THE INFLUENCES OF A COMMUNITY PREVENTION PROGRAM ON PARENTING BELIEFS AND PARENTAL COMPETENCE

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ABSTRACT

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During the past decade, a wide assortment of prevention programs have been developed with the goal of stemming the escalating tide of child maltreatment in the United States. At this early juncture, however, most of these programs lack solid evaluations and information for replication. This investigation examined the influences of a community prevention program, the Family Growth Center (FGC) in Lansing, Michigan, on parenting outcomes.

Using a sample of thirty-one families, two one-way analyses of covariance clarified the extent to which utilization of FGC services and type of FGC service contributed to reported parenting beliefs and observed parental competence. A series of hierarchical regression analyses was performed to determine the influence of the Family Growth Center on parenting outcomes relative to other parent and family traits, and, to explore the degree to which parenting beliefs mediated the relationship between those traits and parental competence. Interviews with participant families provided qualitative data for case studies describing the subjective experiences of parent using the Family Growth Center.

At the end of twelve weeks, mothers who were high utilizers of FGC services were significantly different than low utilizers in level of empathy, role reversal, and provision of appropriate play materials in the home. The type of service provided at the Center did not matter. Results of the regression analyses showed that while parent/family traits were the most powerful influences on parenting outcomes, utilization of the Family Growth Center was a significant factor in explaining variance in parenting beliefs, particularly role reversal, as well as observed maternal responsivity, avoidance of restriction and punishment, and provision of appropriate play materials. Certain dimensions of observed behavior were affected by parenting beliefs, particularly those that relate to discipline and to physical and temporal environments. For other aspects of parental competence, maternal education and/or childhood abuse were the most powerful influences, regardless of parenting beliefs.

Data from the investigation were consistent with a proposed ecological model for prevention of child maltreatment, providing evidence that a proactive, enabling model of community support is a viable method for influencing parenting beliefs and parental competence, thereby reducing risk of child maltreatment.

In loving memory of my father, Rufus Williams, whose encouraging words and gentle guidance live with me still, and for my mother, Aldena Williams, whose life reminds me daily of what one person can do to ease the suffering in this world.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

I. INTRODUCTION

> No nation, and especially not this one at this stage in its history, can afford to neglect its children. Whatever importance we attach as a people to expenditure on armaments, to programs for older Americans, to maintaining high levels of consumption and to a hundred other purposes, the welfare of children has to be our highest priority... In the end the only thing we have is our young people. If we fail them, all else is in vain.
>
> Alan Pifer, Carnegie of New York

Since the passage of Child Protection Laws in the mid-70's, reports of child abuse and neglect have escalated dramatically. In 1986, 2.2 million children were officially reported as maltreated by child protective service agencies in the United States, an increase of 223% since 1976 (American Association for Protecting Children, 1987). Further, an incidence study conducted by the American Humane Society revealed that reported cases are only the tip of the iceberg; nearly two thirds of cases known to professionals are not reported to Children's Protective Service agencies (Russell and Trainor, 1984, p. 14). Research suggests that as abused and neglected children reach adolescence and adulthood, many become society's most disabled, dysfunctional and dependent individuals (Meyers and Bernier, 1987).

> Increasingly, child maltreatment appears to be a common denominator in our most serious social problems -- from delinquency and runaway behaviors of adolescents to violent and sexual crimes of adults. And, for many families, child maltreatment and family violence become patterns which are repeated in each new generation. (p. 25)

Our society's approach to the problem of child maltreatment is built on a deficit model; it is largely legalistic, punitive, and often ineffective. Resources and interventions are not made available until a "case" is reported, investigated, and substantiated by legal evidence of abuse or neglect. Once this labeling occurs, the family has access to rehabilitative services. But in becoming eligible for service, troubled families are segregated and relegated an underclass status in the community. Family stress frequently escalates due to the intrusion of public, accusatory agents into a domain generally considered private and protected. Parents respond defensively, becoming uncooperative and resistant to any "help" offered by their accusers. To obtain cooperation, legal action may be taken, with petitions filed to the juvenile court for state jurisdiction of the child. Or, if there is insufficient evidence for court action, the case is closed without service. Nearly half of the cases opened by Children's Protective Service agencies are repeat referrals (Michigan Department of Social Services, 1987). Efforts to improve the treatment of child abuse continue, but the enormous human and economic costs incurred in after the fact intervention have led to the belief that child maltreatment can and should be prevented.

While after the fact intervention can help prevent revictimization in some families, its potential to change already established dysfunctional patterns of parenting is limited. Large-scale studies of child abuse treatment programs suggest

that treatment may be effective in prevention of reoccurrence of maltreatment in fewer than half of participating families (Meyers and Bernier, 1987).

The case for prevention is strengthened further by the enormous cost of after the fact treatment. Daro (1988) calculated some of the direct public expenditures associated with child maltreatment and conservatively estimated that medical, educational, and foster care services for child abuse and neglect cases cost approximately $500 million each year in the United States. This price tag does not include indirect costs stemming from the aftermath of child maltreatment, such as treatment for victims, long term mental health services, and public and private institutionalization. In addition, the economic costs reflect only one dimension of the problem; the lost human potential and untold suffering which accompanies child maltreatment are immeasurable, but pervasive losses.

Further, it appears that the number of families at risk for child maltreatment is on the rise. A national profile of the maltreating population reveals that it is composed heavily of female-headed households, on public assistance, with younger caretakers and more children than families in the general population (Russell and Trainor, 1984). The proportion of families headed by single women and in poverty conditions has escalated dramatically in the past decade, raising serious concerns for the future of our nation's children (Children's

Defense Fund, 1988). The U.S. Census Bureau reports significant correlations between family type and poverty; a finding validated by the University of Michigan's longitudinal study of income dynamics (Duncan, 1984). Today, one-fifth of all families with children under 18 are headed by a woman, and, nearly one child in five lives in poverty. These facts suggest that the number of families at risk for child abuse and neglect is multiplying rapidly.

Clearly, our society cannot hope to stem this rising tide by relying on after the fact intervention. During the past decade, a wide assortment of prevention programs and policies have been developed. A concensus about the central characteristics of prevention is emerging, emphasizing a comprehensive approach with multiple strategies, delivered through a variety of community institutions representing all sectors, and targeted to both the general population and to high risk groups (Meyers and Bernier, 1987). At this early juncture, however, most of these programs lack solid evaluations and information for replication. This investigation examined the influences of a community prevention program, the Family Growth Center in Lansing, Michigan, on parenting outcomes.

1.1. PURPOSE OF STUDY

Among those prevention programs which have been implemented, many are never formally evaluated or reported in the professional literature. Helfer's (1982) review of the

prevention literature revealed that only three studies met his criteria for experimental research in preventing child maltreatment. The work of Boger et al. (1986, 1988) and Olds (1987) reflect changes in the pattern of primary prevention studies, but too few evaluation efforts are based upon sound empirical design. Without clear evidence of effectiveness, obtaining adequate commitment to and resources for prevention initiatives is difficult at best. In addition, the lack of evaluation data hampers diffusion efforts. As Krugman (1985) points out, the field must be willing to change if the data are convincing. But, when there are no data, the grounds for change remain theoretical and unconvincing.

An ecological review of the causes of child maltreatment illustrates the multiplicity of factors which combine to create role malfunction and pathological adaptation by care-giver and child. (An ecological model for the causes of child maltreatment is described later in this chapter, and a review of relevant literature is included in Chapter 2.) While economic hardship is an overwhelming characteristic of abusive and neglectful families, the inadequacy of social support and feedback to caregivers in our culture fuels isolation and stress, creating conditions under which maltreatment flourishes (Creighton, 1985; Polansky, et al., 1976; Gil, 1970; Gelles, 1973; Pelton, 1981; Garbarino, 1976; Egeland and Brunnquell, 1979).

In Lansing, Michigan, Child Abuse Prevention Services has established several services aimed at strengthening families and reducing risk of child maltreatment. The Family Growth Center (FGC) program is based on the above research findings and is delivered at neighborhood sites. The Center provides both informal and formal social support, including respite child care and parent education, as well as linkage to other more formal community resources to self-referred and agency-referred families.

The primary purpose of this research is to evaluate the effectiveness of the Family Growth Center, a community prevention program, in influencing parenting outcomes.

1.2. STATEMENT OF THE PROBLEM AND RESEARCH QUESTIONS

This study will examine factors related to parenting beliefs and parental competence, focusing particularly on the role played by a community prevention program in influencing these parenting outcomes. The following research questions are addressed:

1) In what way are parent/family traits related to parenting beliefs and parental competence?

2) To what degree is utilization of social support associated with parenting beliefs and with parental competence?

3) Are specific parent and family traits correlated with utilization of social support?

4) When confounding variables are controlled, is there a difference in parenting outcomes between high and low FGC utilization groups and between the FGC nurturing program group and a comparison FGC group?

5) What is the relative influence of a community prevention program (the Family Growth Center) on parenting beliefs and parental competence?

6) To what extent do parenting beliefs mediate the relationship between parent/family traits and parental competence?

1.3. CONCEPTUAL MODEL FOR THE INVESTIGATION

Bronfenbrenner's (1979) ecological model offers an ideal framework for building a comprehensive picture of child maltreatment. Using a series of nested concentric circles, Bronfenbrenner defines the levels of influence which affect the living organism. The immediate and most powerful setting, the family, is embedded within and interacts with institutional systems such as the school, neighborhood, and church. These institutions are, in turn, contained within a broader, cultural context, which limits and shapes what occurs in the inner circles. This cultural context is influenced by the historical period and the prevailing technologies and values of the time. In Bronfenbrenner's words, the ecology of human development is defined as:

> ...the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (p. 21).

As Garbarino (1977) points out, this ecological approach can "cope with the complexity of child maltreatment" (p. 722). Such a model focuses on the progressive mutual adaptation of

organism and environment and recognizes the interdependent interaction of systems and the importance of social context. Belsky (1980) hypothesizes that child maltreatment is multiply determined, that these multiple determinants are ecologically nested within one another, and that much theoretical conflict characterizing the study of maltreatment is more apparent than real. He adds Tinbergen's (1951) ontogenic level of development to Bronfenbrenner's ecological framework, differentiating those factors that the parent brings to the family setting from other microsystem influences. Viewing child maltreatment from an ecological perspective allows all the influences affecting parent-child interactions to become visible. Actions needed to prevent child abuse and neglect at each ecological level can then be proposed, discussed, implemented, and tested. If such activities occur simultaneously, a comprehensive, more efficient, approach is possible.

An ecological review of the causes of child maltreatment provided in chapter two suggests that variables at each level of the ecosystem contribute to this outcome (Figure 1.1). The fact that child abuse and neglect are recognized as issues of public concern is an encouraging first step. This chronosystem change began only a century ago and has grown significantly in intensity during the past two decades. Now, we struggle with the complexity and difficulty of the task before us.

At the macrolevel, cultural ideologies which devalue children and view them as property of their parents make maltreatment possible. Garbarino (1977) views the cultural justification of the use of force against children as one of two necessary conditions causing child abuse. The fact that Western culture allows, and even encourages, the use of force against children makes the difference between "discipline" and abuse unclear. In addition, serious deficiencies abound in this nation's public policies and practices related to child nurturing. An example of this is the blatant lack of a national day care policy (Bronfenbrenner, 1984). Cultural devaluing of children fosters inadequate public policies and practices, and both these factors contribute to insufficient social support. Frequently, this results in the isolation of families from potent social support systems, which, according to Garbarino, is the second "necessary condition" for child maltreatment. Child abuse can only occur when feedback and support are not adequately provided to persons in the caregiver role. Without support, stress becomes unmanageable, and without social sanctions precluding the use of force, unmanageable stress is fertile ground for child maltreatment.

At the micro-level, isolation and dysfunctional parenting beliefs stemming from parent history and the immediate family situation contribute to parental role malfunction. Helfer (1980) describes the "World of Abnormal Rearing" or "WAR" cycle, in which early childhood deprivations result in

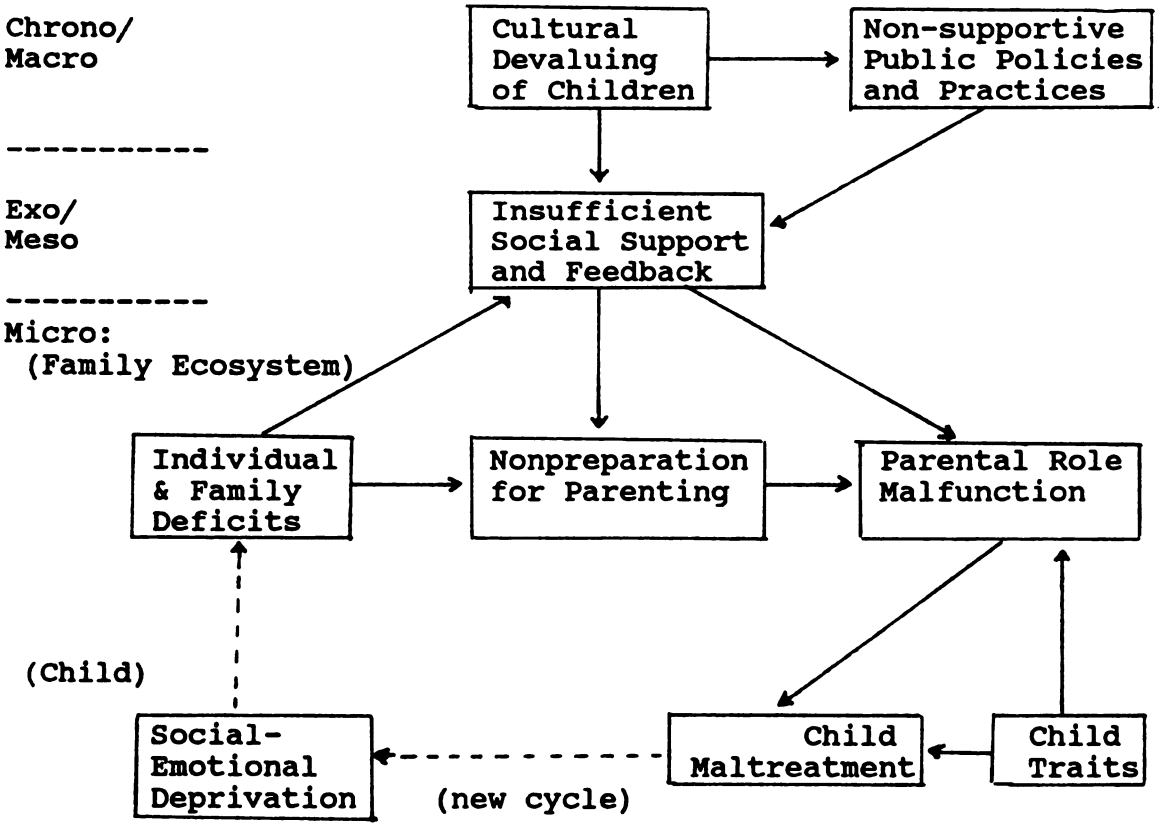
developmental deficits, preventing the child from learning interpersonal skills necessary for competent and satisfactory adult roles. Polansky's findings (1981) support Helfer's model. Following fifteen years of research on child neglect, he suggests that two major character disorders differentiate neglectful parents: apathy-futility or impulsivity, and, infantilism. Polansky concluded that the neglectful personality stems from intense, unresolved dependency needs. These personality deficits create barriers to effective peer communications, and, lead, in due course, to problems in parent-child interactions. They also contribute to family traits associated with child maltreatment, including early pregnancies, frequent separations, conflict ridden relationships, drug and alcohol abuse (Egeland and Brunnquell, 1979; Daly and Wilson 1985; Kaplan, et al., 1983).

The resulting parental role malfunction is evidenced in a pattern of negative interactions with the developing child. Wasserman, Greene, and Allen (1983) found that abusive mothers used less verbal teaching, initiated fewer activities with their toddlers, and ignored them more than control mothers. They concluded that the abusive parent and her infant are locked into a mutually reinforcing negative spiral. The child's part in this transactive relationship is recognized by several researchers (Klein and Stern, 1971; Steele, 1980; Hunter and Kilstrom, 1979; Glaser and Bentovim, 1979; Oldershaw, Walters, and Hall, 1986; Wasserman, Greene,

and Allen, 1983). This contribution may be biological (birth weight, handicapping condition) or behavioral. Wasserman, et al. (1983) found that infants who were abused more frequently ignored their mothers, while Oldershaw, et al. (1986) reported that children in an abusive group complied with their mother's commands less frequently than control children.

FIGURE 1.1

Ecological Framework: Causes of Child Maltreatment



Parental role malfunction and the negative relations between parent and child, then, are only the last of a series of conditions which result in child maltreatment. They also form the initial conditions leading to the potential abusive behavior of the abused child as an adult. Virtually every retrospective study of characteristics of maltreating parents identifies an abusive/neglectful background as a significant factor (Blumberg, 1974; Egeland and Brunquell, 1979; Polansky, 1981). With each abusive or neglectful parent-child relationship, there is potential for a new generational cycle to begin.

