature because they are non-trusting individuals. This immaturity results in an impaired ability to control their impulses and various self-destructive behaviors (Green, 1978).

The effects of abuse on social development are seen by the increased verbal and physically aggressive behaviors children show to others. An additional effect of abuse is the tendency to adopt defensive behaviors which prevent empathy and enjoyable interaction with peers (Martin and Rodeffer, 1976). It is well documented that abused children experience less contact with both peers and adults (Bousha and Twentyman, 1985), have fewer prosocial interactions with teaching staff (Hoffman-Plotkin and Twentyman, 1984), and are less likely to seek out caregivers (George and Main, 1979).

Statement of the Problem

Research indicates that abuse has a negative impact on children. Unrealistic developmental and behavioral expectations of children, which are associated with child abuse, are related to a lack of knowledge about child development and child rearing. Showers and Johnson (1984) state that there is a relationship between the unrealistic expectations certain parents have of their childrens' abilities and the incidence with which they abused their children. "Unrealistic parental expectations" is a term that refers to the process of parents setting expectations for their

child that are clearly beyond the child's capability. When the parents' expectations are particularly deviant, the resulting frustration caused by the child's non-compliance is believed to function as a contributing cause of child abuse. Steele and Pollack (1974) claimed that abusive parents set unrealistically high expectations for their children. Some communities offer educational programs to help parents with their difficulties; however these programs merely offer information concerning the tasks of parenting, or classes to help people develop or change their parenting skills. The problem is to determine the effectiveness of a specific program whose primary objective is to help parents learn nurturing skills.

<p align="center">Purpose and Limitations of Study</p>

The major purpose for this pilot study was to evaluate the effectiveness of the Nurturing Program currently being used at the Parent's Assistance Center. The secondary purpose was to determine if there was an inverse relationship between the subjects' level of knowledge of child development and the potential for abusive parenting. A third purpose of the study was to determine if an instrument used to identify physical abusers, the Child Abuse Potential Inventory (Milner, 1980) was effective with this population.

This study was limited by the initial sample size and the even smaller number of participants who completed the program. Furthermore, because of the small population

size, the results are limited to this study and cannot be generalized to the public.

CHAPTER II

REVIEW OF LITERATURE

Parenting is defined by Wolfendale (1983) as care-tak-
ing and care-giving functions carried out by any combina-
tion of adults centrally involved in and taking responsi-
bility for child-rearing. The present century has been
called "the century of the child" (Kennedy, 1971) in ad-
vanced societies because of the amount of legislation and
the number of government reports designed to improve the
quality of childrens' lives and to protect their rights.
However, on the whole, a significant number of adults take
on the status and duties of parents unaware of the differ-
ent aspects of child development, the early learning pro-
cesses, the rigors and routines of baby and child care, and
the procedures by which to obtain information and support
for their new roles (Wolfendale, 1983). In whatever way
the paternal/maternal functions are conceptualized, it re-
mains evident that those who rear their children influence
and affect the course and pattern of development.

A common characteristic seen among abusive parents is
their lack of parenting skills and lack of child devel-
opment knowledge (DeLissovoy, 1973). To explore this and
other abusive parenting characteristics the following

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sections of this chapter will include parent education, aspects of abusive and non-abusive families, abusive mothers and aspects of treatment programs.

Parent Education

The Court Report on Child Health Services was released in 1976. This report was the clearest call yet from an official source for a concerted national effort to provide educational and supportive services for present and future parents (Wolfendale, 1983). Basically, the Court Report stated:

> ...families could be better at bringing up their children if they were given the right information, support and relationships with the caring professions when it was needed and in a more acceptable way (Court, 1976, p. 25).

Our society in the past has believed that family matters are private and not the concern of others. Two factors have altered this cultural premise: (1) a dramatic increase in parent-family problems--generally resulting from major socio-technical shifts in our cultures; and (2) a positive impact on the family when parenting was effective (Swick, 1985). Parent education is any effort designed to increase the development and learning of parents in carrying out the various roles they perform (Swick, 1985).

Thus, it is important to encourage and educate the policy developers toward supporting parent education programs which will help parents develop their parenting skills. Swick (1985) offered the following four strategies

for influencing policy favorable to Parent-Family Development (p. 6):

> 1. Clear statement of parent needs to function effectively for dissemination to policy makers.
>
> 2. Establish data base on positive social effects of productive parenting.
>
> 3. Clear statement of the role parent education programs have played in improving parent functioning and thus enhancing child and family development.
>
> 4. Organize "policy influence networks" that reach decision makers with information such as economic viability and social value of parent education programs.

Society is beginning to recognize the importance of parent education and its critical role in helping parents educate their children. Without such an understanding, parents may experience reduced pleasure and extra stress in the child rearing process (Zigler, 1977). A lack of knowledge of how children grow and develop and a lack of "parenting skills" are common characteristics of mothers and fathers who neglect and abuse their children (DeLissovoy, 1973).

Parent educators have a role in aiding families that have serious problems. The clarification of this role is vital to the development of a productive parent-professional relationship. Swick (1985) identified six components to the parent educator's role in working with abnormal family situations. These components (p.6):

> 1. Awareness: expands citizen understanding of family life and increases public support for family support services essential to the maintenance of healthy families.

2. Prevention: attempts to prevent family pathology by combining parent education and training with support services to target groups that need these services.

3. Diagnostic: identifies specific family pathologies that can lead to effective treatment and the restoration of the family to a state of health.

4. Referral: "matching" the need with appropriate community services.

5. Support: supplies services which enables the parents to regain dignity and self reliance.

6. Follow through: continued support to ensure long-term health. This is the most effective way to prevent future problems.

Encouraging parent educators to consider each of these components when working with family situations helps to increase the program's potential to help individual family needs. Furthermore, these components are helpful in that each deals with a different aspect of the family (Swick, 1985).

Two areas that parent educators address are development of skills needed in the parenting process, and knowledge regarding child development and parent-child relations (Land, 1983). These areas are apparent in different parent education programs. Many programs are aimed at increasing parental awareness of certain child needs and the importance of their attention to meeting these needs. Other programs use certain training modes for parents to acquire specific skills. Knowledge-based programs such as those that inform parents of child care techniques or offer

personal renewal experience may use a combination of ap-
proaches to goal achievement (Hanes, 1983).

The basic premise of all parent education programs
that parents are learning and developing human beings
(Swick, 1985). The emphasis is on the strengths of the
parents and involves parents developing their skills within
a life-span perspective. The educational goal is to
strengthen the family's integrity. Even where major parent
rehabilitation efforts are necessary, decisions are made
with respect to maintaining family stability wherever pos-
sible (Schaefer, 1983). Systematic educational programs
for the parents of young children typically attempt to
enhance parents interaction skills with their children as
well as their understanding of the factors which facilitate
their children's development (Stevens, 1978). Gordon and
Guinaugh (1974) and Granham-McGregor and Desai (1975) have
found that parent training produces changes in childrens'
development and in the parents' awareness of their child's
development. While the predominant focus of the most suc-
cessful of such training programs has been an interactional
skill, much of the consultation process undoubtedly results
in transmission of greater knowledge about children and
their development (Stevens, 1984).

Aspects of Abusive and

Non-Abusive Families

Studies have shown how productive parent-child inter-
action can positively influence the child's development and
learning in different areas. These areas included language
acquisition, socialization skills, intellectual, emotional
and spiritual development (White, 1979; Gordon, 1977; Stin-
nett, 1979).

There has been an assumption that accurate and appro-
priate expectations for childrens' behavior is one of the
key factors which contribute to the parents' ability to
rear young children well (Stevens, 1984). In order to pro-
mote the child's development, parents should have pro-
gressed to a certain level of competence themselves (Rochl,
Heir and Applehaus, 1985). The parents' responsibility is
to help the child move from a level of total dependency to
one where they are able to function maturely in society.
It is clear the that parents' knowledge and skill in guid-
ing their children through these levels will have a strong
impact on the child's successful development. Optimum
development cannot be obtained unless the parent has mas-
tered appropriate adult-child interaction skills (Freeberg
and Payne, 1967). Unfortunately, parents have been given
little or no assistance in acquiring an understanding of
child growth and development.

DeLissovoy (1973, 1975) stated that a lack of knowl-
edge about child rearing and child development and unreal-

istic developmental expectations has been reported among teenaged parents who are impatient with and cruel to their children. This suggested that there may be a relation between child abuse and the unrealistic expectations and attitudes parents have for their children and that there needs to be further education.

Peters and Hoekelman (1973) constructed a 40-item questionnaire to assess the knowledge a mother should have in order to successfully care for an infant. They found a high correlation between the number of years of schooling and the maternal competence score. Other researchers have looked at the knowledge of development that abusive parents possess. DaVoren (1975) reported the lack of knowledge of appropriate behavioral and growth expectations in abusive parents. His research suggested that because many abusive parents do not know what to expect from their infants, they become upset and angry at normal infant behaviors. These findings were further supported by Fishback (1980)-Jeffrey (1976) and Pollack and Steele (1972).

Being responsive to an infant's emotional signals has been an important factor in creating a positive interaction parent-child relationship. Parents who incorrectly inter-pret the signals may also respond incorrectly. The more often a parent misinterprets an infant's signal, the more likely that he/she will react aggressively toward the child (Berkowitz, 1974). If the interactions become acts of physical aggression, pain cues from the victim should

inhibit further aggression (Baron, 1971). However, in the case of child abuse, this feedback system fails. Fishback and Fishback (1969) link such a failure to a lack of empathy in abusive parents. In their study, Frodi and Lamb (1980) presented abusive and non-abusive parents with videotaped stimuli of crying children. They found that abusive parents were less responsive to shifts in emotional displays than controls, and that the abusive parents exhibited generally high levels of arousal during the entire experiment.

Steele and Pollock (1974) clearly state:

> From the direct observation of parents with children and the descriptions given by them of how they deal with their offspring, it is obvious that they expect and demand a great deal from their infants and children. Not only is the demand for performance great, but it is premature, clearly beyond the ability of the infant to comprehend what is wanted and to respond appropriately. Parents deal with the child as if he was much older than he really is (p. 95).

The researchers incorporated this perspective into a "comprehensive explanatory model of child maltreatment" (Steel and Pollack, 1974). In their opinion, in addition to the high demands placed on the child there is a disregard of the child's own needs, and the lack of parental nurturance is in turn responsible for the occurrence of a completed generational cycle of child abuse (Steele and Pollock, 1974).

Twentyman and Plotkin (1982) found that abusive and neglectful parents in their study were less knowledgeable about children's developmental processes than the matched

controls. However, the abusive and neglectful parents had lower expectations from the children than the matched control group. This was consistent with evidence obtained by Hoffman, Twentyman, and Perri (1980) which indicated that abusive and neglectful parents perceive their child as less socially mature when compared to the perceptions held by parents matched on socioeconomic status.

Several studies suggest that abusive parents differ from non-abusive parents in their ordinary interactions with children. In an observational study Reid, Taplin, and Lorber (1981) found that abusing parents direct more aversive behaviors to their children than non-abusive parents, and are less effective in their ability to terminate immediate problem behaviors in their children. Burgess and Conger (1978) found that there is less interaction between family members in abusive families and that abusive mothers display less positive behavior and more negative behavior than non-abusive mothers. Trickelt and Kuczynshi (1976) found that abusive parents use a greater total number of punishment techniques, are more likely to use severe physical punishment, and less likely to use requests and reasoning than non-abusive parents.

Epstein (1980) found that accuracy in parents' knowledge of development is positively related to their ability to note the developmental importance of videotaped child and parent behaviors. Studies done by Bamford (1981), McKeel (1978) and Oates, Davis and Ryan (1980) found a re-

lationship between unrealistic expectations that parents have of a child's development and child abuse.

There is limited evidence to suggest that the level of child development knowledge is related to parenting skills. A study done by Stevens (1984) indicates that a weak positive relationship exists between what parents know about childrens' development and their skill in developing a supportive learning environment. According to Stevens (1984), knowledge of normative development contributes less to predicting parenting skill in general than does the parents' awareness of the potency of play materials, the value of parental teaching, the importance of monitoring infant health, and their awareness of interactional strategies which promote language development (Steven, 1984). Sparling and Lewis (1981) hypothesized that accurate child development information may serve as a useful preventive mental health need. Such information provides a highly cost-effective human service which not only enhances the parents' own knowledge base but that of others who interact with the child (Cochran and Brassard, 1979; Sharling and Lewis, 1981; Stack, 1974; Unger and Powell, 1980).

Jaffe and Viertel (1980) reported that the first year of parenting is probably the most intense, compact and pressurized period of growth in a young adult life. To meet the new demands, parents must be secure in their personal selves (Maslow, 1959: Jaffe and Viertel, 1980). Furthermore, Stern (1977) noted that the care-givers function,

performed largely unselfconsciously with an intuitive trust, can be enhanced by knowing more and more about the process and finding it easier to create and perform it and thereby enjoy it more. In his studies of parents of abused children, Kempe (1978) found the parents to be insecure, lonely and in general deficient in meeting many personal needs. Kempel (1978) also found parents lacking in what may be termed "meta-cognition" skills. White (1981) furthermore stated that effective parents exhibit a personal sense of control over their lives which affects their family relationships in a positive matter.

Although previous studies of the networks of maltreating families have often included all types and severities of maltreatment under the label of "abuse," there is increasing evidence that subgroups of maltreating families form different types of distorted parent-child relationships (Crittenden, 1981; Deitrich, Starr and Weisfeld, 1983; Egeland, Sroufe, and Erickson, 1983), and that these have a differential impact on the child's development (Crittenden, 1985; Deitrich et al; 1983). Crittenden (1985) stated that one of the factors thought to affect such differences is hypothesized to have come from differences in the natural understanding of the meaning of relationships.

The magnitude of reciprocity in social relationships will vary partly as a function of differing social situations. Garbarino and Sherman (1980) described an "economic

scarcity" for high-risk families in which everyone was poor, and had so few resources available to them that they gave as little support as possible while striving to obtain as much as possible from others. Therefore, some people gave much more than they received. These types of relationships may lead to unsatisfying and even spiteful relationships. Thus, although reciprocity may help to maintain relationships, it also limits the opportunities available to low-resource families to gain resources (Crittenden, 1985).

Gararino (1977) found that maltreating families experience high stress as well as isolation and ineffective use of resources. Both abusing and neglecting families have been found to lack continuing relationships outside the home and to be isolated from groups and organizations (Merrill, 1962; Polansky, Chalmers, Butterweiser, and Williams, 1979; Young, 1964). As compared to families who provide adequate care to their children, abusive families often are characterized by deficient social skills, low social desirability, high anxiety, and lack of receptiveness and support-seeking behavior (Egeland, Brortenbucker, and Rosenberg, 1980; Ploansky et al., 1979).

In families who provide adequate care for their children, friends and relatives have been reported as being stable and accessible sources of support whose aid is sought in preference to that of professionals or organizations (Croog, Lipson, and Levine, 1972; Horwitz, 1978;

Shulman, 1976; Wandersman and Unger, 1983). Although the amount of aid is similar (Croog et al., 1972), friends tend to provide more support on a short-term basis, while relatives provide assistance, particularly financial assistance, during longer periods of stress (Lee and Colletta, 1983; Powell, 1980). Frequency of contact also appears to be related to the quality of support: mothers who receive more day-to-day support have been found to be more responsive to their children during interaction (Crockenberg, 1983) and to have higher self-esteem and mastery scores (Belle, 1982).

Abusive Mothers

In three separate samples, Crittenden (1981, 1985) demonstrated that abusing mothers tend to be controlling, interfering, and either covertly or overtly hostile. Further, he found neglecting mothers unresponsive in that they tend neither to initiate interaction or respond sensitively to their children's behavioral signals and other communications. Correspondingly, he showed that the infants of controlling mothers are generally difficult, the infants of unresponsive mothers generally passive, and the infants of sensitive mothers generally cooperative (Crittenden, 1981, 1985).

As Garbarino and Sherman (1980) defined the term "economic scarcity" earlier, Crittenden (1985) used the term to describe the behavior of abusive mothers. Abusive

mothers behave as though they perceive the world as one that demands that they establish control in order to satisfy wants that must often be imposed on others in spite of objections. Neglecting mothers behave as though they do not believe that relationships can meet their needs or that they can effectively elicit a satisfying response, so they describe a model of emptiness and depression. The adequate mothers, by contrast, seem to focus on the process of exchange and reciprocation. They expect their babies to respond with pleasure and believe that in return they can gratify their infants. The accompanying effect is clearly that of pleasure and satisfaction.

George and Main (1979) observed abused toddlers. They found abused toddlers to be avoidant and hostile both with day-care providers and with peers. The children appeared to have generalized their experiences with their mothers to new relationships (Crittenden, 1985).

Crittenden (1985) found that mothers in the adequate group have more supportive as well as satisfying social relationships than the mothers in either the neglect or combined maltreatment groups. Adequate mothers, according to the researcher, are older, better educated, and more often married than neglecting or maltreating mothers, so it appears that they are more self-sufficient and less in need of social support. Neglecting and maltreating mothers, although in much greater need of support, are nevertheless more likely to avoid or offend potential sources of help.

Gil (1970) stated that maltreating parents may perceive network members who confront them on issues of child rearing as more threatening than supportive. This is true even though there are no between-group differences in family income, and in spite of the fact that the maltreating and adequate families often live in the same neighborhoods and therefore have equal access to neighborhood resources (Crittenden, 1985).

Vukelich and Kliman (1985) found that adolescent mothers rely heavily on family and friends, potentially unreliable sources of information. Much of the literature on adolescent parents (Magid et al., 1979; McKenry et al., 1979) suggest that many of the myths and inaccurate assumptions about child care and child rearing continue from one generation to the next. All of the mature and teenage mothers in Vukelich and Kliman's (1985) study had some inappropriate developmental expectations for children, but the teenage mothers had considerably less knowledge of child development than the mature mothers. Ogg's (1975) findings substantiated that adolescent mothers often possess inappropriate expectations.