There is, however, no evidence to suggest that every adult who was abused or neglected as a child maltreats their own child. In fact, many survivors become healthy, well-functioning parents (Justice, Calvert, and Justice, 1985). Clearly, mediating factors can ensue to help break the cycle of child maltreatment.

As noted earlier, ecological theory, as well as empirical evidence suggest that one important mediating variable in family functioning is the availability and enactment of social support. Social networks and the support that members provide both directly (meso-system) and indirectly (exo-system) affect the behavior, attitudes, and beliefs of individuals (Bronfenbrenner, 1979; Dunst, 1986). In 1960, Litwak reported that support to parents may be effective in buffering the stress associated with the birth of a child.

Since that time, a sizable body of literature has grown, suggesting that social support has powerful mediational influences on family functioning (Boger, et al. 1983, 1986; Cochran and Brassard, 1979; Crockenberg, 1981; Hetherington, Cox, and Cox, 1976, 1978; McCubbin, et al., 1980; Mitchell and Trickett, 1980; Dunst, Vance and Cooper, 1986).

Summarizing results of eight cross-sectional studies over ten years of work with families of developmentally impaired or at-risk children, Dunst and Trivette (1987) report that social support accounted for a significant amount of variance in personal well-being and family functioning.

> ...(the) stresses and strains associated with the rearing of a disabled or at-risk child are lessened by support available to individual family members, particularly support that matches family identified needs (p. 17).

In a later publication based on the same studies, the researchers (Dunst and Trivette, 1988) state that parental attitudes toward and perception of their child are related to extrafamily support. They note that participant parents were less likely to portray their child's behavior as troublesome or difficult when social support, well-being, and interactional patterns moderated their perceptions.

Researchers have explored dimensions of social support and studied the relationship of these dimensions to various outcomes. Dunst (1985) reports that qualitative (satisfaction with support) rather than quantitative (number of sources of support) dimensions of support were the most important

mediators of family functioning. Clark (1983) found that help from esteemed network members who convey a sense of "we" rather than "you" and "I" in dealing with problems was more likely to produce beneficial effects. Vaux and Harrison (1985) found that satisfaction with support was related not only to the size of the support networks, but to closeness of network relationships, and composition of networks. The most important factors in satisfaction with social support were the existence of a marital or marital-like partner and the proportion of extended family and close friends in the network. Similarly, Giovannoni and Billingsley (1970) found that relationships within the kinships systems were more important correlates of maternal adequacy than relations with friends or neighbors. On the other hand, both Dunst (1985) and Crnic et al. (1983) found that extra-family or community support influenced parent perceptions about their children and buffered effects on parent-child interactions. Giovannoni and Billingsley (1970) reported that adequate mothers more frequently attended church and were much more often engaged in informal church activities than either potentially neglectful or neglectful mothers. These research findings, as well as others summarized in Chapter 2, suggest that social support, particularly informal assistance provided by family, friends, and neighbors is a powerful factor influencing parent attitudes and family functioning. In their integration of network analysis and child development knowledge, Cochran and Brassard (1979) postulate both

direct and indirect influences of family support networks on the developing child. The child is influenced directly by contact with persons outside the immediate family on a recurring basis, and indirectly, through the mediating influence of the parent. Dunst and Trivett (1988) hypothesize that the mediating influence of social support on parenting attitudes is explained by three factors:

- the assistance provided means that the burden of care doesn't weigh solely with one person, excessive time demands are minimized, reducing the probability that well-being is negatively affected;
- members of the parent's social network serve as models; parents adopt or modify their parenting styles if esteemed network members demonstrate effective and nurturing behavior;
- the opportunity to share "trials and tribulations" of childrearing with other parents helps individuals see that raising children is difficult and painful at times, and that no one person can do it alone.

The importance of social support in rearing children is intuitively logical and practically evident to anyone who has parented young children. But barriers to such support have escalated during the past fifty years in this country. Experts in child development frequently speak of the disintegration of the extended family in our industrialized society and its implication for young parents.

> With the disintegration of traditional modes of family life and of the rearing of children, in the wake of our century's massive urbanization and industrialization, we have lost the security people once derived from long-standing customs, from growing up as part of a large extended family, and from all other experiences these provided (Bettelheim, 1987, p. 8).

T. Berry Brazelton, an esteemed and frequently quoted expert on child-rearing, notes that when young mothers and fathers do not have another adult with whom to share negative, ambivalent feelings about their child, an isolated, frightening anxiety can build up. Brazelton links the increasing frequency of such isolation to our society's escalating incidence of child maltreatment, particularly for children who are at provocative, difficult stages of development (Brazelton, 1974). He concludes that communication with other parents who are going through similar struggles takes on a "therapeutic aspect". Other parents reinforce the positive while allowing ventilation of the negative sides of parental ambivalence. Such sharing frees the parents of restrictive emotional baggage which can interfere with their ability to provide a caring atmosphere for their children.

The difficulty of accessing adequate social support in this society is multiplied for parents who bring childhood deficits to their new role, as well as for those who are hampered by economic deprivation and isolating living conditions. Parents who were reared in dyfunctional families, where extended family members are not likely to communicate or model effective parenting, frequently lack the interpersonal skills required to build and maintain healthy support networks with partners or friends. In some cases, friends and family members may be available but their interaction patterns tend to escalate rather than dissipate

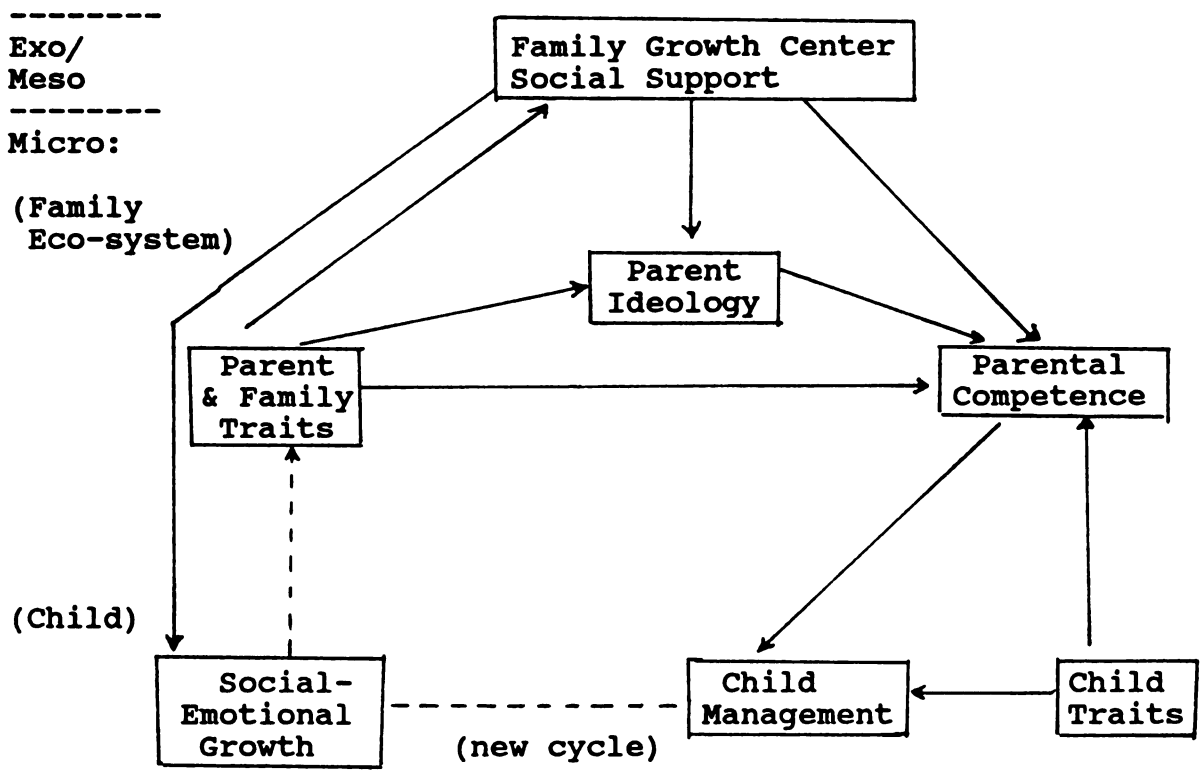
parental pressure. Such relationships can be intrusive and draining rather than supportive and energizing. These same parents, as well as others who function at higher levels, may also be coping with single parenthood, insufficient economic resources, inadequate housing, poor health, and other pressures which further erode their ability to be physically and emotionally available to their children.

An ecological model for community prevention of child maltreatment (Figure 1.2) reflects the complex etiology of the problem and recognizes the healing potential of positive social support systems.

In this model, the neighborhood Family Growth Center supplements the participant family's mesosystem, enhancing and expanding informal support networks and providing a bridge to formal support services. By proactively making available sufficient social support, the program enables and empowers parents to carry out their caregiving role. The increased level of social support and direct feedback influences parent ideology and competence, promotes effective child management and helps break the generational cycle of abuse and/or neglect. Because children are provided services at the center, it is hypothesized that the program also directly influences their social-emotional growth and future ability to parent. In these ways, the Family Growth Center program reduces risk of both current and future incidence of child maltreatment for participating families.

FIGURE 1.2

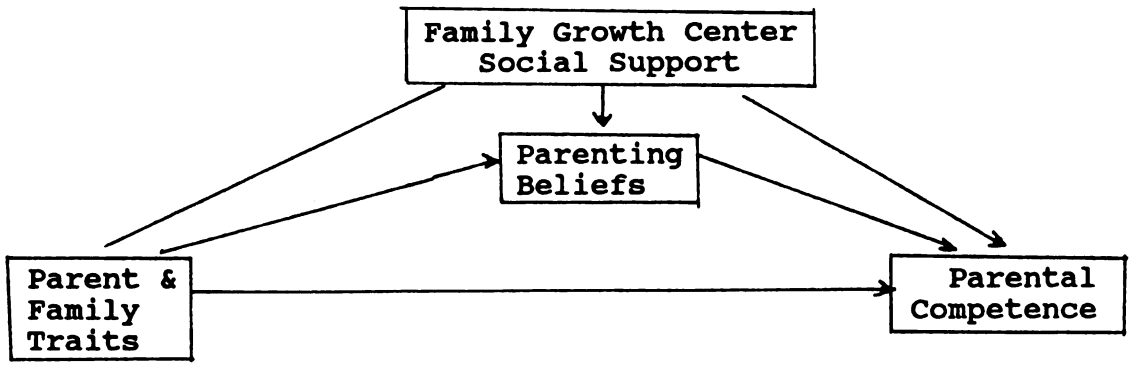
Child Maltreatment Prevention Model



In the current investigation, a portion of this model (Figure 1.3) will be tested in order to examine factors related to effective parenting beliefs and parental competence, particularly the relative influence of a planned community intervention on these outcomes.

FIGURE 1.3

Empirical Model for Investigation



1.4. ASSUMPTIONS

1.4.1. Ecological Assumptions

Subjective Reality

In ecological theory, reality is assumed to be both objective and subjective. But, as Urie Bronfenbrenner (1979) states, what matters for human behavior and development is environment as it is perceived by the developing individual rather than as it may exist in objective reality.

Reality is constructed by human beings (Bubolz, Eicher, and Sontag, 1979). This constructed reality interacts with the subject in determining behavior. Kurt Lewin expressed this relationship symbolically: B=f(PE), that is, behavior evolves as a function of the interplay between person and environment (Bronfenbrenner, 1979). This assumption of a subjective reality requires that research methodology and

program implementation incorporate both the human subject and the environment in which s/he is embedded. Ecologists further assume that it is impossible to understand behavior solely from objective properties of an environment without reference to its meaning for the people in the setting (Bubolz, 1988; Bronfenbrenner, 1979; Hook and Paolucci, 1970; Bubolz, Eicher, Sontag, 1979; Westney, Edwards, Brabble, 1986). Practical intervention must therefore recognize the legitimacy of the family's perceptions with respect to their concerns and needs, as opposed to relying on an outside observer's "objective" assessment of their reality.

Interdependence

Since its earliest beginnings, the field of human ecology has emphasized the interdependence between humankind and environment, holding that:

> ...the structure and behavior of organisms are significantly affected by their living together with other organisms of the same and other species and by their habitat (Ernest Haeckel, 1870).

Human development is thus a dynamic process, involving mutual accommodation between the individual and the changing properties of the immediate setting, as this process is affected by relations between and beyond these settings (Bronfenbrenner, 1979). Explanations for human behavior are to be found in the interactions between characteristics of people and their environments, past and present (Bronfenbrenner, 1979).

Pragmatism

Historically, human ecology has had the practical purpose of improving the well-being and life quality of humankind (Bubolz, 1988). Such a mission assumes application of theory and research to practice.

The human ecologist conducts research in actual environments (both immediate and remote) in which human beings live. Human ecologists are defined as "change agents", aiding society in moving toward a better understanding of human-environmental interactions (Westney, Edwards, Brabble, 1986). It is therefore fitting that ecological research and program implementation focus on solutions to important human problems, such as child maltreatment.

1.4.2. Assumptions about Child Abuse Prevention

Human Potential for Child Maltreatment

Child abuse prevention approaches assume that given sufficient environmental stress and accompanying inadequacy of personal and/or social resources, any adult is capable of maltreating a child (Gil, 1970; Gelles, 1973; Pelton, 1981). All families need information and social support in order to function adequately. Child maltreatment is therefore a symptom of family dysfunction; and, incidence of abuse and/or neglect is a social indicator reflecting the quality of life for families within a given society, community, or neighborhood (Garbarino, 1976; Garbarino, Sherman, and Crouter, 1979; Garbarino and Sherman, 1980; Steinberg et al., 1981).

Empowerment

Child abuse prevention programs are generally based on a philosophy of empowerment, and aim to build on family strengths during the natural course of the life cycle.

Although they may be targeted to certain high-risk groups, services are most often characterized by open eligibility and community-based delivery through either informal networks (churches, neighborhood associations) or formal institutions (schools, hospitals, mental health, family and children's agencies). Highly dysfunctional families are best integrated into community education and support services which are available to anyone who wishes to enhance positive interpersonal patterns and strengthen parent-child relationships. This blending of families with varying abilities and needs allows mutual support, and "freedom from drain" within the social network (Garbarino and Sherman, 1980).

Comprehensive Approach

Finally, given the complexity of child maltreatment, it is assumed that a comprehensive approach is necessary, one that employs multiple strategies and involves a varied group of professionals and institutions representing all sectors of a community (Meyers and Bernier, 1987).

While many programs are interdisciplinary in actual practice, they may be organized through the sector which takes a primary leadership role in initiating the particular effort, including: the medical/health care profession, community

support systems, the workplace, social services, and educational institutions.

1.4.3. The Intervention Model: Family Growth Center

The Family Growth Center program model reflects what Carl Dunst (1988) calls an enabling model of intervention, which: creates opportunities for family members to become more competent, independent, and self-sustaining with respect to their ability to mobilize social networks to get needs met and attain desired goals (p. 88).

Dunst outlines several principles which underly this type of approach:

1) The model assumes an ecological or social systems perspective on families (as described above).

2) The family, and not an individual member, is seen as the unit of intervention.

3) The program's objective is empowerment of family members; interventions are carried out in a manner in which family members acquire a sense of control over their lives as a result of their efforts to meet their needs.

4) A proactive stance is assumed in working with families; people are considered competent or to have the capacity to become competent.

5) Services focus on family identified rather than professionally identified needs and aspirations as primary targets.

6) Major emphasis is placed on identifying and building upon family capabilities in contrast to focusing on deficits and weaknesses.

7) A second major area of emphasis is placed on enhancing the family's social support network.

8) The model assumes a shift and expansion in roles played by professionals from an "expert" resource who decides what families need, to a highly responsive "partner" who creates opportunities for

> family members to become more competent, independent, and self-sustaining with respect to their ability to mobilize social networks to get needs met and attain desired goals.

In short, an enabling model of intervention places major emphasis on empowering families, strengthening their natural support networks, and enhancing their acquisition of a wide variety of competencies (Dunst, 1985; Dunst and Trivette, 1988). Such programs de-emphasize the help-seeker's responsibility for causing problems but emphasize his/her responsibility for acquisitions of competencies necessary to solve problems and meet needs. The focus is on growth-producing behaviors rather than treatment of problems, with attention paid to fostering acquisition of adaptive behaviors. The help-seeker plays a major role in deciding what is important while the help-giver supports, encourages, and creates opportunities for realization of identified goals.