Both overestimations and underestimations of development are important to understanding a mother's relationship with her infant (Vukelich and Kliman, 1985). The mother who expects her infant to perform a behavior earlier than is normal may become inappropriately distressed about her infant's so-called delayed development. She might be more

likely, according to Davoren (1975), Fishback (1980), Jeffrey (1976), and Pollach and Steele (1972), to become an abusing parent. This may occur because the parent believes her child could perform the behavior but chooses not to. If the conclusion of these studies (Davoren (1975), Fishback (1980), Jeffrey (1976), and Pollach and Steel (1972) are accurate, then the findings of Vukelich and Kliman's (1985) study is alarming because not only did the teenage mothers expect many of the described behaviors sampled on the Parent's Expectation Scale to occur earlier than child did development experts, but their underestimations for when a behavior should occur were wrong by several months. Ogg's (1975) findings further substantiated these findings. Married adolescents in rural Pennsylvania were interviewed, and 90% of those had inappropriate behavioral and growth expectations for their babies. Sparling (1980) found the younger the mother the less her knowledge of child development. These findings indicate the need for programs to help people learn parenting and nurturing skills.

<div align="center">Aspects of Treatment Programs</div>

The way a parent reacts to child-oriented situations is based on experiences in their past. If their childhood involved abusive altercations, then the parent will probably call upon these experiences to handle current situations. This leads to abuse since the parent "remembers" no other way to handle discipline or guidance. Treatment pro-

grams have been found to help parents develop or modify their current parenting skills.

Before creating a treatment program, developers must understand or have gained an insight into abusive behavior. Bavolek, Kline and McLaughlin (1979) identified four parenting behaviors which are commonly seen in abusive families. The following four patterns were the basis for the development of many treatment programs.

Inappropriate Parental Expectations
of the Child

Parenthood creates a whole new area of stress. This is especially true if a parent has unrealistic expectations for his or her child. From the time a child is born, a parent may expect and demand behavior that is developmentally inappropriate. Bavolek and Bellinger-Bavolek (1986) believe that these expectations arise from two major factors: 1) a lack of knowledge concerning the developmental capabilities of a child at a certain age; and 2) the parents' need to increase their own personal self-worth through their parenting roles. Parents may expect a child to be toilet-trained by 12-18 months of age, talking by two years of age, and responding to commands at birth. These are inappropriate demands, so when the child is unable to meet these expectations, the parents' self-worth and esteem are threatened which in turn affects the treatment of the child (Bavolek & Dellinger-Bavolek, 1986, p.2).

Parental Lack of Empathic Awareness

of the Child's Needs

Empathy deals with the ability to understand the condition or state of mind of another person without actually experiencing their feelings. A parent must be able to participate in their own child's feelings and ideas. However, abusing parents often display the inability to be empathetically aware of their child's needs. A parent's inability to empathize profoundly affects the child. An infant whose demands and needs are not met often fails to develop a basic sense of trust. Furthermore, such infants develop low self-esteem and a displaced sense of guilt (Bavolek & Dellinger-Bavolek, 1986, p. 2-3).

Parent-Child Role Reversal

Abusive parents tend to look to the child for satisfaction in their own emotional needs. Bavolek (1984) observed that abusive parents often expect the child to fulfill their emotional needs by being sensitive and responsive. When this unrealistic system fails, abuse is often the result of the parents' unfulfilled needs (Bavolek & Dellinger-Bavolek, 1986 p. 4-5).

Parental Value in Physical Punishment

The fourth behavior associated with abusing parents is the perceived value of physical punishment. Abusive parents often believe that the use of physical punishment

helps to control the child and to reaffirm each role in the family system. Physical punishment shows that the parent is "boss" and that the child "can't get away with anything." Bavolek and Dellinger-Bavolek (1986) believe that a parent does not use physical punishment haphazardly, but "as a unit of behavior designed to punish and correct specific bad conduct or inadequacy on the part of the child" (Bavolek & Dellinger-Bavolek, 1986 p.4).

Nurturing Program

Bavolek, Comstock and McLaughlin (1983) used these four identified patterns as a foundation in the development of the Nurturing Program. The Nurturing Program's essential goal is to decrease the level of family violence, to promote healthy, nurturing behaviors in parents and their children, and to build strength in the previously mentioned patterns of inappropriate parenting. The program is based on a specific philosophy. The first assumption is that the family is a system, and that all members should participate in the program. Also, family members need to be involved in affective and cognitive experiences. Bavolek, McLaughlin and Comstock (1983) found that the level of family dysfunction decreases as the family members' self-esteem and self-concept increase. This indicates the need to develop and increase positive interactive patterns within the family and to increase feelings of self-worth. The fourth assumption in the underlying philosophy is that families can

manage behavior without the use of physical punishment. The program presents and encourages parents to adopt different guidance or behavior management techniques.

The initial validity study was performed in six cities in the midwest. The families participating in the study were identified by social services as being recognized and reported for cases of physical and/or emotional abuse. There were 121 abusive adults and 150 abusive children. Parents and their children 4- to 12-years of age were required to attend a group program for 15 consecutive weeks. Results reported by Bavolek, Comstock and McLaughlin (1983) indicated that of this group, 79% of the adults and 83% of the children voluntarily completed the program. Test results indicated that the abusive parents had adopted and utilized alternative methods for disciple such as time-out and praise. They demonstrated empathy towards their children by recognizing and accepting their children's feelings and needs, increased their own self-awareness and self-concept, and learned age-appropriate expectations of their children. Parents significantly increased their self-awareness, became less inhibited, and decreased their anxiety. The results also showed that the family cohesion, organization and communication significantly increased as family conflict decreased. Most of the parents reported that the program helped them learn more and new appropriate ways to raise children.

A year-long follow-up study indicated that 42% of the families were no longer erceiving services from county departments of Social Services for child abuse and neglect. Two years after the program, only 7% had been charged with additional counts of child abuse. Bavolek and Dellinger-Bavolek (1986) conducted another study in the fall of 1984 and spring of 1985 with families enrolled in Head Start programs in a seven-county area in Wisconsin. The results indicated that the parents made the same significant gains and losses as in the previously stated results.

Bavolek and Dellinger-Bavolek conclude:

> ... the single most expressed comment from the parents focused on the growth they felt as men and women. Building a positive self-concept and self-esteem, coupled with an increase in becoming more empathetically aware of children's needs, is by far the most effective intervention strategy designed to reduce the potential of child maltreatment. Once again, the research indicates that when parental empathy increases, violence towards children and family dysfunction decreases. Unlike other parent education programs, whose focus is primarily teaching child development and behavior management to parents the focus of the nurturing program is to work with the entire family in building more empathic parent-child interactions. It is through such an approach that education to build healthier families and reduce the potential for child maltreatment should be directed (p.21).

CHAPTER III

METHODOLOGY

Type of Research

In the field of social sciences, one of the most com-
monly used methods of research is descriptive research.
Descriptive research systematically describes the charac-
teristics and facts of a given population or area of inter-
est, factually and accurately (Issac and Michael, 1981).
Furthermore, detailed factual information can be collected
from which it can be determined what others are doing with
similar problems or situations. These experiences can be
of benefit in making future plans and decisions. Surveys
are also excellent vehicles for the measurement of atti-
tudes and orientation prevalent with a large population.

Subjects

When the Nurturing Program sessions began there were
eight subjects. Six participants were ordered by the court
to attend the program. One of the subjects was referred by
the Department of Human Services because of the stress she
was having with her handicapped child. The eighth subject
voluntarily accompanied her sister, who was one of the six
court-ordered attendants. There were seven female subjects

and one male. The subjects volunteered to take the pre-test during the second week of classes (Appendix D).

When the program was completed, only three subjects were still attending. All three of the females completed the post-test during the last class session. The other five subjects did not complete the program because two relocated in other communities, two simply ceased attending, and the fifth relocated because of difficulties with a state agency. The Nurturing Program was conducted at the Parent's Assistance Center. This center, which helps parents deal with various parenting demands, is open to anyone within the community.

Parents Assistance Center

A non-random sample was taken of parents attending the Parents Assistance Center in Stillwater, Oklahoma. The parents that came to the center tended to experience inter-action difficulties with their children. The parents became aware of the center through the Department of Human Services and other agencies that made a pamphlet available with information concerning the program. Parents were also ordered to attend the Parents Assistance Center by the judicial court system. The parents tended to have inappro-priate expectations of age-related development, and parent and child family role reversals. Furthermore, they lacked empathic understanding of childrens' needs and strongly

believed in the use of both physical and mental punishment (Deeds et al., 1985).

The center's acting director and volunteers provide counselling, advice and information intended to help parents and their families. The center offers a course called the Nurturing Program, which parents and children attend to help with problems with themselves and families. There is a twenty-four hour hotline for parents to use when they need someone to talk to and/or gain information and advice.

The Nurturing Program

The professionals at the Parents Assistance Center make use of a program called the Nurturing Program (Bavolek and Comstock, 1985) which helps parents acquire skills and knowledge of parenting so as to increase positive interaction and experiences with their families. The goal of the program is to change existing inappropriate interaction patterns involving inappropriate parental expectations of the child, parental lack of empathic awareness of their child's needs, parental value in physical punishment, and parent-child role reversal. The parents and children in this study participated in separate programs that met at the same time for two and one-half hours, once a week, for fifteen consecutive weeks. The director of the sessions used a training manual designed for parents. The parents also watched films and listened to cassettes designed to teach them new skills and behavior management.

Instrumentation

The instrumentation for this project consisted of three parts: Individual Information Form (Appendix A), the Knowledge Inventory of Development and Behavior: Infancy to School-Age (KIDS) (Fulton and Anderson, 1986) (Appendix B), and the Child Abuse Potential Inventory (CAP) (Milner, 1980) (Appendix C).

Individual Information Form

The Individual Information Form recorded personal information concerning the subject and his or her family. This information included race, age, sex, highest level of education, and marital status. The subject and his or her spouse's current employment status and occupation were also included. The form further dealt with the number of children, if any, age of the children, and their exposure to classes that dealt with child growth and development.

Knowledge Inventory of Development and
Behavior: Infancy to School Age

The Knowledge Inventory of Development and Behavior: Infancy to School-Age (KIDS), consisted of 48 statements describing children at different ages. Subjects were asked to read each characteristic and decide when they would expect a child to first show the behavior described. The subjects' four choices were (a) Infancy (birth to 12

months), (b)Toddler (one- and two-year-olds), (c) Pre-
schooler (three through five years), and (d) School-age
(six through twelve years).

The purpose of this Inventory was to determine an
individual's knowledge of a child's growth and development
from birth to school-age. The total possible score was 48
points. This total score was divided into the four age
groups. The infancy category had a total of 13 points and
the toddler category had a total of 11 points possible.
There were 12 points possible in the preschooler and
school-age subscales.

When using the Cranback's alpha coefficient of inter-
nal consistency, DeMarco (1987) found the reliability
scales to be as follows: .8309 for the total test, .6721
for the toddler subscale, .6949 for the infancy subscale,
.6564 for the preschool subscale and .6388 for the school-
age sub-scale.

Child Abuse Potential Inventory

The Child Abuse Potential Inventory (CAP) consisted of
160 statements concerning parents' feelings toward them-
selves, children and parenting. The subjects were to
respond by selecting "agree" or "disagree" after hearing or
reading each statement.

The CAP was developed by Joel S. Milner, Ph.D. (1980)
from the Department of Psychology at Western Carolina Uni-
versity. The CAP was developed to provide professionals

with a simple, client administered measurement device which could be employed in the screening of individuals suspected of abuse. A secondary purpose was to provide a tool for the screening of individuals such as foster parents, day care staff and other child-care workers who provide direct services to children.

The various studies conducted by Milner (1980) indicated that the CAP not only differentiates between groups of physical abusers, at-risk parents, neglectful parents, and comparison subjects, but also individually separates physical abusers and comparison subjects. The overall correct classification rate in Milner's cross-validation study was 85.4%, and discrimination was better for the controls (88.2%) than for abusers (82.9%), whereas, the second validation study resulted in an overall rate of 96%, where 100% of the controls and 92% of the abusers were correctly classified (Milner, 1980).

Milner also stated that the Child Abuse Potential Inventory could be used to confirm that designated individuals are actually at risk for maltreatment. This may help various agencies or community programs to provide evidence of need when seeking funds. Milner (1980) stated that various agencies have successfully utilized this instrument with a pre-test and post-test method to evaluate the effectiveness of their programs. The validity was established after conducting two validity studies. The validity data indicates that the Inventory has acceptable sensitiv-

ity/specificity values (for the samples employed thus far), especially for an instrument designed as a screening device. The summary of the two concurrent validity studies indicated the sensitivity was 94% correct (correctly identifying known active abusers). The specificity, the ability to identify non-abusive parents, was 100% correct. The author noted that further study was needed for predictive validity, as with other validity data.

The reliability data suggested that the Inventory Abuse Scale has acceptable internal consistency for central high risk and abuse groups and for gender, age and educational levels. Temporal consistency was also comparable to other similar instruments. The types of reliability coefficients used for internal consistency were the split-halfs. Split-half reliability coefficients were obtained by using a split-half technique (odd vs. even items) with appropriate corrections for the full length of the test by the Spearman-Brown formula.

The CAP Inventory (Milner, 1980) contains ten scales. The primary scale was the abuse scale which contains 77 items. This scale is divided into six subscales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others.

The distress, rigidity and unhappiness scales seem to describe psychological difficulties whereas interactional problems experienced by the subject is indicated by problems with others, problems with family, and problems with

child and self. The following sections briefly describe
each sub-scale. These scales were determined by various
items dispersed throughout the Inventory to further assure
validity.

Distress Scale

This subscale deals with personal distress and indi-
cates a person with adjustment problems. Feelings of sad-
ness, frustration, anger, confusion, fear, depression,
loneliness and rejection are experienced (Milner, 1980).

Rigidity Scale

This subscale indicates rigidity in a person's atti-
tudes toward the behavior and appearance of children.
Agreeing with statements that children should be neat,
orderly in their behavior, obedient, clean, quiet, atten-
tive, and that they should not be seen, heard, or allowed
to talk back represents this behavior. A second rigidity
element involves beliefs that a home should be spotless and
nothing should be displaced (Milner, 1980).

Unhappiness Scale

This subscale is represented by more positive
responses to unhappiness items and less negative responses
to happiness items. Some of these items refer to not hav-
ing a good life, being unhappy, not having a good sex life,
rarely laughing, not being in love, not having close

friends, not feeling better than others and being unlucky (Milner, 1980).

Problems with Child and Self Scale

This subscale identifies persons who describe their children in a negative manner. The items suggest perceptions of limited ability and competency in the child and limited physical ability in the person. The items relating to the child deal with a child who gets in trouble often, who is slow, who is bad, and who has special problems. The identifying self items deal with having a physical handicap and not being healthy (Milner, 1980).

Problems with Family Scale

This subscale deals with a variety of problems that may occur within a family structure. Some of the items deal with fighting and getting along (Milner, 1980).

Problems from Others Scale

The last subscale deals with overall interactional difficulties in social relationships. The responses indicate that the subjects' lives have been made hard and unhappy by others. This indicates that the person sees relationships with others as a source of pain, grief and disappointment instead of a source of help (Milner, 1980).

Additional Scales

The Inventory also contains three validity scales: Lie Scale, Random Response Scale and the Inconsistency Scale. These are used to determine three response distortion indexes: The faking-good index, faking-bad index and the random response index (Milner, 1980).

The Lie Scale is an 18-item validity scale used to identify individuals who attempt to mask their responses in a manner that has them appear more socially desirable. The Lie Scale was developed to help lower the number of false negative classifications (Milner, 1980).

The Random Response Scale identifies individuals who attempt to mask their feelings by responding in a random manner. This random response may evolve from the need to appear in a socially desirable manner. Identifying respondents who respond randomly helps to minimize the chances of misclassification (Milner, 1980).

Robertson, Milner and Gold (1986) developed the Inconsistency scale to compliment the random response scale. The scale increases the availability of identifying respondents displaying faking-good behavior (Milner, 1980).

These validity scales are used to determine three response distortion indexes: the Faking-Good Index, the Faking-Bad Index and the Random Response Index (Milner, 1980).

Data Collection Procedure

Data was collected from the adults enrolled in the Nurturing Program at the Parents Assistance Center. The director of the Parents Assistance Center discussed the project with the subjects during a class session. The director explained to the subjects that he/she wanted them to complete two questionnaires concerning themselves, their children and parenting. They were assured that their names would not be used, nor would anyone other than the director and facilitator know of their involvement. All subjects agreed to participate in the study (Appendix D).

The data was collected from eight subjects at the beginning of the Nurturing Program sessions. During the second week the director or facilitator administered the questionnaires during the two nightly class sessions. The facilitator handed out a test to each person. All answers were recorded directly on the test (evaluation) forms. The test was conducted orally. The facilitator reviewed the directions and helped to complete the demographic form. The forms were coded at the same time for future comparison. When it was time to begin the questionnaires the director read each item out loud to the subjects. This was in consideration of the subjects' limited literacy.

After the questionnaires were completed the director or facilitator collected the completed questionnaires. The two questionnaires were coded and stapled together so the researcher knew which two tests were taken by the same per-

son. The researcher picked them up the following Monday
and started computing the data. None of the parents were
present when the researcher visited the center.

After the fourteenth week the Nurturing Program was
completed. The procedures during the post-test were the
same as the pre-test. The subjects were then retested by
the facilitator and the data was analyzed to determine if
there was a difference in the scores on the questionnaires
at the beginning and the end of the Nurturing Program.

Statistical Procedure

Percentage and frequencies were used to compare the
responses on both questionnaires and by considering various
variables in different comparisons. Tables were created to
indicate the differences between the subjects. Since the
sample numbers was so limited only hand computations and
careful comparisons were utilized. Furthermore, t-tests
were run to determine any trends between the knowledge of
child development and the potential for abuse. A Person-
Correlation was utilized to determine if there was a rela-
tionship between KIDS and CAP scores.

CHAPTER IV

RESULTS

Description of Subjects

Table I represents the eight people who participated in the pre-test and the three subjects who completed the post-test. This table gives details from the subjects individual information forms found in Appendix A.