The Family Growth Center, in Lansing, Michigan, provides neighborhood-based support to families, offering drop-in child care, informal support groups, formal parent education sessions, information and referral, clothing and skill exchanges, social events, and volunteer training and placement. A small professional staff plans and coordinates delivery of these services in space donated by local churches, using 20 to 30 trained volunteers each month. Professionals from a variety of more formal helping agencies frequently offer services at the centers; for example,

public health nurses hold immunization clinics and mental health therapists may convene short-term therapy groups at the Center. Services are provided to any family with young children (2 weeks to 6 years) who chooses to come to the center. There is no cost for the service and no eligibility requirements. Parents are encouraged to donate goods and services as their resources allow and special eligibility programs have been developed for specific high-risk populations, such as adolescent parents. The centers are intentionally located in neighborhoods which are known to have high incidence of reported child maltreatment.

1.5. CONCEPTUAL AND OPERATIONAL DEFINITIONS

The core concepts for this investigation are parenting beliefs and parental competence, which are the two outcomes of interest in testing the empirical model and evaluating the effectiveness of the Family Growth Center program. The independent variables of interest are parent/family traits and FGC social support.

1.5.1. Dependent Variables

Parenting Beliefs

A parenting belief is a mental position pertaining to children and childrearing which is reported by individuals legally responsible for dependent children.

In this study, parenting beliefs associated with child maltreatment are of particular concern. These include beliefs about use of physical punishment, roles of parents and

children, empathy for and expectations of children. Parenting beliefs associated with child maltreatment are operationalized by scores on the Adult-Adolescent Parenting Inventory (Bavolek, 1984).

Parental Competence

Parental competence is defined as the degree to which a person legally responsible for the nurturance of a dependent child demonstrates a capacity for appropriate social interactions with that child and provides a home environment which is safe and stimulating. Parental competence is operationalized by observations on the Nursing Child Assessment Teaching Scale (NCATS, Barnard, 1978) and the Home Observation for Measurement of the Environment (HOME, Caldwell and Bradley, 1979).

1.5.2. Independent Variables

Parent/Family Traits

Parent/family traits refer to those characteristics of parents and families which may influence parenting beliefs, parental competence, and utilization of social support. Two categories of parent/family traits are identified, those which parents bring to their caregiving role (parent history) and current situational characteristics of the family.

Of particular interest in this study is the relationship of "high risk" parent and family traits, such as past childhood abuse to current parenting beliefs and competence. Other operationalized measures of the parent history dimension

include maternal education and maternal age at primiparity. Current family traits include family income, number of children, and marital status. This distinction between parent history and current family situation is important since historical factors may generally be assumed to precede current ideology and skills, while the direction of causation between current family situation and parenting outcomes is less validly presumed. In addition, current situational variables may be more malleable than factors experienced in the parent's past, such as childhood abuse.

Family Growth Center Social Support

Family Growth Center social support refers to the physical and instrumental assistance, attitude transmission, resource and information sharing, emotional and psychological support provided to families (Dunst, 1986) through the Family Growth Center program.

In this study, two dimensions of social support are operationalized: FGC utilization and type of FGC service. FGC utilization refers to the degree to which families access support services. Operationally, level of FGC utilization is determined by an equation which combines the number of FGC services used, length of time the family has been involved, staff perception of parental involvement, and several other factors described in detail in chapter three.

Type of FGC service refers to whether or not the family participated in a specific structured educational service

aimed at offsetting the generational perpetuation of dysfunctional parenting practices. This "Nurturing Program" (Bavolek and Comstock, 1985) entailed 13 weekly, 2 1/2 hour sessions in which parents and children learned, together and separately, new information and patterns of behavior. Constructs specifically addressed in the program included inappropriate parental expectations of children, parental lack of empathic awareness of child's needs, parental use of physical punishment, and parent-child role reversal; all of these factors have been associated with child maltreatment.

1.6. THEORETICAL PROPOSITIONS AND HYPOTHESES

Several theoretical propositions and hypotheses are derived from the conceptual frameworks described above and are tested in the investigation.

Proposition 1

Parent/family traits will be systematically associated with parenting beliefs and levels of parental competence.

HYP 1.1: Parental childhood abuse will be negatively correlated with scores on the AAPI, NCATS, and HOME inventories.

HYP 1.2: Maternal age at primaparity will be positively correlated with scores on the AAPI, NCATS, and HOME inventories.

HYP 1.3: Maternal education will be positively correlated with scores on the AAPI, NCATS, and HOME inventories.

HYP 1.4: Family income will be positively correlated with scores on the AAPI, NCATS, and HOME inventories.

HYP 1.5: Number of children will be negatively correlated with scores on the AAPI, NCATS, and HOME inventories.

Proposition 2

Family Growth Center (FGC) utilization will be positively related to non-abusive parenting beliefs and parental competence.

Hyp 2.1: Level of FGC utilization will be positively correlated with scores on the Adult-Adolescent Parenting Inventory.

HYP 2.2: Level of FGC utilization will be positively correlated with scores on the NCATS and HOME inventories.

Proposition 3

Parent/family traits will be systematically associated with utilization of social support.

HYP 3.1: Parental childhood abuse and number of children will be negatively correlated with level of FGC utilization.

HYP 3.2: Maternal age at primiparity, maternal education, and family income will be positively correlated with level of FGC utilization.

Proposition 4

When confounding variables are controlled, parenting beliefs and parental competence will increase as a function of Family Growth Center utilization.

HYP 4.1: Controlling for pretest scores, parents with a high level of utilization in the Family Growth Center will score higher on the AAPI than parents with a low level of utilization.

HYP 4.2: Controlling for pretest scores, parents with a high level of utilization in the Family Growth Center will score higher on the NCATS and HOME inventories than parents with a low level of utilization.

Proposition 5

When confounding variables are controlled, parenting beliefs and parental competence will increase as a function of Family Growth Center type of service.

HYP 5.1: Controlling for pretest scores, parents who participate in the Nurturing Program at the FGC will score higher on the AAPI than parents who receive other services only.

HYP 5.2: Controlling for pretest scores, parents who participate in the Nurturing Program at the FGC will score higher on the NCATS and HOME inventories than parents who receive other services only.

Proposition 6

Social support provided by an enabling model of intervention will account for a significant amount of the variance in parenting beliefs and parental competence beyond that attributable to parent/family traits.

HYP 6.1: Level of FGC utilization and/or type of service will account for a significant amount of the variance in AAPI scores after parent/family traits are accounted for in a hierarchical regression equation.

HYP 6.2: Level of FGC utilization and/or type of service will account for a significant amount of the variance in NCATS and HOME scores after parent/family traits are accounted for in a hierarchical regression equation.

Proposition 7

Parenting beliefs mediate the relationship between parent/family traits and parental competence.

HYP 7.1: Scores on the Adult-Adolescent Parenting Inventory will be positively correlated with scores on NCATS observations.

HYP 7.2: Scores on the Adult-Adolescent Parenting Inventory will be positively correlated with scores on the HOME Inventory.

HYP 7.3: When AAPI scores are controlled, the amount of variance in NCATS and HOME scores explained by parent history and family situation will not be significant.

The next chapter reviews the child maltreatment and social support literature which formed the basis for the conceptual model and the derived propositions described in this introduction. Chapter three summarizes the research methods and data analyses which were used in testing the stated hypotheses, Chapter four reports results of the study, chapter five discusses these results, and chapter six concludes with implications and limitations of the investigation.

II. LITERATURE REVIEW

2.1. THE ECOLOGY OF CHILD MALTREATMENT

Pioneers in the emerging field of child maltreatment were medical professionals whose primary focus was, by nature of their function, on microsystem factors which contribute to the problem (Solnit, 1980). Through their direct care of individual families, these physicians and psychiatrists identified common patterns which differentiated maltreating parents. As a result, the earliest explanations for child abuse and neglect were based on retrospective clinical studies and case histories. The "psychiatric" model of child maltreatment was built from this base of knowledge and experience (Blumberg, 1974; Spinetta and Rigler, 1972). Others have since argued that a sociological model is more valid in explaining causes for child maltreatment, shifting the focus from the dysfunctional parent to a dysfunctional social environment (Gil, 1970; Gelles, 1973). Parke and Collmer (1975) describe yet a third approach, the social-situational, which explores how patterns of interaction between family members create and maintain an abusive cycle.

These contrasting viewpoints have led to considerable debate among researchers and practitioners regarding whether the origin of child abuse is primarily based on a "sick parent" or a "sick society". Advocates for each model offer convincing arguments which lead to different implications concerning the appropriate intervention needed to successfully prevent child maltreatment.

The psychiatric model emphasizes therapy and education to parents, and future parents, which will enable them to more effectively carry out their caregiving role. Such programs are targeted particularly at families already identified as abusive or neglectful, but they are also advocated for those considered "high risk" due to characteristics which appear to be associated with maltreatment, and, for the general population during predictable times of family stress, such as the arrival of a new baby. The social-situational model expands this intervention to focus more broadly on changing interactional patterns which perpetuate the abusive/neglectful cycle. In contrast, the sociological model stresses sweeping societal changes which will address contextual factors associated with child maltreatment. Professionals from this perspective suggest major alterations in attitudes, values, economic policies, and social support systems so that healthier, more nurturing environments will be available to children and families.

While proponents of these models tend to emphasize the differences in their views and methods, there is much evidence to suggest that all of these propositions are correct. Child maltreatment results when individuals with personality deficits, from dysfunctional family systems, living in non-supportive, stressful environments reach the end of their coping ability. Or, conversely, child maltreatment occurs when non-supportive, stressful environments foster dysfunctional family systems and produce individuals

with personality deficits. To argue which is the more fundamental cause of maltreatment is tantamount to debating which came first, the chicken or the egg. Using and ecological framework in discussing its etiology, Belsky (1980) argues that child maltreatment is multiply determined, that these multiple determinants are ecologically nested within one another, and that much of the theoretical conflict characterizing the study of maltreatment is more apparent than real. There is no one solution to child maltreatment, but many solutions. Our success in ameliorating the problem depends on the degree to which different knowledge bases are combined to reveal its complex etiology. Such a comprehensive perspective can lead to the understanding necessary for strategically targeting the multitude of talent and resources required to effectively address this tragic social problem.

As noted in Chapter 1, Bronfenbrenner's ecological model offers an ideal framework for building a comprehensive picture of child maltreatment (Bronfenbrenner, 1979). In this literature review, factors associated with abuse and neglect are organized by the level of ecological influence, as defined by Bronfenbrenner. The review focuses primarily on physical abuse and neglect and does not incorporate a separate body of literature related to the etiology of sexual abuse. This limitation was necessary in order to accommodate the researcher's self-imposed boundaries of time and subject matter. The following review should therefore be viewed as a first attempt in the development of an ecological framework

for studying the causes of child maltreatment (see Chapter 1, Figure 1.1).

2.1.1. Chronosystem Effects on Child Maltreatment

> Some day, maybe, there will exist a well-informed, well-considered, and yet fervent public conviction that the most deadly of all possible sins is the mutilation of a child's spirit; for such mutilation undercuts the life principle of trust, without which every human act, may it feel ever so good and seem ever so right, is prone to perversion by destructive forms of conscientiousness.
>
> (Erikson, 1972)

Bronfenbrenner defines the chronosystem as historical context; the time in which we live and its implications for developmental experience (Luster, 1988).

Historical Perspective

Child maltreatment is not a new phenomenon. (Steele, 1980, Radbill, 1980, DeMause, 1975). DeMause postulates six evolutionary trends through which parent-child relations have progressed in Western civilization. Through this evolution, our culture has moved from the "infanticidal mode" (antiquity) in which parents resolved their anxieties and ambivalence about children by infanticidal acts, to the currently emerging "helping mode", where both parents participate fully in the child's daily life, recognizing her/his need for protection and self-actualization.

The stages described by DeMause reflect an ever increasing cultural empathy for children. Contemporary families may demonstrate any one of the six modes through which we have progressed. According to DeMause, parents who abuse or

neglect their children are operating at a less evolved level of caregiving. Similarly, cultures and sub-cultures which condone maltreatment reinforce and perpetuate less evolved modes of child rearing.

In the late 19th Century, our nation was sufficiently "evolved" to recognize and respond to a case of child abuse (Solnit, 1980). In New York City, a tenement social worker took pity on "Mary Ellen", who was routinely chained to her bed and beaten by her mother. No laws existed to protect children from parental abuse at that time. In desperation, the social worker approached the American Society for the Prevention of Cruelty to Animals, which ultimately took legal action on Mary Ellen's behalf. Noting that she was a member of the animal kingdom, the ASPCA invoked animal cruelty laws for Mary Ellen's protection. The publicity surrounding this incident shocked the country, and resulted in the establishment of the New York Society for the Prevention of Cruelty to Children in 1874. By 1905, 400 such societies existed, dedicated to the enforcement of existing laws that prohibited cruelty to human beings (Steele, 1980). After this flurry of organizational activity, child maltreatment gradually disappeared from public attention.

A "rediscovery" occurred in 1962, when Dr. C. Henry Kempe publicized the "The Battered Child Syndrome", originally reported by Dr. John Caffey in 1946 (Kempe, 1962). The syndrome referred to cases in which subdural hematomas in

infants were often associated with atypical fractures of the limb and ribs. Kempe's book prompted public outrage and a new movement to respond to vulnerable children. After the publication of "The Battered Child Syndrome", new laws swept the country, delineating societal responsibilities in the protection of vulnerable children. By the mid-70's, a national center on child abuse and neglect was established and all fifty states had passed reporting laws mandating that certain professionals report suspected cases to child protection units within the public welfare system.

Since the passage of Child Protection Laws, reports of child abuse and neglect have escalated dramatically. In Michigan, for example, there were 42,000 reports in 1985, a 111% increase since 1975, when only 20,400 reports were received. The American Humane Association reports similar trends nationwide. This increase is explained, at least in part, by the fact that the public is now sensitized to child abuse and neglect, and consider it a social problem demanding action. In 1974, only ten percent of the nation's population viewed child maltreatment as a prevalent social concern. By 1984, this proportion had increased to ninety percent (National Committee for Prevention of Child Abuse, 1985).

Historical Influences in Defining Maltreatment

Child maltreatment is typically viewed as one end of a continuum representing quality of parental caregiving:

> If we were to draw a graph of all parents, ranging according to their ability, we would probably end up with a familiar bell-shaped curve. At one end would be a single dot, representing the only possible claimant to perfection as a mother, the Madonna, but let us not forget that Mary also had the perfect child. Most of us would fit into the large rounded part of the curve representing those who offer their children excellent, good, or good-enough parenting. At the other end of the spectrum, the curve would not descend steeply; rather it would slope very gradually and might cover some 20 to 30 percent of parents, all of whom have some difficulty in caring for their children adequately (Kempe and Kempe, 1978, p. 10).

But where is the line drawn which separates an adequate parent from one who is abusive or neglectful? The above historical summary suggests that this line cannot be considered fixed. It is instead dynamic over time and space, influenced by attitudes, values, and standards predominant during a particular historical period, in a particular culture. Zigler and Aber (1981) assert that the basic nature of the phenomenon of child maltreatment is developmental, "a developing system of developing systems" (p.14). The parent, child, and environment are not static, but dynamic, ever-changing systems.

Parke and Collmer (1975), in their interdisciplinary literature review of child abuse, present a definition which reflects the dynamic nature of the cultural context in which families are embedded. They state that an abuse victim is:

> any child who receives nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians that violate the community standards concerning the treatment of children (1975, p. 513; emphasis added).

Legal definitions of child abuse and neglect are stated in "Child Protection Laws" across the nation, incorporating the concept of "nonaccidental harm", but adding "threatened harm" and broadening the perpetrator to include any "person responsible for the child's health and welfare" (Michigan Department of Social Services, 1985a). In addition, maltreatment is expanded beyond physical abuse, taking in negligent treatment and sexual abuse. While these statutes do not directly address the issue of community standards, enforcement of Child Protection Laws is carried out by individuals and institutions entrusted with the public protector role at a given point in time. Community standards regarding adequacy of parental (or substitute) care are presumably reflected in the judgments made by these agents.

2.1.2. Macrosystem Influences on Child Maltreatment

> ...acquiescence to the demands of industrialization can unleash social forces which, if left unbridled, can destroy the human ecology -- the social fabric that nurtures and sustains our capacity to work together effectively and to raise our children to become competent and compassionate members of society.
>
> (Bronfenbrenner, 1981)

According to Bronfenbrenner (1979), the macrosystem refers to cultural or subcultural consistencies and the belief systems or ideologies which underly such consistencies.

Cultural Disparity in Definitions

Definitions of child maltreatment depend not only on the time period in which the event occurs, but also the place. In her cross-cultural analysis of child abuse and neglect, Korbin

(1980) describes the complexity inherent in defining acceptable and unacceptable forms of caregiving across and within cultures. She distinguishes between the "emic" perspective, the viewpoint of members within a given culture, and the "etic" perspective, the outsider's broader frame of reference. Cultural conflict in defining abuse and neglect occurs when there is disparity between emic and etic perspectives.