Pre-test

There were seven females and one male who were all Caucasian. All of the subjects were in their twenties, with 62.5% being between 24 and 26 years of age. The subjects' highest level of completed education ranged from ninth grade to attending college without graduating. Of the participants, 37.5% of them did not complete high school and 25% attended college, yet did not graduate.

Fifty percent of the subjects had one child and 25% had four children within their family structure. The ages ranged from 18 months to seven years of age. Before the Nurturing Program began, 62.5% of the subjects had taken classes pertaining to child growth and development whereas 37.5% subjects had not. Fifty-five percent of the subjects had been married at least once. Twenty-five percent of the

of the subjects were single and the other 25% were married
for the first time. The current employment status showed
that 87.5% of the subjects were unemployed, with 62.5% of
them actively looking for employment. Only one subject was
currently working part-time as a microfilmer. All three
spouses were working full-time at blue collar jobs.

Post-Test

Each of the three of the subjects who completed the
program were female and single. Two of the participants
completed high school and the third participant had a 10th-
11th grade education.

Two of the participants had one child and the other
subject had four children. Two of the subjects had been
involved with classes pertaining to child growth and devel-
opment. All three of the subjects were unemployed, yet two
were looking for work.

Child Abuse Potential Inventory Results

The results from the Child Abuse Potential Inventory
indicated that only 50% of the pre-test scores (four of
eight tests) were interpretable. Three individual (S2, S3,
S6) validity scales indicated faking-good behavior, whereas
one (S8) showed random responding. Thus, this data is con-
sidered unreliable. Of the eight subjects, six were
ordered by the court to attend this program because of

TABLE I

CHARACTERISTICS OF SUBJECTS

Characteristic	Pre-test		Post-test	
	N	%	N	%
Sex				
Female	7	87.5	3	100.0
Male	1	12.5	0	0.0
Race				
Caucasian	8	100.0	0	100.0
Black	0	0.0	0	0.0
Age				
Less than 20	0	0.0	0	0.0
21-23	2	25.0	1	33.3
24-26	5	62.5	2	25.0
27-28	1	12.5	0	0.0
# of Children				
None	1	12.5	0	0.0
One	4	50.0	2	66.6
Two	1	12.5	0	0.0
Three	0	0.0	0	0.0
Four	2	25.0	1	33.3
Highest Level of Completed Education				
9th grade	1	12.5	0	0.0
10th-11th grade	2	25.0	1	33.3
High school graduate	2	25.0	2	66.6
Attended Vo-Tech	1	12.5	0	0.0
Attended college without graduating	2	25.0	0	0.0
College graduate	0	0.0	0	0.0
Current Employment Status				
Unemployed, looking for work	5	62.5	2	66.6
Unemployed, not looking for work	2	25.0	1	33.3
Work part-time	1	12.5	0	0.0
Work full-time	0	0.0	0	0.0

TABLE I (Continued)

Characteristic	Pre-test		Post-test	
	N	%	N	%
Current Job				
Microfilmer	1	12.5	0	0.9
Marital Status				
Single, never married	2	25.0	1	33.3
Single, previously married	3	37.5	2	66.6
Married, first time	2	25.0	0	0.0
Remarried	1	12.5	0	0.0
Spouse's Current Employment Status				
Unemployed, looking for work	0	0.0	0	0.0
Unemployed, not looking for work	0	0.0	0	0.0
Work part-time	0	0.0	0	0.0
Work full-time	3	37.5	0	0.0
Spouse's Current Job or Occupation				
Sheet metal worker	1	12.5	0	0.0
Local factory worker	1	12.5	0	0.0
Truck driver	1	12.5	0	0.0
Have Taken Classes About Child Growth and Development				
Yes	5	62.5	2	66.6
No	3	37.5	1	33.3
Oldest Child				
School-age: 6-12 years	3	37.5	1	33.3
Preschool: 3-5 years	2	25.0	1	33.3
Toddler: 1-2 years	2	25.0	1	33.3
Infant: 8-12 months	0	0.0	0	0.0

abusive behavior. These results show that of the four interpretable instruments only one was identified as an abuser. Two others were just below the cut-off scale of 166, with abuse scale scores of 160 and 163. The fourth subject, who came voluntarily, scored an 82.

Milner (1980) stated that the overall classification rate in a cross-validation study was 85.4% and discrimination was better for controls (88.2%) than for abusers (82.9%). The second validity study resulted in an overall rate of 96%, where 100% of the controls and 92% of the abusers were correctly classified. However, the correct classification rate for abusers in this study was 33% instead of 82.9% or 92%.

In a study by Milner and Ayoub (1980) in Oklahoma, a mean abuse score of 209 was found, Matthew (1984) noted a mean abuse score of 108 with parents in counseling in Missouri. When looking at all eight pre-test scores the abuse score mean for this data was 152 and the post-test mean abuse score was 125.3. However, the scores ranged from 41 to 339 in the pre-test and from 48 to 170 in the post-test.

The following section lists each subject and discusses the results of their data in (Tables II and III). Table II represents the eight pre-test scores and Table III details the post-test scores of the three participants who completed the program.

Subject 1

Subject 1 was a 25-year-old female with four children, ages 7, 6, 4 and 3. She had a ninth grade education, was divorced and worked part-time. The validity scale scores failed to show any response distortion indexes, so the data can be interpreted.

With 166 being a cut-off score, Subject 1's score was elevated at 219. The three elevated sub-scales were distress, problems with self and child and problems with family. The distress scale was only two points above the cut-off scale with the problems with child and self being five beyond the cut-off score.

These results indicated that this subject had abusive characteristics. The distress score indicated that she may have had feelings of loneliness, confusion, rejection, depression and other personal adjustment problems. Furthermore, the scales indicated difficulties in the family system, negative perceptions of the children, and physical problems with self.

Subject 2

Subject 2 was a 24-year-old female with one 3-year-old child. She had an 11th grade education, was unmarried and unemployed yet looking for work. This subjects validity scale scores indicated an elevated Lie Scale of 10 with the cut-off scale being seven. This indicated a faking-good index (an attempt to present herself in a positive manner).

TABLE II

PRETEST SCORES ON THE CHILD ABUSE INVENTORY

Subject	1	2	3	4	5	6	7	8
Validity Scale Scores								
Lie scale	0	10(E)	12(E)	2	1	13(E)	4	5
*RR Scale	2	4	1	2	4	2	0	3
**IC Scale	1	4	3	5	2	6(E)	4	7(E)
Response Distortion Index								
Faking-Good Index:								
L≥7 & RR≤5	–	E	E	–	–	E	–	–
Faking-Bad Index:								
RR≥6 & IC≤5	–	–	–	–	–	–	–	–
Random Response:								
RR≥6 & IC≥6	–	–	–	–	–	–	–	E
Abuse Scale Scores								
Abuse Scale	219(E)	72	41	160	82	137	163	339(E)
Distress Scale	154(E)	33	13	121	58	54	131	256(E)
Rigidity Scale	3	13	5	0	0	45(E)	2	9
Unhappiness Scale	6	18	8	13	18	7	11	17
Problems with child and self	16(E)	0	0	9	0	16(E)	1	22
Problems with family	38(E)	0	6	7	6	6	18(E)	19
Problems from others	2	8	9	10	0	9	0	8

*RR = Random Response   **IC = Inconsistency Scale   E = Elevated

TABLE III

SUBJECTS COMPLETING NURTURING PROGRAM

	4		5		6	
	Pre	Post	Pre	Post	Pre	Post
Validity Scale						
Lie	2	1	1	1	13(E)	12(E)
RR	2	1	4	2	2	3
IC	5	5	2	2	6(E)	6(E)
Response Distortion						
Faking-Good	-	-	-	-	(E)	(E)
Faking-Bad	-	-	-	-	-	-
Random Response	-	-	-	-	-	-
Abuse Scale Scores						
Abuse Scale	160	170	80	48	137	158
Distress	121	133	58	29	45	92
Rigidity	0	0	0	0	45(E)	29
Unhappiness	13	5	18	13	7	7
Problems with child & self	9	9	0	0	16(E)	15(E)
Problems with family	7	6	6	6	6	6
Problems from others	10	17	0	0	9	9

E = Elevated

manner). Since the faking-good index was elevated and the abuse scale was low the score cannot be interpreted. The score could not indicate if the subject was non-abusive or if she was able to successfully demonstrate faking-good behavior. None of the scores were elevated in the subscales.

Subject 3

Subject 3 was a single 21-year-old male. He had an Associate's Degree in auto mechanics and was unemployed, yet currently looking for work. This subject did not have children of his own, but was cohabiting with one of the other subjects. The Lie Scale was elevated at the score of 12 with a cut-off scale of 7. Scoring indicated that the faking-good index was elevated. Since the abuse score was not elevated, the scores were uninterpretable. The subscales were all below the cut-off score. He had a score of zero in the problems with family scale or the problems with child and self scale.

The faking-good index indicated that this subject was attempting to demonstrate behavior that had him appear in a positive manner. The score then could be achieved by either this behavior or the potential for abuse.