For example, the Vietnamese practice of "cao gio", in which heated metal coins are forcefully pressed on the child's body, was first interpreted as abusive by Western observers. The practice is, however, a traditional Vietnamese technique for reducing fever, chills, and headaches. Conversely, many Western practices such as isolating children in beds or rooms of their own at night, forcing young children to sit all day in classrooms, or allowing children to cry themselves to sleep would be questioned by many cultures.

The more valid definitions of child abuse and neglect must therefore incorporate emic perspectives and be limited to "idiosyncratic departure(s) from culturally and socially acceptable standards that result(s) in harm to a child or compromises his or her physical, emotional, cognitive, social, or cultural development" (1980, p. 22). This is not to say that one automatically excuses behavior which is rationalized by cultural upbringing. But, the context of a behavior must be viewed holistically and in light of the fact

that virtually all cultures hold the value that children may not be damaged. Polansky (1981) found that while people from different classes and sub-cultures differ in their definition of optimal care, they tend to agree when defining inadequate care.

Ideological Influences in Child Maltreatment

Korbin acknowledges the variations across cultures in their tolerance of social conditions which contribute powerfully to incidence of abuse and neglect of children. She notes that the idiosyncratic child abuse and neglect seen in the United States and other Western cultures are relatively rare in small-scale, non-Western cultures. When child-rearing practices around the world are viewed as a continuum, Western cultures tend to fall at the extreme end in regard to harsher expectations of compliance, earlier child-training parctices, and lower infant indulgence. In addition, children are more often raised in isolated nuclear and single-parent households.

> A mother is more often isolated in her role as the exclusive caretaker. Other adults, such as grandmothers or more experienced kinswomen, are less often regular participants in child rearing. And there is less often an accepted folk wisdom or cultural blueprint for child-rearing strategies. Child rearing has moved more toward the exclusive domain of the biological parents rather than the larger community. (1980, p. 30)

Such cultural conditions appear to increase risk for child maltreatment in Western society. There is cross-cultural evidence that parental rejection is associated with social

isolation while acceptance is increased by the involvement of additional adults in the day to day progress of parent-child relationships (Rohner, 1975; Rohner and Nielsen, 1978).

Ong (1985) argues that motherhood in a capitalist society is oppressive and inevitably traps women by "individualizing their predicament". Because gender roles are established through the family, women are assigned tasks related to reproduction and nurturance. The majority of mothers and children are isolated, with women assuming power only in the private domain. The structural powerlessness of women in the public sphere violates women as persons, and results in violence toward their less powerful children.

In a qualitative study of eight abusive mothers, Ong found that most had their first baby in their teens and felt they were "trapped into motherhood". All lived in households with a strict division of labor, based on conventional gender roles, and experienced financial constraints which precluded substitute care. They were rarely able to satisfy their own adult needs. Each woman expressed feelings of powerlessness about her own future, though all felt strongly about discipline and the need to control their child. Most had no image of self separate from the role of mother, and professed the belief that a woman sacrifices self for others. Ong concludes that, under these circumstances, the individual's identity is wholly dependent on being a good mother; she models herself after the ideological "Madonna", and, as Kempe

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and Kempe noted, the Madonna had a perfect child. Her success as a person therefore depends on the child's compliance with her image of perfection. If she fails at producing a perfect child, she fails as a person. In isolation, this need to control the child can result in extreme assertions of power and, ultimately, violence.

Evidence for the prevalent use of violence in controlling children is documented by several authors (Stark and McEvoy, 1970, Gil, 1970; Straus, Gelles, Steinmetz, 1979; Webster-Stratton, 1985). Stark and McEvoy report that 93% of parents surveyed use physical punishment on children. In a comparison of abusive and non-abusive families who had children enrolled in a child behavior clinic, Webster-Stratton found that <u>both</u> groups used forceful methods of discipline about four times per day.

The unrealistic nature of expectations placed on Western mothers is acknowledged by other authors. Kempe (1973) declares that few parents or surrogates have the capacity to mother 24 hours a day, seven days a week on a continuing basis. "Mothering" is defined as caring for a young child and giving of oneself to the child without limit by mother, father, or any other person whether related or not. He asserts that those parents who can afford to use day care while they pursue their own adult interests for part of each day may be better able to cope with parent-child interactions than those who are not able to separate from their children.

David Gil (1981) argues that the solution to child maltreatment depends on transforming our society into an "egalitarian, democratic, and cooperative one, conducive to the free and full development of every child" (p. 319). He believes that permissive attitudes toward physical force combined with environmental stress factors which weaken self-control and promote aggression are at the root of maltreatment (Gil, 1970). The dominant tendencies of our social philosophy feature selfishness (euphemistically called individualism), competition, coercion, and violence. Children have few acknowledged rights. They are perceived as objects belonging to their parents or other adults. A vicious cycle thus operates from social philosophy, assumptions, and values to a definition of children's rights and related socialization practices, and to the reproduction of attitudes and personalities that fit, sustain, and transmit the established social order (1981, p. 298).

Garbarino (1977) concludes that there are two necessary conditions causing child abuse: cultural justification for the use of force against children and isolation from potent social support systems. Child maltreatment "feeds on privacy". He asserts that child abuse can only occur when feedback and support are not being adequately provided to persons in the caregiver role. The importance of social support systems increases as a function of the ideology of the individual, stressfulness of the family's environment, individual deficits, and sources of family stress. Without

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support, stress becomes unmanageable, and without social sanctions precluding the use of force, unmanageable stress can erupt into violence against children.

In his provocative essay on the future of children and families in America, Urie Bronfenbrenner (1981) proposes two essential environmental conditions for healthy human development: the irrational involvement of one or more adults in care of and joint activity with the child; and, public policies and practices that provide opportunity, status, resources, encouragement, and time for parents and other adults to offer such care and joint activity. While there is no evidence to suggest that American parents are not irrationally involved with their children, serious deficiencies abound in public policies and practices which promote needed care and joint activity. While most western nations have responded to increasing proportions of 2-parent, 2 wage earner families and 1-parent, single wage-earner families by expanding child care services, maternity and paternity leave, flexitime, job sharing and other supportive programs, the United States has lagged behind. Those support services that are offered, at tremendous cost to taxpayers, typically do not meet the second requirement, but instead violate it by eroding family integrity.

> To qualify for help, potential recipients must first prove that they and their families are inadequate -- they must do so in writing, a dozen times over, with corroborating documentation, so that there can be little doubt that they are in fact the inadequate persons they say they are. Moreover, our mode of service is categorical; to

> obtain needed help, potential recipients must first be classified into the types of problems they represent. The only way in which they can become whole human beings again is to have enough things wrong. Then they are defined and dealt with as problem children, or better still for bureaucratic purposes, as multiproblem families (p. 40).

This review of macrosystem influences suggests that solutions to child maltreatment must include changes in cultural attitudes and values. A "pro-child" culture will place the health and welfare of children at a high priority, prohibiting both societal and parental actions that harm or threaten to harm developmental progress toward their full human potential. Such a society will also provide adequate social support to caregivers as they carry out their important function.

2.1.3. Exosystem Effects on Child Maltreatment

> The whole process of reporting suspected child maltreatment is itself a feedback mechanism. Moreover, it is a necessary component of a high quality environment for families, because, without it, disrupted parent-child relations cannot be recognized nor can helpful intervention be initiated (Garbarino, 1979).

An exosystem refers to those settings that do not directly involve the individual as an active participant, but which, nevertheless affect the person (Bronfenbrenner, 1979).

Adequacy of the Child Protection System

The passage of Child Protection Laws in our nation was a landmark step in recognizing the value of children and their rights to a healthy environment. How effective is this

"feedback mechanism" in assisting families who cross the culturally determined line which separates adequate parents from maltreating parents? Some believe that it is not working well at all, and in many cases may do more harm than good. Solnit (1979) believes that reporting laws were established more for professional immunity from liability than to safeguard vulnerable children, and notes that such laws rarely result in provision of preventive, therapeutic, or protective resources for children and families.

The epidemic reporting noted earlier in this review has not been matched by proportionate services to help the child and family. The American Association for Protecting Children (1987) recently pointed out that while national reporting rates increased by 55 percent between 1980 and 1985, total resources at federal, state, and local levels only increased by 2 percent. The child protection system is therefore understaffed and overwhelmed with cases. Numerous problems result. First, over one-half of cases reported to and investigated by protective services workers are unsubstantiated; these families experience intrusion, with implicit accusation, from a government agency without accompanying support (MDSS, 1985b). Second, expectations for the child protection system vary from place to place, even within the same state. The role of the investigative worker is vaguely defined and generally amounts to being "all things to all people", an impossible feat (MDSS, 1987). Third, legal action, as opposed to preventative support services, is still

the primary mechanism used in responding to inadequate parenting. The punitive nature of the system often results in disruption of families and placement of children outside the home before intense rehabilitative services are made available (MDSS, 1988). And, finally, after the fact intervention has proved to be largely ineffective. The average recidivism rate for substantiated cases of child maltreatment is 40%. For every ten families labeled abusive or neglectful, four have been investigated previously, opened for short-term service, and closed (MDSS, 1985b).

Suggested Solutions to Improving Societal Response

Selig (1976) argues that the "multi-problem family" is a myth. The real problem is a "multi-problem delivery system", which fragments human beings into artificially constructed problem areas, rather than addressing the family as unit with a set of needs. A substantial body of literature supports this view, suggesting the importance of a coordinated, inter-agency approach to intervention in cases of child abuse and neglect (Helfer and Schmidt, 1976; Helfer, 1987; Kempe, 1978; Kempe and Kempe, 1978; Ziefert and Faller, 1981; Dale and Davies, 1985). These authors assert that such an approach can maximize limited financial resources and allow comprehensive treatment of complex family problems. An inter-agency response would also facilitate community standard setting regarding the meaning of child maltreatment and provide consistent feedback mechanisms for families.

Despite the theoretical support for this model, its implementation has been slow in coming. A multidisciplinary approach is employed in only a few cases involving child abuse, and even more rarely in child neglect (Mouzakitis, 1985). In 1976, Helfer and Schmidt pointed out that successful multidisciplinary team services requires a broadening of the concept of protective services from that of a "unidisciplinary social agency to a comprehensive team of professionals who work together as a single unit". A decade later, in 1987, Helfer once more challenged the field to eliminate "Pascal's Method of Community Services", the random assignment of families to rigidly defined services, and advocated for coordinated community service teams for assessment and treatment of cases. There is need within each community for an interagency structure for responding to child abuse and neglect, easing entry into needed services, monitoring progress, and establishing community standards for legal jurisdiction (Pelton, 1983).

In addition, given the escalating numbers of cases, and the ineffectiveness of after the fact intervention, comprehensive prevention initiatives may be the only real solution to this tragic problem (Helfer, 1982; Daro, 1985; Meyers and Bernier, 1987). The effectiveness and cost-effectiveness of prevention has been well documented in other areas of child and family welfare (Children's Defense Fund, 1986; Berrueta-Clement et al., 1984). Evaluation of child abuse prevention programming is just beginning, but promising programs and

policies have been developed. Experts in the child abuse field are now proposing multidisciplinary strategies for prevention (Cohn, 1983; Helfer, 1982; Newberger and Newberger, 1982). These advocates conclude that prevention planning, development, and field testing with evaluation are important initiatives to be undertaken in every community.

The above review reveals that malfunctioning within the social service delivery system contributes to the continuing maltreatment of children. This is evidenced by the horror stories periodically appearing in the media, in which children suffer death at the hands of their parents after being returned home by authorities, or, are victimized by the "system", shuffled from one foster care home to the next until they reach late adolescence. These exosystem factors must be addressed to successfully reduce child maltreatment, whether it is perpetrated by parental or societal caregivers.

2.1.4. Mesosystem Influences on Child Maltreatment

> In contrast to the socially rich family environment stands the "socially impoverished" one, in which the parent-child relationship is denuded of enduring supportive relationships and protective behaviors, deprived of both nurturance and feedback, the essential elements of support systems (Garbarino and Sherman, 1980).

A mesosystem comprises the interrelations among all those settings in which the individual actively participates, referring, for example, to the relationship between the school and the home, or the family and its neighborhood (Bronfenbrenner, 1979).

Situational Stress

Several authors argue that the cause of child maltreatment is unmanageable stress, created by the family's social situation. Gil's (1970) analysis of the problem focuses on socio-economic pressures which weaken the caretaker's psychological mechanisms of self-control. Such pressures include low socio-economic status and limited education. Ideological acceptance of "normal violence" within certain sub-cultures fuels the situation. Gelles (1973) presents a social-psychological model for explaining child maltreatment which features situational stress as the precipitating factor in child maltreatment. In the "Myth of Classlessness", Pelton (1981) disputes the commonly presented assumption that child abuse and neglect occur without regard to socioeconomic class. He points out that while maltreatment can and does happen in high income, highly educated families, the preponderance of reports involves families from low socio-economic levels who live in poverty or near poverty circumstances. Refuting the argument that "reported" cases do not reflect the true distribution of child abuse cases, Pelton notes that increased reporting over the years has not led to a change in the economic patterns of cases, and, the highest incidence occurs in groups living in the most extreme poverty. The vast majority of child abuse fatalities are children from very poor families.

The influence of situational stress on child maltreatment rates is supported by numerous researchers. Straus (1980)

studied a nationally representative sample (n=1,146) and found that parents who experienced none of the eighteen stresses in an instrument patterned after the Holmes and Rahe stress scale had the lowest rate of child abuse. As the number of stressors increased, so did the rate of child abuse. In their review of retrospective literature identifying etiological factors in child abuse and neglect, Egeland and Brunnquell (1979) consistently found that unusual amounts of social and economic stress were mentioned as characteristics of maltreating families.

Using counties in New York as the units of analysis, Garbarino (1976) tested the hypothesis that socioeconomic support for the family is directly associated with the rate of child maltreatment. In the study, child maltreatment rates were based on the number of reports received by the local protective services unit from September 1, 1973 through January 31, 1974. U.S. Census data were used to generate indices of socio-economic and demographic characteristics of the counties under study. These variables reflected five dimensions: transience, economic development, educational development, rural-urban, and socio-economic situation of mothers. Using stepwise multiple regression, Garbarino found that five of the variables accounted for 36% of the variance in predicting child maltreatment rates; all twelve variables accounted for 41% of the variance. The factors most directly reflecting the socioeconomic support system for mothers were the most predictive: percentage of women in labor force who

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have children under 18 years of age and median income of households headed by females.

Steinberg and associates (1981) used two census areas (Los Angeles and Anaheim) to study the association between child maltreatment rates and community economic change. They hypothesized that the net loss of jobs at the community level leads to actual or anticipated individual job loss and increased parental stress, which in turn leads to increased child abuse. They collected monthly child abuse reporting rates over a two year period (February, 1975 through February 1977), as well as changes in the size of the work force, and conducted a time series analysis based on monthly values. Results showed that abuse was inversely related to the size of the workforce in both counties.

In a controlled study of mothers of maltreated children in suburban families, Salzinger and associates (1986) focused on the type of life stresses which may differentiate abusive and non-abusive families. The researchers interviewed 41 mothers from open children's protective services cases regarding life events, and compared their responses to 24 randomly selected control mothers. The sample was mainly white, middle to lower-middle class; both groups were matched on socio-economic status, age, and family size. Results showed that the groups were similar in the number of stressful life events experienced, but were different on the <u>type</u>. While illness and death were equally prevalent between the two

groups, the frequency of separations experienced was greater for the maltreating families. The abusive group also reported more spousal discord, more frequent alcohol and drug abuse in their immediate families, fewer positive recent events, and more isolation.

Family Support Systems

The association between adequate family support and child maltreatment is documented by several researchers. In a follow-up study comparing high risk families who were later reported as abusive against those who were not, Hunter and Kilstrom (1979) identified differences which might explain how some parents overcome a family pattern of inadequate childrearing. They found that the social resources of non-repeating families included a richer network of social connections compared with the repeating families. Friends, relatives, churches, were mentioned more often. Non-repeating mothers who were not living with the father of the baby were likely to be living with their own family. By contrast, this option did not appear to be available to any of the mothers whose babies were subsequently reported to be maltreated.

Egeland and Brunnquell (1979) report similar findings from their study of 275 low-income, primiparous women who were receiving prenatal care at a Minneapolis clinic. All were considered "high risk"; 60% were unwed at the time of their pregnancy. When these subjects' infants were 20 months old,

the researchers identified 26 whose children were receiving inadequate care (four of whom were open Children's Protective Services cases) and compared them to a group of 25 mothers who were offering high quality care. Several factors differentiated the two groups, the most significant being the level of social support available to the mother. The majority of inadequate mothers (74%) were single with only 45% reporting that either the baby's father or their extended family was supportive. Only 32% of the adequate mothers were single, and 100% of them reported that either the infant's father or their extended family was supportive. Green (1979) did a qualitative study of eight abusive fathers and found that all reported non-supportive social environments. In his study of 1400 expectant mothers who were screened relative to abuse risk and then followed after pregnancy, Altemeier (1979) found a significant correlation (r=.332) between social support and later abuse and neglect. Though some of these studies have limitations in methodology which preclude causal inferences, the preponderance of evidence supports the theory that social support is an important mediating variable in the etiology of child maltreatment.