Subject 4

Subject 4 was a 25-year-old female with four children ages 7, 4, 3 and 18 months. She had less than a high

school education, was divorced, and currently unemployed yet looking for work. The validity scale scores failed to show any response distortion indexes. The abuse scale was 160, just below the 166 cut-off scale. None of the sub-scales were elevated. Since this subject was so close to the cut-off score she may have been a false-negative classification, which means an actual abuser has been classified as a non-abuser. Research with this cut-off score of 166 indicated that there tends to be more false-negative than false-positive classifications.

This inference is supported by the post-test results shown in Table III. Post-test abuse scale was 170, which exceeds the 166 cut-off score. This subject's distress and problems from others scores increased, whereas the unhappiness scale fell from 13 to 5.

Subject 5

This female subject was a single 25-year-old mother of a five-year-old child. She completed high school, was currently unemployed, and not looking for work. The validity scales failed to show any response distortion index.

The abuse scale for the pre-test was 82 with all other sub-scale scores being below the cut-off scale scores. The score of zero was obtained in the sub-scales: rigidity, problems with child and self and problems from others.

The post results, shown in Table III, showed a decrease of 34 points. This decrease was reflected in the

distress and unhappiness scales, whereas the problems with family scale stayed the same.

Subject 6

Subject 6 was a divorced 22-year-old mother with a 21-month-old toddler. She was a high school graduate who was currently unemployed and looking for work.

The pre-test validity scales showed that the Lie Scale and the Inconsistency Scale were elevated. These elevated scales indicated a faking-good behavior. This subject may have been attempting to reflect herself in a positive manner. Since the score was below the cut-off scale, it may have reflected either non-abusive behavior or successful faking-good behavior. The pre-test abuse score was 29 points below the cut-off scale.

Two of the sub-scales reflected elevated scores. The rigidity scale cut-off score was 30 with subject 6's score being 45. This elevated score indicated that this person has unrealistic expectations for children. Milner (1980) stated that this rigidity scale deals with the individual's attitudes toward the appearance and behavior of children. Subject 6's attitude was reflected through her opinions that children should be obedient, not talk back, be neat and clean, be quiet and attentive, and never cause trouble or disobey. Her attitudes concerning children were further reflected in the problems with child and self scale, which was elevated by five points. The elevated score identifies

parents who describes their children in a negative manner. The person believes the child to be slow, have special problems, be bad and get into trouble often.

The post-test results showed an increase in the abuse scale score. The abuse score rose from 137 to 158. Again, since the post-test validity scale scores represented a faking-good behavior, the score could not be interpreted with reservations.

Milner (1980) stated that research suggests that when the faking-good index and abuse scale are elevated the score can be used to identify abusive or non-abusive behavior. Since Subject 6's score is only eight points from the cut-off score, her attempt at faking-good behavior may have been successful.

The subject's post-test results also showed that the distress scale increased from a score of 45 to 92. The rigidity scale dropped from 45 to 29. However, the score of 29 is only one point from the cut-off score of 30. This indicates that after completing the program, this person may still have had rigid attitudes towards the behavior and appearance of children. Furthermore, the problems with child and self were still elevated with the score only changing from 16 to 15. The other three scale scores remained the same.

Subject 7

This 27-year-old female had two children, ages 4 and
7. She was married, unemployed and looking for work. She
attended college but did not graduate. Her spouse worked
full-time at a local factory.

The subject's pre-test validity scale scores failed to
show any response distortion index. The pre-test abuse
scale score was 163. The score of 163 is only three points
below the cut-off score of 166. The only sub-scale that
was elevated was the problems with family scale. The score
of 18 was the same as the cut-off score. The problems from
others score was zero, with the problems with child and
self being one and the rigidity scale score being two. The
distress scale score was 131. This score was 21 points
below the cut-off score.

Subject 8

Subject 8 was a married 25-year-old female with an 18-
month-old toddler. She attended college but did not gradu-
ate, and was unemployed and not looking for work. However,
her husband worked full-time as a truck driver.

The pre-test validity scale scores for this subject
showed an elevated random response scale. This indicated a
random response index. Milner (1980) stated that if the
random response index is elevated then the abuse scale
score will be elevated by chance. This may explain the

elevated abuse score of 339. Since this score was so much higher the data was uninterpretable. The distress scale accounted for the majority of the overall score with a sub-scale score of 256. The score of 256 was 104 points above the cut-off score.

Summary

The data gathered in this project indicated that the Child Abuse Potential Inventory may not have been able to discriminate between groups of abusers and control subjects in this study. If this instrument had been used to determine if the parents were abusers, as identified previously by the court system, then only one of the three would have been correctly classified. The subject who voluntarily accompanied an abuser was correctly classified as a non-abuser.

Knowledge Inventory of Development and Behavior: Infancy to School-Age Results

The Knowledge Inventory of Development and Behavior: Infancy to School-age (KIDS) was used to determine the current child development knowledge a person has. Table IV shows the pre-test scores on the Knowledge Inventory of Development and Behavior: Infancy to School-age (KIDS).

The overall scores ranged from 79% (38) to 39.5% (19) accuracy. The overall mean score was 29.5%. The toddler

TABLE IV

PRE-TEST SCORES ON KIDS*

Subjects		1	2	3	4	5	6	7	8	Mean Test
*KIDS overall	(48)	35	19	29	28	38	34	26	27	29.5
Infancy Score	(13)	7	4	8	9	11	9	5	4	7.1
Toddler Score	(11)	6	11	8	8	8	9	6	8	8.0
Preschool Score	(12)	10	3	8	7	11	9	6	7	7.6
School-age Score	(12)	12	1	5	4	8	7	9	8	6.8

*KIDS = Knowledge Inventory of Development and Behavior: Infancy to School-age

category had the highest mean score of eight and the school-age category had the lowest mean score of 6.8. The mean for the infancy and toddler categories were 7.1 and 7.6, respectively.

Parents (N=2) with a single child, toddler age, averaged 30.5 overall; parents (N=2) with a preschooler had a mean of 28.5. Parents (N=3) who had children ranging from 18 1/2 months to seven years of age had a mean score of 29.6. The subjects who had taken classes pertaining to child growth and development mean scores were slightly higher (30.8) than subjects who had no previous experience (27.3) with child development classes.

Table V includes the pre-test and post-test KIDS scores of the subjects who completed the Nurturing Program. The mean scores were obtained by adding up the scores and dividing by total number of subjects. There was a decrease in the mean overall scores, falling from 33.3 to 31.3. The pre-test and post-test mean scores for the Infancy and Toddler Scales remained the same. The school-age mean dropped from 6.3 to 5.7 with the preschool score dropping from 9 to 7.7. Parents possessed the most knowledge about the infancy stage and the least about school-age children.

These results indicate that the child development knowledge portion of the program was ineffective and non-beneficial to the participants. In fact, participants may have become more confused since the scores for the older categories dropped. Since most of the parents had younger

children the teaching emphasis may have been on the age of
the children in the program at that time.

TABLE V

SUBJECTS COMPLETING NURTURING PROGRAM
KIDS SCORES

	4		5		7		Mean	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
KIDS Overall	28	25	38	38	34	31	33.3	31.3
Infancy Score	9	10	11	10	9	9	9.7	9.7
Toddler Score	8	8	8	9	9	8	8.3	8.3
Preschool Score	7	4	11	11	9	8	9.0	7.7
School-age Score	4	3	8	8	7	6	6.3	5.7

CHAPTER V

SUMMARY, SUMMARY OF FINDINGS,

AND RECOMMENDATIONS

Summary

The major purpose of this study was to evaluate the
effectiveness of the Nurturing Program currently being used
at the Parent's Assistance Center. The secondary purpose
was to determine if there was a relationship between the
level of knowledge of child development and the potential
for abusive parenting. A third purpose was to see if an
instrument used to identify physical abusers, Child Abuse
Potential Inventor (Milner, 1980), is actually effective.
These assessments were done by utilizing the Knowledge
Inventory of Development and Behavior: Infancy to School-
age which deals with statements concerning child develop-
ment and the Child Abuse Potential Inventory which consists
of statements involving parents' feelings towards them-
selves, children and parenting.

The increased concern about child abuse has created
new ways to help identify abusive patterns. Research is
also creating programs which will help parents and care-
givers to develop and modify their nurturing or parenting
skills. It was the secondary goal of this project to see

if the abusers could be identified by the CAP, and then if the Nurturing Program could effectively modify and develop their parenting skills.

Summary of Findings

The primary purpose of this study was to evaluate the effectiveness of the Nurturing Program. The results are as follows:

1. Two of the three completing persons scored a higher abuse scale score on the post-test;

2. One of the two higher post-test scores moved into the abusive classification range;

3. The second higher post-test score was considered uninterpretable then and at pre-test time because of a response distortion index. The response distortion index was identified as faking-good behavior;

4. The third post-test respondent's abuse scale scores showed a decrease from 82 to 48. This person also failed to show a score during either test in the sub-scales: rigidity, problems with child and self and problems from others;

The secondary purpose was to determine the relationship between child development knowledge and the potential for abuse. The results are as follows:

1. The overall mean of the Knowledge Inventory of Development and Behavior: Infancy to School-Age

(KIDS) post-test results were lower than pre-test
results;

2. The pre-test and post-test results for the Infancy
and Toddler scales on the KIDS remained the same;

3. The t-test results showed no significant relation-
ship between the knowledge of child development and the
potential for abuse.