Garbarino and associates conducted a series of studies investigating social support as a function of neighborhood context (Garbarino, 1976; Garbarino, Sherman, and Crouter, 1979; Garbarino and Sherman, 1980). These studies demonstrated that the major ecological feature of child maltreatment involves economically depressed mothers, alone

in the role of parent, attempting to cope in isolation without adequate facilities and resources for children.

Using the predictive equation developed in New York (Garbarino, 1976), the researchers compared "high risk" neighborhoods (higher than predicted child abuse and neglect rates) with "low risk" neighborhoods (lower than predicted rates) in Lincoln, Nebraska. Criteria for selection included large discrepancies between actual and predicted rates, high child maltreatment rates, and similar socioeconomic and racial profiles. The researchers conducted interviews with "expert informants" and did on-site inspection of neighborhoods, as well as interviews with 46 resident families. They found a consistent pattern differentiating the two areas. In each of the eight measured aspects of neighborhood (public image, quality of life, informal suppports, etc.), interviewee comments painted a negative picture of the high risk area. In addition, there was less exchanging of child supervision in the high risk area, less self-sufficiency, and less adequate provision of child care. Overall, the high-risk area was more stressful and "run down". The authors conclude that those families who need the most social support tend to be clustered in areas that are least able to meet those needs.

> Under such circumstances strong support systems are most needed, but least likely to operate, of course. The high-risk area needs outside intervention to increase its capacity to fend for itself and to strengthen families as a way of reducing the demands they place on already tenuous informal helping networks (1980, p. 195).

The above review suggests that the mesosystem contributes to the family's vulnerability to maltreatment in two ways. First, the environmental context may directly contribute to the degree of stress experienced, and, secondly, support needed to counteract such pressure may not be made available to the family system. Under these conditions, the stress experienced by the parent is compounded rather than ameliorated and child maltreatment may result.

2.1.5. Microsystem Influences on Child Maltreatment

> One of the most important skills that a child must learn, during the brief years of childhood, is how to get his or her needs met in an acceptable manner and when the most appropriate time is to seek this fulfillment...All people have needs, and we all must fall back on the foundations laid in childhood as we develop ways to have these needs met. (Helfer, 1980, p. 39)

Bronfenbrenner defines the microsystem as the "pattern of activities, roles, and interpersonal relations experienced" by an individual in a given physical and social setting (1979,p. 22).

Characteristics of the Family System

In addition to socio-economic stress, four major features of family systems appear to increase risk for child maltreatment: structure, size, social isolation, and alcohol/drug abuse.

Incidence studies of reported child abuse cases in the United States and Britain demonstrate an over-representation of single parent families headed by women in the population

(American Humane Association, 1984; Creighton, 1985). In light of the above discussion regarding mesosystem influences, this finding is not surprising. As Garbarino (1976) points out, the relation of women, particularly mothers of young children, to the world of work is problematic. Women who work outside the home consistently receive less income than do men, making them more likely to experience economic stress. In addition, there is a general inadequacy of child support services in low-income settings. Single women with children who choose not to work are likely to live in poverty conditions which contribute to situational stress and adverse effects on children.

There is also evidence suggesting that stepparent families may be at increased risk for child maltreatment. Creighton (1985) found that less than one-half of abused and neglected children in Britain were living with both natural parents. She also noted a relationship between family structure and the type of abuse, finding that single mothers were more frequently neglectful and substitute fathers more frequently sexually abusive. Daly and Wilson (1985) compared household composition to child abuse reports in Ontario, Canada and found that all household types other than two natural parents are high-risk environments for child abuse. They report that the risk was greatest for young children in stepparent households. Giles-Sims and Finkelhor (1984) summarized possible explanations for the association between child maltreatment and stepparent family structures. The social-evolutionary

theory postulates that parental investment is less because children do not carry on genes, making child abuse more likely. It is also theorized that stepfamilies experience more stress which contributes to child maltreatment; and, the legitimacy of the stepparent role may be questioned, leading to dynamics which block parental authority and lead to an abusive response. Finally, the effect may be the result of selection; that is, the same factors which make people prone to divorce and remarriage may make them prone to abuse or neglect children.

Family size and child spacing have also been identified as covariates with child maltreatment. In his review of child neglect literature, Polansky (1981) found that the number of children in a family was one of the main factors associated with child neglect. Creighton (1985) also reports that abusive and neglectful families in Britain have larger than average numbers of children even when socio-economic class is controlled. Hunter and Kilstrom (1979) found that adequate child spacing was one of the three factors differentiating abusive from non-abusive at-risk families.

Given the influence of social support on child maltreatment, it is not surprising that isolation shows up as a family characteristic in abuse and neglect literature. Polansky, et al. (1981) studied factors, other than low-income status, which affect the level of care parents provide children and concluded that isolation from helping networks was a major

contributor to child neglect. He notes that the quality of child care is related inversely to poverty, but is separable. The number of things over which parents have power expands when others are available and willing to grant access to their material and social possessions. In her comparison of abusive and non-abusive mothers, Salzinger (1986) also found that maltreating families tended to be more isolated than the comparison group. Milner and Wimberley (1979) constructed an instrument aimed at assessing child abuse potential, then tested it on reported abusive and non-abusive groups. The twenty-five items accounted for 99% of the variance between the groups. The scale measured four factors, one of which was "loneliness", the parent's feeling of being alone, rejected and unloved.

The abuse of alcohol and drugs appears to be more common in maltreating families than in the general population. Kaplan, et al. (1983) compared 76 parents of abused and neglected children to 38 control parents, both of whom were being treated at a New York hospital. The two groups were statistically equivalent on socio-economic status, racial and ethnic distribution, family structure, family size, parental age, and children's age. The abusive group was significantly higher on alcoholism (25% compared to 5% in the non-abusive group). In her comparative study, Salzinger (1986) also found that maltreating mothers were exposed to alcoholism and drug abuse in their immediate families more frequently than the non-abusive group. Altemeier (1979) reports that alcohol

and drugs were significantly correlated (r=.399) with reports of abuse and neglect in his comparison of high and low risk families. Webster-Stratton (1985) found that 48% of abusive families had problems with alcohol and drug use compared to 24% of non-maltreating families. Based on case studies and literature reviews, Blumberg (1974) and Green (1979) argue that alcohol is an important contributing factor to child maltreatment. Green postulates:

> ...alcohol is perceived as the ultimate source of dependency gratification which cannot be obtained from spouse and family, and it temporarily obliterates feelings of inadequacy, depression, and low self-esteem. (p. 275)

Parental Characteristics and Behaviors

Professionals focusing on microsystem causes for child maltreatment offer convincing evidence which suggests a generational cycle of abusive behavior stemming from the parent's early childhood experiences (Helfer, 1980). Virtually every retrospective study of characteristics of maltreating parents identifies an abusive/neglectful background as a significant factor (Blumberg, 1974; Egeland and Brunnquell, 1979; Polansky, 1981). Kaufman and Zigler (1987) caution, however, that many methodological problems accompany a large number of these studies, most notably failure to utilize representative samples, comparison subjects, observers blind to subjects' maltreatment status, formal definitional criteria, and descriptive or inferential statistics in reporting results. After integrating the findings of different investigations, the authors estimate

that the rate of abuse among individuals with a history of abuse is approximately six times higher that the base rate for abuse in the general population. Kaufman and Zigler conclude that there are many factors that diminish the likelihood of abuse being transmitted across generations.

In his review of the literature, Spinetta (1972) acknowledges the limitations of such research, noting that most are broad studies which do not test specific hypotheses, the samples studied are not representative, and they are based on ex post facto analyses. However, the preponderance of such findings, across many places and subjects, offers a convincing argument for the validity of the aggregate evidence. He concludes that it is a defect in the character structure of the parent, stemming from his/her own childhood experience, which, in the presence of added stresses, results in child maltreatment. Belsky's (1984) process model of determinants of competent parental functioning presumes that parental functioning is multiply determined, but hypothesizes that the parent's psychological resources are the <u>most</u> influential determinant because of their direct effect on parent functioning, as well as the role such resources play in recruiting contextual supports.

Webster-Stratton (1985) compared two groups of parents whose children were being treated for "child oppositional behavior". Both groups were low to low-middle socio-economic status. Half of the 40 families were open

protective services cases, while the other half were not considered abusive. She found significant differences between the abusive and non-abusive parents in their childhood histories. Forty-six percent of the abusive group reported being abused as children compared to only six percent of the non-abusive parents. The results of this study, however, must be cautiously interpreted since the two groups did differ relative to specific income (more abusive families under $5,000) and family structure (more abusive families were single). These confounding variables may explain the difference in abusive behavior.

Personality deficits present in maltreating parents have been enumerated by a variety of researchers, most of whom relied on case studies and retrospective analyses in drawing conclusions. Spinetta (1972) notes that while environmental stress certainly correlates with child maltreatment, most deprived families do not abuse their children. He portrays the abusive parent as an adult with frustrated dependency needs, an inability to empathize with the child, and disregard for the infant's or child's own needs. Abusive parents also display a lack of impulse control, a general character defect which allows aggressive impulses to be expressed to freely. Green (1979) reports similar personality characteristics for the eight abusive fathers he studied, noting that they had impaired impulse control and disturbance in identity formation.

Blumberg (1974) lists six common denominators of psychopathology in the maltreating parent:

- early deprivation or rejection
- poor self-image and low-self-esteem
- narcissistic, immature, poor ego-control
- marital difficulties, poor choice of mates
- unwanted pregnancy or disappointment in child
- role reversal

Empirical tests of these premises have been conducted by several researchers. Kaplan, et al. (1983) compared a control group with clinical parents referred for abuse and neglect and tested both on a variety of personality and social measures. The researchers found that the abusive group demonstrated significantly more mental disorders, particularly depression. They conclude that while this in no way minimizes the validity of environmental stress factors as a contributor to child maltreatment, psychopathology contributes independently to its occurrence. Justice and Diamond (1985) tested 23 abusing couples in Texas and a matched comparison group on a series of stress and personality tests. They report that the only significant interaction found was between stress and violence as a socially scripted response, and conclude that whether abuse becomes an expressed response to stress depends on the presence or absence of some characteristic of the parent.

In his book, Damaged Parents, Polansky (1981) summarizes fifteen years of study of child neglect, offering a portrait of neglectful parents. His studies compared neglectful families to a comparison group from the same ethnic and

socio-economic population. In addition to social isolation, Polansky found two major "character disorders" which differentiated the neglectful parents: apathy-futility or impulsivity and infantilism. He concludes that the neglectful personality stems from intense, unresolved dependency needs. For the neglectful parent, the infant is an "adult pacifier", a bulwark against loneliness whose job it is to meet the adult's needs, rather than the reverse.

Helfer (1980) pulls these findings together in his description of the "WAR Cycle" (World of Abnormal Rearing). He postulates that early childhood maltreatment and deprivation result in developmental deficits which prevent the child from learning interpersonal skills necessary for competent and satisfactory adult roles. The parent's unrealistic expectations for the child result in unmet dependency needs and a "role reversal" in which the child takes care of the parent. The child becomes responsible for the parent's actions, rather than his/her own and there is no boundary developed between parent and child. The child does not learn that there are predictable consequences for his/her behavior, and gains no sense of power over the environment. Feelings and actions become enmeshed, resulting in impulsive behavioral responses to emotional states. As the child matures, s/he feels little control over her actions or her fate, and does not gain experience in rational decision-making and problem solving.

In this process the child is usually "bombarded with negative sensory messages", that eventually force the senses to "shut down". Helfer maintains that children reared in such environments have difficulty using their senses for receiving or transmitting positive messages. This deficit creates barriers to effective peer communications, and, eventually leads to problems in future parent-child interactions. The negative images projected onto the child by the parent create low self-esteem and a conviction that "I'm no damn good". As the child reaches adolescence, these deficits preclude successful separation and self-identity. Having "missed childhood", the young adult now seeks someone to take care of him/her, to make decisions and solve problems, and to fill the awesome pit of loneliness stemming from unmet dependency needs. Children from such backgrounds frequently find each other, and the cycle begins again with an early, unplanned pregnancy and a shaky, temporary, alliance between two very needy people.

The relationship between maternal age and child maltreatment, assumed in this model, has been confirmed by several authors. In their comparison of abusive and non-abusive high-risk mothers, Egeland and Brunnquell (1979) found that the mean maternal age was significantly lower for the abusive group (19.3 years compared to 24.5 years). Daly and Wilson (1985) also reported that the risk of abuse was maximal for children born to young mothers, and that the risk declined with maternal age at childbirth. In her epidemiological study of

abused and neglected children in the United Kingdom, Creighton (1985) found that early parenthood was far more prevalent in the abusive population (35.3%) than in the general population controlled for socio-economic class (10.7%).

There is support for the premise that a lack of parenting skills influences maltreatment rates. Garbarino (1977) argues that the majority of child abuse stems from role malfunction; which is generated by the combination of a low level of caregiver skill, and situational stress. He reviews literature suggesting that three major factors are needed to facilitate effective role adaptation: rehearsal of the role, clarity of expectation, and minimal normative change. As reflected in Helfer's model, abusive parents have limited opportunity to gain knowledge about and clear expectations for the parenting role. In addition, they are not likely to have the models needed to rehearse a positive, nurturing role during childhood. Since parenting responsibilities require a maximum normative change, role malfunction results. Evidence for how such a process develops and is maintained within the family system is described in the next section.

Child Characteristics

As Parke and Collmer (1975) point out, a number of clinical investigators have noted the selectivity of abuse; usually a single child within a family is the target for abusive treatment. Parke and Collmer identify two ways in which the child

may stimulate maltreatment: by some genetically determined characteristic which evokes a negative response in the care-giver, and, by behavior patterns which are shaped in response to the maltreatment. This section will focus on genetic characteristics identified in the literature which tend to put the child at special risk for maltreatment.

In a retrospective study which explored the impact of low birth weight on child maltreatment, Klein and Stern (1971) found that 23.5% of 51 child abuse cases in a Montreal hospital were low-weight at birth. This proportion compares with 9-10% in an indigent population hospital. Egeland and Brunnquell (1979) also report that low birth weights were more frequent in abusive than non-abusive high risk families. Creighton (1985) found that low birth weight infants were over-represented in the abuse/ neglect distribution when compared with Britain's general population controlled for socio-economic status. Low birth weights do not operate in isolation, however, as Kleine and Sterne point out. Other confounding factors, related to both low birth weights and child maltreatment, may partially explain these findings. For example, forced maternal-child separation, due to the vulnerability of the infant, could interfere with maternal-infant bonding, increasing risk of child maltreatment (Hunter and Kilstrom, 1978). In addition, other social characteristics of the mother may predispose her to deliver a low weight infant, such as inadequate prenatal care or drug use (Kleine and Stern, 1971). However, as Parke and Collmer (1975) note,

the greater demands low birth weight infants place on parents may in themselves significantly increase risk for child maltreatment.

Steele (1980) describes the vulnerability of any infant considered "abnormal", including those with significant prematurity, congenital deficiencies, perinatal illnesses, and "difficult" temperaments. Disabled children, particularly those requiring hospitalization, appear to be at special risk for child maltreatment (Hunter and Kilstrom, 1979; Gil, 1970). Glaser and Bentovim (1979) reported that handicapped or chronically ill infants are more likely to be maltreated in the form of omission of care. Jaudes and Diamond (1985) studied 86 maltreated children with handicaps at LaRabida Children's Hospital in Chicago and found that one-third had been abused or neglected <u>after</u> the physical disability became apparent.

Other child factors which are associated with maltreatment include illegitimacy and gender. In Britain, Creighton (1985) found that more boys than girls were maltreated for every abuse type, except sexual. Comparative data in the United States are not available since no national source currently breaks reports down by abuse type and gender (American Humane Association, 1984). Across all types of abuse, girls and boys are nearly evenly represented (49.7% male; 50.3% female) in this country. Given the frequency of single parent families represented in the abusive/neglectful

population, illegitimacy is a predictable factor, and is undoubtedly related to the degree of support available to the primary caregiver.

Social Interactions in the Maltreating Family

Several authors have studied the family interactional patterns, broadly described by Helfer and Garbarino, which maintain a abusive/neglectful cycle. Parke and Collmer (1975) define this approach as the social-situational model of child abuse. An analysis of interaction patterns between child and adult partners provides clues concerning the conditions under which abusive patterns develop and are maintained.

In his process model for determinants of parenting, Belsky (1984) hypothesizes that the marital relationship is the "first order support system", with inherent potential for exerting the most positive or negative effect on parental functioning. Adult partners in maltreating families do appear to have less stable and mutually supportive relationships than the general population. This is evidenced by the higher number of separations experienced (Salzinger, 1986) and the greater frequency of stepparent and single parent families (Daly and Wilson, 1985; Creighton, 1985). In addition, Webster-Stratton (1985) reported that 46% of her maltreating sample had abusive partners, compared to 17% of the non-abusive group. Salzinger (1986) also reported more spousal discord in a group of mothers with maltreated

children than occurred in a matched control group. Creighton (1985) found that marital discord was the most frequent stress factor quoted in the 4,679 abusive families studied in Britain.

Most social-situational studies have focused, however, on parent-child interaction. The negativity of parental care-giving, posited by Helfer, is substantiated in this research. Burgess and Conger (1978) studied low income families from rural Pennsylvania, comparing three groups: abusive (n=17), neglectful (n=17), and a matched control (n=19). Two observers saw each family for six hours during a given week, completing a questionnaire and using a computerized, taped coding system. Results indicated that higher rates of positive interactions occurred in the control group compared to either problem group. Abusive adults showed less overall interaction, while the neglect group demonstrated "extreme negativity" in their interactions. Adults in both problem groups were less compliant and less positive with their children.

Wasserman, Greene, and Allen (1983) report similar results in their comparison of 12 abusing and 12 matched control dyads in Washington. Mothers and their infants (mean age = 14 months) were videotaped during free play, and a standardized coding system was used to measure maternal style and behavior. Results revealed two clusters of differences between the groups: level of activity and affective

behavior. Abusive mothers were less active and used less verbal teaching; they initiated fewer activities with their toddlers and ignored them more than control mothers. The abusive mothers also demonstrated more negative behavior and less positive affect. They did not appear to have a repertoire of positive behaviors available for playing with their children. The infants who were abused more frequently ignored their mothers and refused to be distracted. The researchers conclude that the abusive mother and her infant are locked into a mutually reinforcing negative spiral.

Oldershaw, Walters, and Hall (1986) compared 10 abusive mother-child dyads with 10 matched controls in Toronto, Canada. During forty minute sessions, social interactions were videotaped in a simulated living room. Each session followed a sequence of activities, including mealtime, free play, clean-up, and a specific task completion. Compared to the control group, the abusive group used more commands in controlling their children and attached less affect of any kind to their initial commands; when they did display affect, it was more likely to be negative. Abusive mothers were also more intrusive and less consistent in their use of parenting strategies. Control mothers issued fewer commands and, when making them, more frequently used a pleasant tone of voice. Children in the abusive group complied with their mother's commands less frequently than the control children. The authors note that positive strategies were used by the abusive group, but not frequently. They conclude that

abusive mothers don't necessarily lack appropriate strategies, but do not possess the "functional knowledge necessary to appropriately execute strategies" (p. 731).

Although samples sizes are small in the above studies, the consistency of their findings is impressive. The results support Helfer's WAR cycle model (1980), as well as the role malfunction hypothesis described by Garbarino (1977).

This review of microsystem factors in child maltreatment suggests that social stress and personal characteristics are independent, interacting influences in the etiology of child maltreatment. Effective solutions to the problem must therefore include carefully designed intervention programs which will:

- assist parents, and future parents, in resolving early childhood deficits which interfere with parent-child relationships;
- provide ample opportunities for "role rehearsal", skill-building, and information which will encourage successful adaptations to the parenting role;
- help families break the negative cycle of behaviors and interactions which maintain destructive parent-child relationships and marital discord.

2.1.6. Summary: The Ecology of Child Maltreatment

An ecological review of the causes of child maltreatment illustrates the multiplicity of factors which combine to create role malfunction and pathological adaptation by care-giver and child. Variables at each level of the ecosystem contribute to this outcome (see Table 1.1). The theoretical schema (Figure 1.1) included in Chapter 1 attempts to capture

this complex etiology. To effectively address the problem of child maltreatment, action must be taken at each ecological level. The fact that child abuse and neglect are recognized as issues of public concern is an encouraging first step. This chronosystem change began only a century ago and has grown significantly in intensity during the past two decades. Now, we struggle with the complexity and difficulty of the task before us. At the macrolevel, cultural ideologies which promote maltreatment must change. The fact that our Western culture allows, and even encourages, the use of force against children makes the difference between "discipline" and abuse unclear. In addition, the inadequacy of social support and feedback to caregivers in our culture creates isolation and stress, conditions under which maltreatment flourishes. Moreover, these conditions are increasing at alarming rates, raising serious concerns for the future. The proportion of children living in single parent families headed by women, and in poverty conditions has escalated dramatically in the past decade (Child Welfare League of America, 1988).

At the exo- and mesosystem levels, social support systems and effective child protection mechanisms are discouragingly slow in coming. Families with the most pressing needs for social support are often clustered in "high-risk" neighborhoods; areas that have few human or physical resources available to bolster a faltering family system. Current interventions aimed at identifying and assisting abusive or neglectful

families frequently fail to provide enough, if any, support services. Instead, legal solutions are imposed and identified families are disrupted at high cost to parents, children, and society.

Our greatest progress appears to be at the microsystem level, where understanding has grown regarding the dynamics of the maltreatment cycle, as experienced within the family system. This understanding provides valuable direction for actions which can be taken both to intervene in families where child abuse and neglect are occurring, and, even more promising, for preventative actions which may break the cycle before it begins. However, this optimistic outlook is dampened by the fact that until equal progress is made at other ecological levels, such interventions remain a drop in the bucket. The evidence suggests that the social context surrounding the parent-child relationship is a powerful contributor to dysfunction. Comprehensive prevention initiatives which impact on this social context and strengthen family relationships promise new hope for ameliorating this devastating human problem. The future of our society, of our species, depends on our ability to understand the complexity and urgency of child maltreatment, and to take action, at <u>every</u> level.

TABLE 2.1
Factors Contributing to Child Maltreatment

Ecological Level	Factor	Primary Investigators(s)
CHRONO	Lack of cultural empathy toward children	Steele, 1980; Radbill, 1980; DeMause, 1975; Solnit, 1980
MACRO	Unrealistic role expectations	Korbin, 1980; Kempe, 1973; Ong, 1985
	Permissive attitudes toward violence	Gil, 1970; Garbarino, 1977
	Non-supportive public policies practices	Bronfenbrenner, 1981
EXO	Deficit model of intervention	Selig, 1976; Bronfenbrenner, 1981
	Fragmented, ineffective response to maltreating families	Helfer,1987; AAPC, 1987; Pelton, 1983
	Inadequate prevention resources	Helfer, 1982; Daro, 1985; Cohn, 1983; Newberger, 1982
MESO	Situational stress	Gil, 1970; Gelles, 1973; Pelton, 1981; Straus, 1980; Garbarino, 1976
	Inadequate social support	Rohner, 1975; Egeland & Brunquell, 1979; Garbarino & Sherman, 1980
MICRO	Family Traits:	Creighton, 1985;
	Single, female-headed & stepparent	Daly/Wilson, 1985 Polansky,1981;
	Large number of children	Hunter & Kilstrom, 1979
	Social isolation	Polansky,1981; Salzinger,1986
	Alcohol/drug abuse	Kaplan, 1983; Altemeier,1979

Parent Traits:	
Abusive/neglectful childhood	Helfer, 1980; Kaufman & Zigler, 1987; Spinetta, 1972; Webster - Stratton, 1985
Psychological/ interpersonal deficits	Blumberg,1974; Kaplan, 1983; Justice, 1985; Polansky, 1981
Immaturity/lack of parenting skills	Egeland & Brunquell,1979; Daly & Wilson, 1985; Creighton, 1985
Role malfunction/reversal	Helfer, 1980; Garbarino, 1977
Child Traits:	
Low-weight birth	Klein & Stern, 1971; Egeland & Brunquell, 1979; Creighton, 1985
Congenital deficiencies/ disabilities	Steele, 1980; Hunter & Gilstrom, 1979; Gil, 1970; Jaudes & Diamond, 1985
Difficult temperment	Steele, 1980
Gender	Creighton, 1985
Interaction Patterns:	
Discordant adult relationships	Belsky, 1984; Salzinger,1986; Webster & Stratton, 1985
Negative parent-child interactions	Burgess & Conger, 1978; Wasserman, 1983; Oldershaw,1986

2.2. THE MEDIATING INFLUENCE OF SOCIAL SUPPORT

As revealed in the preceding review of the child maltreatment literature, there is substantial evidence to suggest that social support has positive, mediating influences on the capacity of parents to carry out their childrearing function. The primary tenet of ecological theory would predict such a relationship since it presumes that human development involves mutual accommodation between the individual and the changing properties of the immediate setting, as this process is affected by relations between and beyond these settings (Bronfenbrenner, 1979). On the basis of ecological theory, it is therefore probable that social networks and the support that members provide both directly and indirectly influence the behavior, attitudes, expectations, and knowledge of parents and their offspring (Dunst, Trivette, and Cross, 1986).

Belsky (1984) proposes that social support functions in three general ways to influence parenting attitudes and behaviors by providing emotional support, instrumental assistance, and social expectations. While stated differently, Dunst and Trivette (1988) hypothesize the same three general functions, stating that social support lifts the burden from one person, minimizing excessive demands and reducing the probability that well-being is negatively affected (instrumental). In addition, members of the parent's social network serve as models, so that parents can adopt or modify their parenting

styles if esteemed network members demonstrate effective and nurturing behavior (expectations). And, finally, such support offers opportunity for parents to share the "trials and tribulations" of childrearing with other parents (emotional).

Empirical findings regarding the relationship of social support to parental functioning will be further explored in the remainder of this literature review.

2.2.1. Defining Social Support

Tardy (1985) identifies five issues which are implicitly involved, but generally not explicitly addressed, in research aimed at understanding the development and functioning of social support. These primary elements include direction, disposition, description/evaluation, content, and network.

Direction refers to the reciprocal nature of support, it can be either given or received, or both. Disposition distinguishes the availability of support from its utilization or "enactment". Description/evaluation recognizes that measures of social support can either describe what resources are available and used by subjects, and/or evaluate the effect of that support. The content of social support can be categorized into four dimensions; emotional, instrumental, informational, and appraisal. Finally, network refers to the sources of support and may include family, close friends, neighbors, co-workers, the community, and professionals.

In reviewing instruments used in operationalizing social support, Tardy notes that the lack of agreement concerning its conceptualization impedes the production of valid generalizations related to the development and functioning of social support. He urges that researchers explicitly address these dimensions as they operationalize the concept in their investigations.

Carl Dunst and Carol Trivette (1984) define social support as a multidimensional construct that includes physical and instrumental assistance, attitude transmission, resource and information sharing, and emotional and psychological empathy. The content of social support is explicitly recognized in this definition. Dunst, Trivette, and Deal (1988) also address four of Tardy's five elements through their operationalization of the concept:

1) Family Support Scale - measures the helpfulness of sources of support to families rearing a young child. [description/evaluation]

2) Inventory of Social Support - determines the types of help and assistance that are provided to a respondent by different individuals, groups, and agencies that make up a persons' personal social network. [disposition, content, network]

3) Personal Network Matrix - Assesses a number of aspects of needs, resources, and support, including frequency/ type of contact with different network members; which members help with specific needs; and extent to which these members can be depended upon when asked for help. [disposition, description/evaluation, content, network]

This broad definition recognizes the multiple dimensions of social support, allowing investigation of both the cumulative

influences on outcomes, and the differential effects accounted for by utilization, satisfaction with, type, and source of support.

2.2.2. Mediating Influences on Parenting

In 1960, Litwak reported evidence that support to parents is effective in buffering the stress associated with the birth of a child. Since that time, an abundance of evidence indicates the powerful, mediational influences of social support on both psychological and physical health, as well as parental functioning (Belsky, 1984; Boger, et al., 1986, 1988; Dunst, 1986; Dunst, Vance, Cooper, 1986; Crockenberg, 1981, 1985, 1988; Cochran & Brassard, 1979; Hetherington, Cox, Cox, 1976, 1978; Coletta, 1979; Pascoe, et al. 1981; Powell, 1980; Abernathy, 1973; McCubbin et al., 1980; Mitchell & Trickett, 1980; Giovanoni & Billingsley, 1970; Crnic, et al. 1983; Boger, et al., 1986).

Summarizing results of eight cross-sectional studies over ten years of work with families of developmentally impaired or at-risk children, Dunst and Trivette (1987) reported that, in every study, social support (as defined in the preceding section) accounted for a significant amount of variance in personal well-being; and, in every instance except one, social support was related to family functioning. Similar results are reported by Dunst and associates in numerous other publications which delineate particular studies and their findings (Dunst, Trivette, and Cross, 1986; Dunst,

Vance, and Cooper, 1986; Dunst, 1985; Dunst and Trivette, 1988; Dunst, 1982; Dunst and Trivette, 1984). Dunst, Trivette, and Cross (1986) concluded that satisfaction with and number of sources of supports had main and/or interactive effects in all sets of outcome measures, including personal well-being, parental attitudes toward the child, family integrity, parental perceptions of child functioning, parent-child play opportunities, child behavior and development. The same researchers conducted multiple regression analyses to discern unique effects of six different sources of support and reported that parental attitudes toward their child and perceptions of child functioning are most related to extra-family support (Dunst, Trivette, and Cross, 1984).

Crnic, et al. (1983) examined the relationship of stress and social support to maternal attitudes and early mother-infant interactive behavior and found that stress and support significantly predicted maternal attitudes at one month and interactive behavior at four months. Using a sample of 105 mother-infant pairs (52 premature and 53 full-term), case matched for family ethnicity and education, the researchers conducted a two year longitudinal study with home interviews, clinical visits and observations. Social support was operationalized by a scale which involved a series of questions regarding satisfaction with available support from three sources: intimate relationships, friendships, and neighborhood or community support. Using regression analyses, they found that stress and support significantly

predicted maternal attitudes at one month and interactive behavior at four months. Mothers with greater stress were less positive in their attitudes and behavior, while mothers with greater support were significantly more positive. Social support moderated the adverse effects of stress on mother's life satisfaction and on infant interactive behavior. The authors concluded that social support from various sources facilitates more positive child rearing attitudes, as well as more positive behavioral interactions.

Crockenberg (1981) investigated the influences of social support, infant irritability, and maternal responsiveness on the development of secure and anxious infant-mother attachments at one year. Using a sample of 48 mother and infant pairs with similar education, marital status and socio-economic status, she assessed infant temperament 5-10 days after birth, mother-infant interactions at three months of age, social support at three months, and administered Ainsworth's strange situation measure when the infants were twelve months of age. Social support was operationalized through interviews which focused on the affective and material assistance experienced by the mother, relative to the stresses she experienced, thereby reflecting the functional adequacy of support. Three network sources were rated: father, older children in the family, and others. Employing hierarchical multiple regression analysis, Crockenberg found that the adequacy of the mother's social support was clearly and consistently associated with the

security of the infant-mother attachment, and was the best predictor of secure attachment. Moreover, social support had its strongest effect on the irritable babies. Crockenberg concludes:

> It is reasonable, then, to propose that availability of social support will facilitate responsive mothering, particularly under stressful conditions, and thereby encourage secure infant-mother attachment... the network may also affect the child directly, through the contact of the child with members of the network (p. 558).

In an extensive review of the literature, Crockenberg (1988) summarizes results of studies which explore the influences of social support on high-risk and low-risk families. She concludes that social support is associated with patterns of parenting generally considered appropriate and beneficial to children.

2.2.3. Differential Influences of Social Support

As noted previously, social support is a multidimensional construct with at least five elements (Tardy, 1985). Several investigators have identified and operationalized two or more dimensions of social support in their research, revealing differential influences of these elements (Vaux and Harrison, 1985; Dunst, Trivette, and Cross, 1985; Dunst and Trivette, 1988; Dunst, 1982; Dunst and Trivette, 1984; Crnic, et al.).

Dunst (1985) summarized results from several studies in which multiple regression was used in order to discern the unique contributions of various elements of social support. Dunst and his associates studied differential influences of

satisfaction with support, network size, and source of support; intrafamily (spouse or mate and other members of the nuclear family), extrafamily (friends, relatives, and other acquaintances) and formal (professionals and professional agencies). These studies revealed the following differential influences of social support:

- qualitative rather than quantitative dimensions of support are the most important mediators of family functioning; satisfaction with provision of support consistently emerged as more important than number of sources of support
- personal well-being is generally related to intra- and extra-family and formal support; help from any level of ecological influence can have positive effects on emotional and physical well-being
- family functioning is almost always influenced by support within the household and from friends, neighbors, and kin, and rarely influenced by formal provision of support
- parental attitudes toward their children are most related to extrafamily support whereas parental overcommitment and overprotection are most related to intrafamily support
- different dimensions of parent-child interactions are differentially related to different forms of support

Vaux and Harrison (1985) found that the most important aspect of network composition in determining satisfaction with support, was the proportion of close friends and the presence of a spouse or marital-like partner. Crnic, et al. (1983) found that support from intimate partners had the most powerful effects on mother's life satisfaction but <u>not</u> on parenting attitudes or behavior. Only community support showed buffer effects on mothers' interactive behaviors with

infants. Crockenberg (1988) reports that it is unclear what kind or source of support is more likely to affect the ways parents care for their children; differential effects appear to depend on the specific needs of individual families. While social support from family members, particularly intimate partners, is generally a powerful influence, there are instances, such as the birth of a special needs child, where friends or professionals are better sources of support than relatives.