4. The Pearson Correlation showed no significant
relationship between KIDS and CAP scores.

5. The KIDS preschool and school-age post-test means
decreased.

The final goal of the study was to see if the Child
Abuse Potential Inventory identified abusers. The results
showed that of the four interpretable protocol, only one of
three identified abusers was classified as such. The sub-
ject who voluntarily accompanied a court-ordered partici-
pant was correctly classified as a non-abuser.

Overall, the test scores on the KIDS and CAP do not
support the effectiveness of the Nurturing Program. Two of
the results indicate that this program is ineffective
because the abuse scores increased. Another aspect to con-
sider is the parent's attitude and willingness to learn and
change. It was noted that the subject who voluntarily
accompanied a court-ordered participant was very eager and
willing to learn new parenting skills. Consequently, her
abuse score dropped from 80 to 48.

Recommendations

Due to the limited sample size, definite conclusions and recommendations cannot be made to other populations. It is therefore recommended that this study be replicated with a larger sample from a community assisted program. This replication study should thoroughly examine the content and usefulness of the program materials utilized with the participants.

A second recommendation is to follow-up the study after a pre-determined length of time to measure the lasting effectiveness of the program. Further studies need to compare parent and non-parent benefits from the program as well as analyze age, sex, and education differences of the parents and the children.

Finally, further work needs to consider utilizing the CAP and/or KIDS as a means of identifying areas where parents lack information about coping skills, child development and behaviors of children. In this way educators and social services workers can better develop programs to meet the needs of the parents attending publicly supported assistance programs.

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APPENDIX A

INDIVIDUAL INFORMATION FORM

INDIVIDUAL INFORMATION FORM

Please complete the following information in the space provided:

1. Your age:_____   race: ____white   ____black

2. Sex: Male____   Female____

3. How many children were in the family in which you grew up (brother and sisters counting yourself)?_____

4. Which child in the family were you?_____

5. If you had younger brothers and sisters, how many years younger than you was the youngest?_____

6. Do you have children of your own? ____Yes   ____No
   How many?_____   Ages of children:_____

7. What is the highest level of education you have completed?
   _____less than high school graduate
   _____high school graduate
   _____attended vocational/technical school
   _____attended college but did not graduate
   _____college graduate; major_____
   _____graduate education or professional training;
         major_____

8. Which of the following best describes <u>your</u> current employment status?
   _____unemployed, looking for work
   _____unemployed, not looking for work
   _____work part-time
   _____work full-time

9. What is your current job or occupation?_____

10. What is your marital status?
    _____single, never married
    _____single, previously married
    _____married, first time
    _____remarried
    _____other, specify_____

11. If you are married, which of the following best describes <u>your</u> <u>spouses</u> current employment status?
    _____unemployed, looking for work
    _____unemployed, not looking for work
    _____work part-time
    _____work full-time

12. What is <u>your</u> <u>spouses</u> current job or occupation?

    _____

13. Have you ever taken any classes related to child
    growth and development? _____Yes   _____No

14. a. pre-test
    b. post-test

APPENDIX B

KNOWLEDGE INVENTORY OF DEVELOPMENT AND

BEHAVIOR: INFANCY TO SCHOOL-AGE

KIDS

(Knowledge Inventory of Development and
Behavior: Infancy to School-age)

Key

INSTRUCTIONS: KIDS describes the characteristics of children at different ages. Think about the age you would expect a child to be when he or she first shows the behavior described. Use this key when thinking about your answers:

I = Infancy (birth to 12 months)
T = Toddler (1 and 2 year olds)
P = Preschooler (3 through 5 years)
S = School-age (6 through 12 years)

Circle the age to the right which you think MOST children are at when they FIRST show the behavior described.

At which age would you first expect most children to

1.	cut most of their permanent teeth	I	T	P	(S)
2.	boast or brag about what they can do	I	T	(P)	S
3.	feed themselves with a spoon	I	(T)	P	S
4.	attempt to imitate sounds made by people	(I)	T	P	S
5.	identify and name basic shapes (circle, square, etc.)	I	T	(P)	S
6.	like being played with, talked to and held	(I)	T	P	S

7.	play games that require following rules and taking turns (checkers, monopoly, team sports, etc.)	I	T	P	(S)
8.	pull themselves to a standing position	(I)	T	P	S
9.	use scissors to cut paper	I	T	(P)	S
10.	use the toilet with <u>little</u> adult assistance	I	T	(P)	S
11.	be able to pick up small objects (raisins, beads, dimes, etc)	(I)	T	P	S
12	enjoy pushing large objects, such as boxes, across the floor	I	(T)	P	S

13.	want to play almost exclusively with children their own sex	I	T	P	(S)
14.	hold and drink from their own cup or glass	I	(T)	P	S
15.	want to do things by themselves even though they aren't yet capable of doing the task on their own	I	(T)	P	S
16.	develop an interest in collections and clubs	I	T	P	(S)
17.	learn to ride a bicycle (two wheeler without training wheels)	I	T	P	(S)
18.	point to their nose when asked to do so	(I)	T	P	S

I = Infancy (birth to 12 months)
T = Toddler (1 and 2 year olds)
P = Preschooler (3 through 5 years)
S = School-age (6 through 12 years)

At which age would you first expect most children to

19. know that they are a boy or a girl..I T (P) S
20. imitate grownup roles in their play (firefighter, teacher, etc.)...............I T (P) S
21. practice simple skills with objects (dropping and throwing,
    opening and closing, putting together and taking apart, etc.)...............I (T) P S
22. enjoy playing near other children even though they have
    difficulty with cooperating and sharing...I (T) P S
23. enjoy telling jokes and riddles...I T P (S)
24. usually understand what is being said to them even though they
    don't always do as requested...I (T) P S

25. develop the skills needed to play ordinary games (ball,
    hopscotch, tag, jump rope, etc.)..I T P (S)
26. touch, handle and taste everything within reach................................(I) T P S
27. be concerned about what others think of them ....I T P (S)
28. hop on one foot...I T (P) S
29. have strong feelings about being treated fair................................I T P (S)
30. run to adults with complaints about other children...........................I T (P) S

31. show fear or cry when a stranger approaches...............................(I) T P S
32. put two or three words together in a sentence..............................I (T) P S
33. be concerned with gaining approval from their friends....................I T P (S)
34. cut their first tooth..(I) T P S
35. scribble when given a crayon or pencil.......................................I (T) P S
36. cry or be startled by strange objects and loud sounds and voices.........(I) T P S

37. do craft work with tools that require some skill and manipulation
    (making potholders, needlework, model airplanes, etc.)......................I T P (S)
38. pick out the larger of two circles when asked, "which is bigger?".........I T (P) S
39. identify and name pictures of familiar objects
    (ball, truck, doll, etc.)..I (T) P S

40. object when mother leaves and squeal with joy when she returns.........(I) T P S
41. be eager to help around the house...I T (P) S
42. sit alone..(I) T P S

43. sleep through most nights without wetting ....I T (P) S
44. recognize and respond to familiar people (mother,
    father, sister, brother, etc.)...(I) T P S
45. be able to cooperate and share with other children as they play...........I T (P) S
46. frequently say "NO!" to questions or requests...............................I (T) P S
47. imitate simple movements such as clapping hands..........................(I) T P S
48. understand that 10 pennies is the same as one dime.........................I T P (S)

APPENDIX C

CHILD ABUSE POTENTIAL INVENTORY

QUESTIONNAIRE FORM VI

Name: _____ Date: _____ ID#: _____

Age: _____ Gender: Male _____ Female _____ Marital Status: Sin___ Mar___ Sep___ Div___ Wid___

Race: Black ___ White ___ Hispanic ___ Am. Indian ___ Number of children in home _____

Other (specify) _____ Highest grade completed _____

INSTRUCTIONS: The following questionnaire includes a series of statements which may be applied to yourself. Read each of the statements and determine if you **AGREE** or **DISAGREE** with the statement. If you agree with a statement, circle **A** for agree. If you disagree with a statement, circle **DA** for disagree. Be honest when giving your answers. Remember to read each statement; it is important not to skip any statement.