The above findings suggest that community support can play a significant role in determining parental attitudes, perceptions of children, and interactive behaviors. Such evidence also offers hope that carefully planned, community interventions can positively influence parent-child relationships, particularly for families who are experiencing stressful situations.

2.2.4. Planned Community Support

The intuitive logic and scientific evidence for the importance of social support to families with young children are compelling. One strategy for improving parental competence and preventing child maltreatment is to enhance natural support networks, facilitating and enabling families to connect with resources they need, whether emotional, instrumental, or normative.

Barriers to social support to families with young children have escalated during this century. The disintegration of

the extended family, increasing divorce rates, and expanding numbers of one-parent families and of two-parent, two wage-earner families have seriously jeopardized traditional sources of instrumental and emotional support to parents (Bronfenbrenner, 1984; Brazelton, 1974; Bettelheim, 1987). As a result, the human ecology for rearing children, that "social fabric that nurtures and sustains our capacity...to raise our children to become competent and compassionate members of society", is threatened (Bronfenbrenner, 1984, p. 38).

In the United States, programs and policies to address this important issue lag far behind those of most industrialized, western nations. As seen in the review of child maltreatment literature, this lack of supportive policies and programs impacts greatest on those with the least personal and material resources and the most situational stress. Parents who were reared in dysfunctional families, where extended family members are not likely to communicate or model effective parenting, frequently lack the interpersonal skills required to build and maintain healthy support networks with partners and friends. In some cases, friends and family members may be available but their interaction patterns tend to escalate rather than dissipate parental pressure. Such relationships can be intrusive and draining rather than supportive and energizing.

The ecological model for community prevention of child maltreatment described in Chapter 1 (Figure 1.2) recognizes the healing potential of positive social support systems. Programs like the "Family Growth Center", have developed at the grass roots level across the United States as one part of compre hensive community-based delivery of social support services to families with young children (Meyers and Bernier, 1987; NCCAN, 1988). The goals of such interventions are to proactively supplement and enhance the family's informal support network and to provide a bridge to more formal support services, as needed. This intervention model is based on family strengths and capabilities, not deficits, and requires no identification of problems or proof of inadequacy before help is made available.

2.2.5. Evaluating the Efficacy of Planned Community Support

Boger, et al. (1986) measured the effects of an early intervention program (Perinatal Positive Parenting) in which trained volunteers provided information and emotional support to primiparous mothers during the perinatal period. Using a sub-sample of 24 mothers, 12 who participated in the program and 12 control subjects, the researchers conducted a fifteen month follow-up to measure differences in the two groups. Significant differences were found on the HOME inventory (Caldwell and Bradley, 1979); mothers who received perinatal support scored significantly higher on maternal involvement and appropriate play material scales. In a later replication (Boger, et al., 1988) a sample of families with infants in a

Neonatal Intensive Care Unit were randomly assigned to control and treatment groups. The treatment group received one-to-one support immediately following the infant's birth, during the period of the infant's hospitalization, and through in-home visits after the baby was discharged. A comparison of the two groups indicated that, at twelve months post-discharge, mothers in the treatment group scored significantly higher on several of the NCATS and HOME scales than control mothers.

Citing the work of Unger and Wandersman (1985), Crnic, et al. (1986) and her own cross-national study (Crockenberg, 1985), Susan Crockenberg (1988) concludes that formal support can be effective in promoting sensitive and responsive parenting. Further, these planned interventions do not have to be delivered by professionals; trained paraprofessionals have been shown to be as effective as professionals in working with certain high-risk goups (Unger and Wandersman, 1985). The important element for effectiveness appears to be an extensive outreach component through which continuity of services to the family is assured (Crockenbeg, 1988).

In a randomized experiment, David Olds (1987) and associates tested a program of prenatal and nurse home visitation as a method of preventing health and developmental problems in children born to primiparas who were either teenagers, unmarried, or of low socioeconomic status. Four hundred dyads were randomly assigned to one of four treatments:

Group 1 (control) - no services other than screening and referral to a specialist as needed

Group 2 - free transportation for regular clinical appointments, as well as screening

Group 3 - a nurse home visitor during pregnancy in addition to the screening and transportation services (visits every 2 weeks, approximately 1 1/4 hours)

Group 4 - same as group 3 except the nurse continued to visit until the child was 2 years of age. Following delivery, the nurses visited families every week, with decreasing frequency as the child grew older. Under predetermined crisis conditions, they visited weekly.

Interviews and infant assessments were carried out at registration (prior to the 30th week of pregnancy) and at 6, 10, 12, 22, and 24 months of the infant's life. Among the women at highest risk for caregiving dysfunction, those who were nurse-visited had fewer verified cases of child abuse and neglect during the first 2 years of their children's lives. During the second year of life, the babies of all nurse-visited women, regardless of the families' risk status, were seen in the emergency room fewer times, and they presented less frequently for accidents and ingestions than comparison-group babies. In contrast to women assigned to the comparison condition, nurse-visited women reported that their babies had more positive moods and were observed to punish and restrict their children less frequently than were their counterparts. Olds, et al. conclude that this investigation provides coherent evidence that "nurse home visitors are capable of preventing a number of caregiving dysfunctions, including child abuse and neglect".

Controlled studies such as those conducted by Boger, et al., and by Olds and his colleagues are rare. As a result, evidence for the positive benefit of planned community interventions on parenting and family functioning is limited. Dunst (1986) contends that "we have failed to conceptualize and conduct experimental evaluations in a manner that has permitted us to document the efficacy of our intervention efforts" (p. 80). He argues that the assumptions implicit in most investigations are not necessarily tenable. Specifically, these studies frequently assume that:

- an intervention can somehow compensate for the lack of early intervention services prior to entry into a program
- most children benefit equally from early intervention
- the degree of involvement and intensity of intervention is the same for most program participants
- duration and amount of treatment provided to subjects in intervention studies are of sufficient magnitude to demonstrate or refute the efficacy of early intervention
- the early intervention program is the principal or only intervention provided the program participants
- treatment and comparison groups differ primarily in terms of who does and does not receive intervention

Dunst holds that attempts to evaluate the efficacy of community intervention programs that make any of the above assumptions are not likely to demonstrate positive effects. He offers an alternative evaluation model which is based on the broad definition of intervention as provision of support to families of young children from members of informal and formal social support networks.

> When defined in this manner, a fundamental emphasis of program evaluation efforts is discerning both the cumulative (main effects) and interactive effects of the different forms of support. To the extent that different forms of support account for a significant proportion of the variance in the dependent measures, the relative impact of early intervention is substantiated (p. 122).

Early intervention is therefore not considered to be services provided by a particular program, but rather the aggregation of sources of support by different individuals and groups. The research question, then, is not "Does early intervention work?", but "How much variance does early intervention account for beyond that attributable to other formal and informal treatments?" Dunst suggests that the hierarchical model of multiple regression be used to test conceptual models which reflect the researcher's hypotheses regarding the relative influence of various factors in determining outcomes. The total variance accounted for by different sets of independent variables is determined in a sequential manner, dictated by the theoretical framework underlying the study.

Using the model proposed by Dunst, as well as other methods, this investigation examined factors related to effective parenting beliefs and parental competence, particularly, the relative influence of a planned community intervention (the Family Growth Center) on these outcomes.

III. METHODS

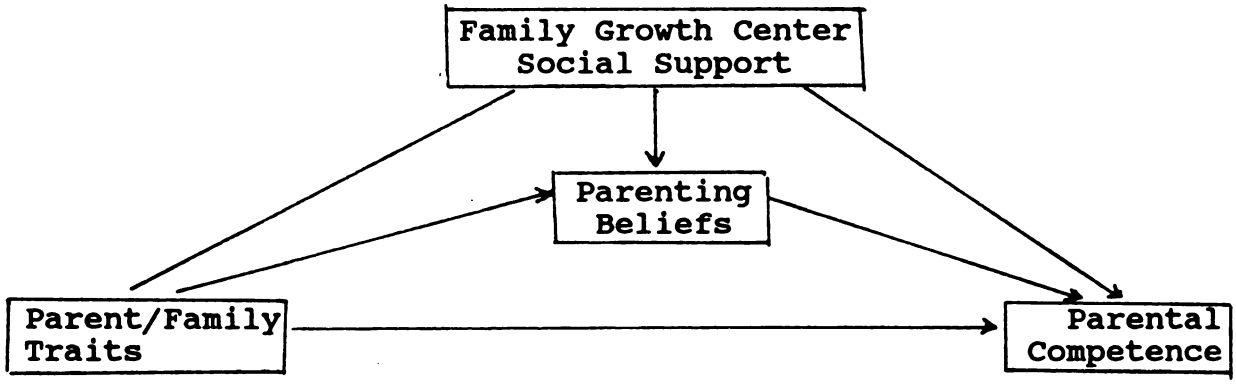
As summarized in the previous chapters, one strategy for improving parental competence and preventing child maltreatment is to enhance social support networks and enable families to connect with needed resources. Such interventions are especially important in today's society, in which the disintegration of the extended family, increasing divorce rates, and escalating numbers of one-parent families and two-parent, two wage-earner families have seriously jeopardized traditional sources of instrumental and emotional support to parents (Bronfenbrenner, 1984; Brazelton, 1974; Bettelheim, 1987). And, they are most critical for parents who lack necessary interpersonal skills for connecting with and maintaining needed resources; those with the least social and material resources who are experiencing the most situational stress in their caregiving role.

An ecological model for community prevention of child maltreatment reflects the complex etiology of the problem and the healing potential of social support systems (Figure 1.2). The Family Growth Center, in Lansing, Michigan, has implemented such a community intervention since 1977, supplementing the participant family's mesosystem, enhancing and expanding informal support networks and providing a bridge to formal support services. It is hypothesized that this increased level of social support and direct feedback influences parenting beliefs and competence, promoting effective child management and helping break the generational

cycle of abuse and/or neglect. Further, because children are provided services at the center, it is likely that the program also directly influences their social-emotional growth and future ability to parent. In the current investigation, a portion of this prevention model was tested:

FIGURE 1.3

Empirical Model for Investigation



In the model, three broadly defined factors directly influence parental competence (observed parent behavior and home environment): parent/family traits, FGC social support, and parenting beliefs. Moreover, parent/family traits and FGC social support indirectly influence parental competence via their contribution to parenting beliefs. It is also hypothesized that parent/family traits are related to FGC social support, although in this study no prediction regarding the direction of this relationship is made.

3.1. DESIGN

A multi-method design was used to test the empirical model and its accompanying propositions and hypotheses. Initial exploration of the associations among independent and dependent variables (Propositions 1, 2, and 3) was accomplished through correlational methods. Next, the sample was divided into comparison groups, and a quasi-experimental design was used to examine the differences between high and low FGC utilization groups and between the nurturing and comparision groups (Propositions 4 and 5). Finally, the variance in dependent measures within the total sample was examined using multiple regression methods, in order to clarify the relative influence of different sets of independent variables on parenting outcomes (Propositions 6 and 7).

3.2. SAMPLE

The sample was selected from a population of 262 families currently using Family Growth Center Services in Lansing, Michigan. Any parent who wishes may attend the Center's programs, which are offered at three sites. Some families are referred by agencies, while others are self-referred. Many participating families are headed by single parent females with low incomes, while others are middle-class, two-parent families. Several families are open, or recently closed, Children's Protective Services cases.

3.2.1. Recruitment

Two groups of parents and children were desired for this study, one consisting of families completing the "Nurturing Program", a specific parent education program aimed at influencing parenting beliefs associated with child maltreatment (Bavolek and Comstock, 1985) and the other comprised of families involved in other types of education and support services available through the Family Growth Center.

To this end, all 16 families enrolled in the summer Nurturing Program at the Mt. Hope Family Growth Center were asked to participate in the study. One hundred percent of those asked agreed to take part. Of these 16 participants, one mother had to drop out of the program after one session due to a shift change at her place of employment. Her family was therefore not included in the study, leaving 15 families in the "Nurturing Group" sample. The other group was formed from parents who utilized drop-in child care, educational sessions, or other support services during the past year. A demographic profile of the nurturing group guided selection of this second group. Thirty-four families who were similar in race, income, family type, family size, age of youngest child, and CPS status received letters describing the study, requesting their participation, and inviting them to attend an orientation and initial testing day at the Family Growth Center in late June, 1988. The mailing included a postcard for their response; FGC staff followed up with phone calls to answer questions and encourage participation. Two

families (6%) could not be reached, and thirteen (38%) were not able to participate due to conflicts with the testing day and/or previous commitments which precluded their involvement over the summer months. The remaining 19 (56%) agreed to participate and attended the initial testing day. Prior to the end of the investigation in September, 1988, two of these families moved out of the area and a third parent decided not to continue in the study, leaving a total of 16 in the comparison group and a total sample size of 31 families (11.8% of the 1988 FGC population).

Consent forms which described research activities, ensured confidentiality, and formally documented the families' willingness to participate were read and signed by parents prior to data collection (see Appendix A). A $20 honorarium was paid to each family who completed all phases of the assessment process.

3.2.2. Sample Characteristics

The sample achieved for this investigation was diverse, but consisted primarily of white, low-income families. Since only two fathers participated in the nurturing program, all testing for this investigation was limited to mothers and their children, thereby controlling for gender. A summary of sample characteristics are presented in Table 3.1.

The majority (56.7%) of participant families made $800 or less per month and had an average of 2.2 children to support; half (53.3%) depended on government assistance as their sole

source of income. Most (54.9%) were headed by single mothers, a small proportion of whom (9.7%) had live-in partners. Mothers in the sample appeared to be well educated, with over half (58.1%) having taken some college coursework. Only about 16% of the sample had not completed high school. Two of the thirty-one (6.5%) mothers were of a minority race (hispanic). The mean age of participant mothers was 29.8 years at the time of the study, and their average age at the birth of their first child was 24.1 years. One child (the youngest) in each family was selected as the referent child for observation. The referent children averaged 36 months of age, were most frequently (41.9%) the second born in their families, and were nearly equally divided between males (48.4%) and females (51.6%).

Every effort was made to balance the two groups on key demographic variables. Despite this attempt, the two sub-samples appear to differ on several important variables, though the sample size was too small to reveal statistical differences. Mean scores demonstrate that mothers in the nurturing group had less education, tended to be younger, had earlier childbirths, and larger families. There were also more married couple families in the comparison group than in the nurturing groups. Given these apparent differences, one would expect that the nurturing group mean scores on parenting belief and parental competence measures would be lower than those of the comparison group.

TABLE 3.1

Sample Characteristics

N= Nurturing Group C-Comparison Group

	Total n=31	N n=15	C n=16
Family Income per Month			
Under $500	26.7%	26.7%	26.7%
$501-800	30.0%	26.7%	33.3%
$801-1100	13.3%	13.3%	13.3%
Over $1100	30.0%	33.3%	26.7%
Source of Income			
Employed	43.3%	42.9%	43.8%
Public Assistance	56.6%	57.1%	56.3%
Number of Children			
mean=	2.2	2.53	1.87
range=	1-7	1-7	1-3
Marital Status			
Single never married	9.7%	13.3%	6.3%
Separated-divorced	35.5%	26.7%	43.8%
Single, live-in partner	9.7%	20.0%	--
Married couple	45.2%	40.0%	50.0%
Mother's Education			
Less than High School	16.1%	26.7%	6.3%
High School Graduate	25.8%	33.3%	18.8%
Attended College	58.1%	40.0%	75.0%
Mother's Age			
mean=	29.8	28.9	30.6
range=	22-38	24-35	22-38
Maternal Age at Primiparity			
mean=	24.1	23.1	25.1
14 to 19 years	19.4%	26.7%	12.5%
20 to 24 years	38.8%	40.0%	31.3%
25 to 30 years	35.6%	26.8%	43.8%
Over 30 years	6.4%	6.7%	6.3%

3.3. THE DEPENDENT VARIABLES: OPERATIONAL MEASURES

Two outcomes were of interest in this study: parenting beliefs associated with child maltreatment and parental competence. Copies of the following operationalized measures are included in Appendix B.

3.3.1. Parenting Beliefs

The Adult-Adolescent Parenting Inventory (AAPI), developed by Stephen Bavolek (1984), was used as the operational measure of this construct.