●OOO

1.	I never feel sorry for others	A	DA
2.	I enjoy having pets	A	DA
3.	I have always been strong and healthy	A	DA
4.	I like most people	A	DA
5.	I am a confused person	A	DA
6.	I do not trust most people	A	DA
7.	People expect too much from me	A	DA
8.	Children should never be bad	A	DA
9.	I am often mixed up	A	DA
10.	Spanking that only bruises a child is okay	A	DA
11.	I always try to check on my child when it's crying	A	DA
12.	I sometimes act without thinking	A	DA
13.	You cannot depend on others	A	DA
14.	I am a happy person	A	DA
15.	I like to do things with my family	A	DA
16.	Teenage girls need to be protected	A	DA
17.	I am often angry inside	A	DA
18.	Sometimes I feel all alone in the world	A	DA
19.	Everything in a home should always be in its place	A	DA
20.	I sometimes worry that I cannot meet the needs of a child	A	DA
21.	Knives are dangerous for children	A	DA
22.	I often feel rejected	A	DA
23.	I am often lonely inside	A	DA
24.	Little boys should never learn sissy games	A	DA
25.	I often feel very frustrated	A	DA

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26.	Children should never disobey	A	DA
27.	I love all children	A	DA
28.	Sometimes I fear that I will lose control of myself	A	DA
29.	I sometimes wish that my father would have loved me more	A	DA
30.	I have a child who is clumsy	A	DA
31.	I know what is the right and wrong way to act	A	DA
32.	My telephone number is unlisted	A	DA
33.	The birth of a child will usually cause problems in a marriage	A	DA
34.	I am always a good person	A	DA
35.	I never worry about my health	A	DA
36.	I sometimes worry that I will not have enough to eat	A	DA
37.	I have never wanted to hurt someone else	A	DA
38.	I am an unlucky person	A	DA
39.	I am usually a quiet person	A	DA
40.	Children are pests	A	DA
41.	Things have usually gone against me in life	A	DA
42.	Picking up a baby whenever he cries spoils him	A	DA
43.	I sometimes am very quiet	A	DA
44.	I sometimes lose my temper	A	DA
45.	I have a child who is bad	A	DA
46.	I sometimes think of myself first	A	DA
47.	I sometimes feel worthless	A	DA
48.	My parents did not really care about me	A	DA
49.	I am sometimes very sad	A	DA
50.	Children are really little adults	A	DA
51.	I have a child who breaks things	A	DA
52.	I often feel worried	A	DA
53.	It is okay to let a child stay in dirty diapers for a while	A	DA
54.	A child should never talk back	A	DA
55.	Sometimes my behavior is childish	A	DA
56.	I am often easily upset	A	DA
57.	Sometimes I have bad thoughts	A	DA
58.	Everyone must think of himself first	A	DA
59.	A crying child will never be happy	A	DA
60.	I have never hated another person	A	DA
61.	Children should not learn how to swim	A	DA
62.	I always do what is right	A	DA
63.	I am often worried inside	A	DA
64.	I have a child who is sick a lot	A	DA
65.	Sometimes I do not like the way I act	A	DA
66.	I sometimes fail to keep all of my promises	A	DA
67.	People have caused me a lot of pain	A	DA
68.	Children should stay clean	A	DA
69.	I have a child who gets into trouble a lot	A	DA
70.	I never get mad at others	A	DA

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71.	I always get along with others	A	DA
72.	I often think about what I have to do	A	DA
73.	I find it hard to relax	A	DA
74.	These days a person doesn't really know on whom one can count	A	DA
75.	My life is happy	A	DA
76.	I have a physical handicap	A	DA
77.	Children should have play clothes and good clothes	A	DA
78.	Other people do not understand how I feel	A	DA
79.	A five year old who wets his bed is bad	A	DA
80.	Children should be quiet and listen	A	DA
81.	I have several close friends in my neighborhood	A	DA
82.	The school is primarily responsible for educating the child	A	DA
83.	My family fights a lot	A	DA
84.	I have headaches	A	DA
85.	As a child I was abused	A	DA
86.	Spanking is the best punishment	A	DA
87.	I do not like to be touched by others	A	DA
88.	People who ask for help are weak	A	DA
89.	Children should be washed before bed	A	DA
90.	I do not laugh very much	A	DA
91.	I have several close friends	A	DA
92.	People should take care of their own needs	A	DA
93.	I have fears no one knows about	A	DA
94.	My family has problems getting along	A	DA
95.	Life often seems useless to me	A	DA
96.	A child should be potty trained by the time he's one year old	A	DA
97.	A child in a mud puddle is a happy sight	A	DA
98.	People do not understand me	A	DA
99.	I often feel worthless	A	DA
100.	Other people have made my life unhappy	A	DA
101.	I am always a kind person	A	DA
102.	Sometimes I do not know why I act as I do	A	DA
103.	I have many personal problems	A	DA
104.	I have a child who often hurts himself	A	DA
105.	I often feel very upset	A	DA
106.	People sometimes take advantage of me	A	DA
107.	My life is good	A	DA
108.	A home should be spotless	A	DA
109.	I am easily upset by my problems	A	DA
110.	I never listen to gossip	A	DA
111.	My parents did not understand me	A	DA
112.	Many things in life make me angry	A	DA
113.	My child has special problems	A	DA
114.	I do not like most children	A	DA
115.	Children should be seen and not heard	A	DA

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116.	Most children are alike	A	DA
117.	It is important for children to read	A	DA
118.	I am often depressed	A	DA
119.	Children should occasionally be thoughtful of their parents	A	DA
120.	I am often upset	A	DA
121.	People don't get along with me	A	DA
122.	A good child keeps his toys and clothes neat and orderly	A	DA
123.	Children should always make their parents happy	A	DA
124.	It is natural for a child to sometimes talk back	A	DA
125.	I am never unfair to others	A	DA
126.	Occasionally, I enjoy not having to take care of my child	A	DA
127.	Children should always be neat	A	DA
128.	I have a child who is slow	A	DA
129.	A parent must use punishment if he wants to control a child's behavior	A	DA
130.	Children should never cause trouble	A	DA
131.	I usually punish my child when it is crying	A	DA
132.	A child needs very strict rules	A	DA
133.	Children should never go against their parents' orders	A	DA
134.	I often feel better than others	A	DA
135.	Children sometimes get on my nerves	A	DA
136.	As a child I was often afraid	A	DA
137.	Children should always be quiet and polite	A	DA
138.	I am often upset and do not know why	A	DA
139.	My daily work upsets me	A	DA
140.	I sometimes fear that my children will not love me	A	DA
141.	I have a good sex life	A	DA
142.	I have read articles and books on child rearing	A	DA
143.	I often feel very alone	A	DA
144.	People should not show anger	A	DA
145.	I often feel alone	A	DA
146.	I sometimes say bad words	A	DA
147.	Right now, I am deeply in love	A	DA
148.	My family has many problems	A	DA
149.	I never do anything that is bad for my health	A	DA
150.	I am always happy with what I have	A	DA
151.	Other people have made my life hard	A	DA
152.	I laugh some almost every day	A	DA
153.	I sometimes worry that my needs will not be met	A	DA
154.	I often feel afraid	A	DA
155.	I sometimes act silly	A	DA
156.	A person should keep his business to himself	A	DA
157.	I never raise my voice in anger	A	DA
158.	As a child I was knocked around by my parents	A	DA
159.	I sometimes think of myself before others	A	DA
160.	I always tell the truth	A	DA

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APPENDIX D

LETTER TO DR. BAVOLEK

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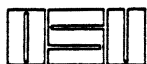
Oklahoma State University

DEPARTMENT OF FAMILY RELATIONS
AND CHILD DEVELOPMENT

STILLWATER, OKLAHOMA 74078
241 HOME ECONOMICS WEST
(405) 624-5057

January 28, 1987

2357 E. 1700South
Salt Lake City, Utah
84108

Dear Dr. Bavelek,

I am currently engaged in a research project with the Family Relations and Child Development Department at Oklahoma State University. My research deals with abusive parents currently attending the community's Parents Assistance Center. The facilitators at the center are using the Nurturing Program with their clients.

I am going to use a pretest/posttest method with the Child Abuse Potential Inventory at the beginning and end of the Nurturing Program. Since I am evuating this program I had the following questions:

1. Is there any background information of the Nurturing Program which relates to its effectiveness?

2. Have any descriptors/articles been written about the Nurturing Program in journals or newsletters?

I sincerely appreciate your time in answering my letter.

Sincerely,

Diane Wynne

CENTENNIAL
DECADE
1980·1990

APPENDIX E

PARTICIPANT PERMISSION FORM

Tuesday, January 20, 1987 or
Thursday, January 22, 1987

I agree to take these questionnaires given by the Parents Assistance Center in cooperation with the Family Relations and Child Development Department at Oklahoma State University, whom needs this for research. The purpose of this questionnaire is to determine how parents deal with parents' feeling and information about children, themselves, and parenting and how it relates to their parenting skills.

I have been given the assurance that this is completely confidential and no names will be used. The director or instructor(s) of Parents Assistance Center will be the only one(s) present while filling out the questionnaires.

_____

VITA

Diane Wynne

Candidate for the Degree of

Master of Science

Thesis: PARENTS AT RISK: AN INITIAL EXAMINATION OF A
         COMMUNITY TREATMENT PROGRAM

Major Field: Family Relations and Child Development

Biographical:

   Personal Data: Born in Oklahoma City, Oklahoma,
      October 30, 1959, the daughter of Robert K. and
      Darlene Wynne.

   Education: Graduated from Edmond High School, Edmond,
      Oklahoma, in May 1978; received Bachelor of
      Science Degree in Family Relations and Child
      Development from Oklahoma State University at
      Stillwater in July, 1984; completed requirements
      for the Master of Science degree at Oklahoma
      State University in December, 1987.

   Professional Experience: Lead teacher, Child
      Development Laboratories, Oklahoma State
      University, August, 1986 to May, 1987; graduate
      assistant and substitute teacher, Child
      Development Laboratories, Oklahoma State
      University, September, 1984 to May, 1986.