The AAPI is based on identified parenting and child-rearing practices of abusive parents. Statements representing a synthesis of the known parenting and child rearing practices of abusive parents served as the foundation from which the item pool of the inventory was constructed. Information gathered from the literature and field testing ultimately resulted in the identification of four parenting and child rearing constructs most commonly associated with abusive parents:

1) Inappropriate Parental Expectactions of the Child: abusing parents tend to inaccurately perceive the skills and abilities of their child;

2) Parental Lack of Empathic Awareness of Child's Needs: maltreating parents demonstrate an inability to be empathically aware of and appropriately responsive to their child's needs;

3) Parental Value of Physical Punishment: abusive parents frequently believe that babies should not be "given in to" and must be shown "who is boss". They strongly defend their right to use physical force.

4) Parent-Child Role Reversal: the child is expected to be sensitive to and responsible for much of the happiness of his/her parents.

A "paper and pencil" inventory, the AAPI measures the degree to which parents hold the above beliefs. Initial field testing of the AAPI with adolescents occurred in 1978. Since then, an additional 3,939 non-abused adolescents and 214 abused adolescents throughout the country have participated in developing normative data. In 1980, the AAPI was field tested with adults in the Chicago area. Since that initial research, 782 adults with known histories as child abusers, and 1,045 adults from the general population around the country have participated in the development of the normative data.

Item-construct correlations of the 32 items constituting the AAPI range from .53 to .75. Inter-item correlations within each construct range from .17 to .55 with the majority at .25. These data support the construct validity of the inventory. Internal reliability is also high, ranging from .70 to .86 for each construct; and the test-retest reliability of all items is .76.

Diagnostic and discriminatory validity of the inventory are supported by several studies conducted by the author and other researchers (Bavolek, 1984).

3.3.2. Parental Competence

Parental competence, the primary social outcome criteria selected for the evaluation, was operationalized by scores on two field-tested instruments: the Nursing Child Assessment Teaching Scales (Barnard, 1978) and the Home Observation for Measuring the Environment (Caldwell and Bradley, 1984).

Nursing Child Assessment Teaching Scale (NCATS)

The Nursing Child Assessment Teaching Scale was originated by Kathryn Barnard as part of the Nursing Child Assessment Project research in Seattle, Washington (Barnard, 1978). The purpose of the observational scale is to measure the significant dimensions of interaction between parent and child. During a teaching interaction, a trained observer rates parent and child interactive behaviors. For parents, the important adaptive behaviors are sensitivity to the child's cues, ability to alleviate the child's distress, and the ability to mediate the environment for the child in ways that foster cognitive and social/emotional development (Barnard, 1978, p. 14). For children, the primary adaptive behaviors are the ability to produce clear cues for the caregiver and the ability to respond to the caregiver. In this study, the total NCATS score and scores on the parent behavior subscales were utilized as outcome measures for parental competence.

In testing for internal consistency of items and categories, data revealed that items in all categories were positively correlated. In test-retest reliability comparisons, the mothers' behavior showed more consistency from one measurement period to another than that of the infants. This finding suggests that actual developmental changes may preclude significant positive correlations in test-retest comparisons. Outcome measures used in evaluating the scale's validity include the Mental Developmental Index (MDI) and the Psychomotor Developmental Index (PDI, Bayley, 1977), the Preschool Behavioral questionnaire, and others. The teaching scale score at one and four months correlated at r=.71 and .76, respectively, with the expressive language measure taken at 36 months. The eight month and twelve month teaching scale scores were significantly correlated with the MDI and PDI, at r=.66 and .67, respectively. These results suggest that the Barnard Teaching Scale measures of parent-child interaction are associated with later cognitive performance.

HOME Inventory

The HOME Inventory is an observation/interview instrument developed to assess quantitative and qualitative aspects of the rearing environment (Caldwell and Bradley, 1979). Each of the 45 items in the measure is scored yes or no and all items are weighted equally. A total score for the HOME is determined by counting the number of items scored "yes". In addition to the total score, the inventory is divided into six subscales: emotional and verbal responsivity of mother;

avoidance of restriction and punishment; organization of physical and temporal environment; provision of appropriate play materials; maternal involvement with the child; and opportunities for daily stimulation.

Caldwell and Bradley (1979) reported six month stability estimates for the six subscales ranging from .24 to .77. The stability estimate from the total score over a one year period was r=.77. Several studies have indicated that the HOME is a good predictor of various measures of cognitive ability assessed during the early childhood period (Luster, 1985). These include a correlation of .57 between 24 month HOME and 54 month Stanford-Binet IQ and .66 between 24 month HOME and the total score of the Illinois Test of Psycho-linguistic Abilities (ITPA) assessed at 37 months. The HOME is a better predictor of cognitive outcomes than social class variables. In this study, the total HOME score and all six of its subscales were used for measuring parental competence.

3.4. INDEPENDENT VARIABLES: OPERATIONAL MEASURES

Two independent variables were operationalized and measured for the investigation: parent/family traits and Family Growth Center social support. Questionnaires used for collecting the following data are included in Appendix C.

3.4.1. Parent/Family Traits

Several key characteristics of parents and families were of interest relative to their influence on dependent measures; these were sub-divided into past and present factors, in

order to better reflect the dynamic nature of family systems, and the transactional reality of parent-child relationships.

Parent History

Factors stemming from past experience included parental childhood abuse, maternal age at primiparity, and maternal education. Information about age of the mother at the birth of her first child and level of education was collected through self-report questionnaires.

As summarized in the introduction, the literature suggests that parents who experience abuse as children are more likely to have maltreating parenting beliefs and lower levels of parental competence. In addition, it is postulated that childhood deficits resulting from maltreatment contribute to early pregnancies and truncated education. To gather evidence pertaining to these hypotheses, a measure of childhood abuse experienced by parent participants was created.

During home interviews with the thirty-one participants, each parent was asked about the discipline and parenting they experienced as a child. An overwhelming majority (90%) reported that they had been spanked as children, and two-fifths said they received spankings regularly. As a result, spanking was not included as a measure of maltreatment.

Table 3.2 summarizes the frequencies for the remaining variables which were used to measure the degree of childhood abuse experienced by parents in the study. An ordinal

variable was created which represented the degree of childhood abuse experienced by participants in the study based on a formula which summed recoded frequency scores for injuries, verbal abuse, and rejection.

TABLE 3.2

Childhood Abuse Experienced by Parent Participants

	n=31
Frequency of Injuries	
None	66.7%
1-2 times	20.0%
Several times	3.3%
Regularly	10.0%
Verbal Abuse	
None	40.0%
1-2 times	16.7%
Several times	6.7%
Regularly	36.7%
Rejection	
None	73.3%
1-2 times	13.3%
Several times	10.0%
Regularly	3.3%

Current Family Situation

Variables pertaining to the current family situation included marital status, number of children, and family income. These demographic data were collected through a self-report questionnaire during interviews with parents in their homes.

3.4.2. Family Growth Center Social Support

Two dimensions of Family Growth Center support were measured for this study: level of utilization and type of service.

Level of Utilization

Families utilizing Family Growth Center Services vary in their length of involvement, the number and type of services they have used, and their motivation for involvement. During the past few years, the Family Growth Center has offered several educational and support opportunities, in addition to the Nurturing Program, which may influence parenting beliefs and parental competence. As stated in the hypotheses, it was expected that this variation in utilization would be related to outcome variables.

To operationalize level of utilization, data were collected from parents and staff relative to the family's participation at the Center. A formula which combined length of time involved, number of services utilized, type of services used, referral status, and staff perceptions of the family's involvement was used to generate an ordinal score ranking participants on their level of utilization. Specific definitions and coding for these components are outlined in Table 3.3. Scores from these five factors were summed for each participant to create the level of utilization score. The mean for all 31 participants was 4.48, with a range of 1 to 8, and a standard deviation of 1.87.

TABLE 3.3

Components of Level of FGC Utilization Scores

Factor	Definition	Coding
Length:	Number of months involved	0= less than 12 1= 12 or more
Services:	Respite Child Care Social Support Parent Education (other than Nurturing Program)	0= no use/only recent 1= used within past year
Sessions:	Number of nurturing sessions attended	0=6 or less 1=7 to 13
Referral:	CPS or court involvement	0=yes 1=no
Staff Rank:	Rating by staff members of parent's involvement	Mean rating from 0-2 (0=low, 2=high)

These scores were also used to divide the sample into high and low utilization groups for comparison of differences in parenting beliefs and parental competence over a twelve week interval. Persons were placed in the low utilization group if they scored below the median (4.0) on the level of utilization scale, and in the high group if they scored at the median or above. Table 3.4 illustrates the parent and family characteristics of these two samples.

The groups differed significantly on number of children and level of maternal education. Participants in the low utilization group, on average, had significantly less education and more children than those in the high involvement group.

TABLE 3.4

FGC Utilization Sub-Sample Characteristics

L= Low Utilization H=High Utilization

	Total n=31	L n=17	H n=14
Family Income per Month			
Under $500	26.7%	18.8%	35.7%
$501-800	30.0%	28.6%	30.0%
$801-1100	13.3%	7.1%	13.3%
Over $1100	30.0%	31.3%	28.6%
Source of Income			
Employed	43.3%	37.5%	50.0%
Public Assistance	56.6%	62.5%	50.0%
Number of Children			
	mean= 2.19	2.59	1.71*
	range= 1-7	1-7	1-3
Marital Status			
Single never married	9.7%	5.9%	14.3%
Separated-divorced	35.5%	41.2%	28.6%
Single, live-in partner	9.7%	5.9%	--
Married couple	45.2%	35.3%	57.1%
Mother's Education			
Less than High School	16.1%	29.4%	-- *
High School Graduate	25.8%	11.8%	42.9%*
Attended College	58.1%	58.8%	57.1%
Mother's Age			
mean=	29.8	29.5	30.1
range=	22-38	22-31	22-32
Maternal Age at Primiparity			
mean=	24.1	23.8	24.5
14 to 19 years	19.3%	29.4%	7.1%
20 to 24 years	35.6%	29.4%	42.9%
25 to 30 years	38.8%	29.4%	49.9%
Over 30 years	6.4%	11.8%	--

* $p<.05$

The low utilization group also tended to be younger at the birth of their first child, although this difference did not reach statistical significance. Because these factors are known to be associated with parenting patterns, it became important to statistically control for confounding variables when low and high utilization groups were compared.

Type of Involvement

Of particular interest in this study was the relative influence of a specific program, Bavolek and Comstock's Nurturing Program, on family characteristics associated with child maltreatment. It was hypothesized that the nurturing group would have less abusive parenting beliefs and greater parental competence at the end of the three month program than a similar comparison group which did not participate in the Nurturing Program.

To test this proposition, two sub-samples of families were obtained. The nurturing group (N) participated in a thirteen week program based on Bavolek and Comstock's model, and a comparison group (C) participated in other FGC services during the same period. There were no statistically significant differences between the two groups, although the nurturing group was, on average, less likely to be married, had less education, larger families, and earlier childbirths.

3.4.3. Qualitative Data

Qualitative data were collected through 1-2 hour interviews with five families in the sample, three from the nurturing

group and two from the comparison group. These data provided the basis for more detailed case studies which focused on family history, current situation, and the perceived effect of the Family Growth Center on families studied.

See Table 3.5 for a summary of measures utilized in the study.

TABLE 3.5

Summary of Measures

Variable	Operational Measure
1. Dependent	
A. Parental Beliefs	AAPI
B. Parental Competence	NCATS, HOME
2. Independent and Observed	
A. Parent/Family Traits	
1. Parent History *	
a. Childhood abuse	Home interview
b. Maternal education	Questionnaire
c. Age at primiparity	Home interview
2. Current Family Situation *	
a. Income category/source	Questionnaire
b. Marital status	Home interview
c. No. of children	Questionnaire
3. Parent	
a. Race	FGC records
b. Birthdate	Home interview
c. Parent age	Questionnaire
4. Referent Child	
a. Age	NCATS
b. Parity	NCATS
c. Gender	NCATS
B. FGC Social Support	
1. FGC Type of Service *	Group Assignment
2. FGC Level of Utilization *	
Derived from:	
a. Length of involvement at FGC	Home Interview
b. Parent education	Home Interview
c. Child care services	Home Interview
d. Support group	Home Interview
e. Nurturing sessions	Attendance Records
f. CPS/Court involvement	Home Interview
g. Staff evaluation	Ranking sheet
3. Qualitative Data	
Case studies	Interviews

*Independent variables

3.5. PROCEDURES

Several methods of data collection were utilized in the research. Paper and pencil tests were completed at the Family Growth Center, while observational and interview questionnaires were conducted in the family homes. Table 3.6 summarizes the data collection procedure.

TABLE 3.6

Data Collection

When/What/Where/Who	Date
1. During Nurturing Parent Program by FGC staff AAPI - self report Participant Information - self report	1st, last session
2. On "testing day" (comparison group) by FGC staff AAPI - self report Participant Information -self report	June & Sept.
3. Home visits (60-90 min) by trained public health nurses and CAPS program specialist Biographical questionnaire - parent(s) NCATS - mother and youngest child HOME - observation of environment	June & Sept.
4. Qualitative interviews (5 parents; 5 staff) by Principal Investigator	October
5. Research journal by Principal Investigator	Throughout

Two Family Growth Center staff administered the AAPI and participant information forms. The same persons administered the tests at both data points, for both groups. For the Nurturing Group, the testing occurred during regular sessions at the beginning of the program and at the end of the program, twelve weeks later. The comparison group participants came to the Family Growth Center for a one hour testing in late June, and again in late September.

The observational instruments required more intensive training of unbiased raters. Two public health nurses from the Ingham County Health Department, and the program specialist at Child Abuse Prevention Services attended two day-long training sessions in use of the NCATS and HOME scales. The training was conducted by Lee Ann Roman, Ph.D., and Mary DeWys, R.N., both of whom are certified by Seattle's NCATS project. Following the training, the three raters conducted five pilot tests with families not involved in the investigation, and achieved a .91 interrater reliability coefficient for the NCATS and a .99 interrater reliability coefficient for the HOME. The raters were not aware of the group assignment of the families they observed.

The investigator conducted qualitative interviews of families and staff at the end of the program. Five families were interviewed, three from the nurturing group, and two from the comparison group. The FGC director and four other staff members were also interviewed regarding the selected families.

3.6. DATA ANALYSES

Three methods of analysis were utilized in addressing the research questions: descriptive/narrative, comparative statistics, and associative techniques.

3.6.1. Descriptive/Narrative

Descriptive statistics were used to identify and present trends related to the sample, as well as central tendencies and variations on all measures. Qualitative data supplemented quantified results, summarizing the interpersonal processes and observations that occurred throughout the project. This information was obtained from the research journal, family and staff interviews, and focused on:

a. the social context in which the experiment occurred
b. observed positive and negative attitudes/feelings
c. case studies of family changes

The qualitative data allowed more detailed and concrete analysis of the influence of social support, particularly a planned community intervention, in the lives of families.

3.6.2. Comparative Statistics

Comparative statistics were used to obtain evidence regarding the extent to which utilization and type of involvement in the Family Growth Center influenced parenting beliefs and parental competence. Using a quasi-experimental design, a series of analyses of covariance (ANCOVA) were conducted in order to compare groups of participants relative to the dependent variables, while controlling for pretest scores. Pretest scores were utilized as covariates because it was

assumed that the confounding effects of parent/family traits would be reflected in pretest as well as posttest scores. By controlling for differences at pretest, these factors would also be controlled.

Using level of utilization as the independent variable, the least involved participants were compared to the most involved participants on the dependent measures, while controlling for the independent effects of pretest scores. This procedure was also used to compare the nurturing group to the comparison group on outcome measures, with the same covariate.

3.6.3. Associative Techniques

Associative techniques, including correlational and regression analyses, were utilized in order to determine relationships among the observed variables, as well as their relative influence in accounting for variation in parenting beliefs and parental competence. Several of the stated hypotheses were addressed using these techniques, including the key research question: what is the relative influence of a community prevention program on parenting beliefs and parental competence? As Dunst suggests (1986), the extent to which an early intervention program accounts for a significant amount of variance in outcome measures will document the unique contributions of the program. The theoretical model presented in chapter one provided the framework for a series of hierarchical multiple regression analyses. The

total variance (R2) accounted for was determined in a sequential manner; with the sets of independent variables entered cumulatively in a specified hierarchy dictated by Figure 3.1.

Two series of regression analyses were conducted. Since one of the prevention strategies of the Family Growth Center is to influence parenting beliefs and parental competence, the relative effect of planned community support on AAPI, HOME, and NCATS scales was of interest. In the first series of regression analyses, parent/family traits and FGC support were the independent factors with parenting beliefs (AAPI scales) and parental competence (NCATS, HOME) the outcome measures. The parent/family trait variables were divided into two sets, parent history and present situation, as were the social support factors, which included FGC level of utilization and type of service. The model posits that parent history will have the most influence on outcomes, followed by current family situation, FGC level, and, finally, type of service:

$$Y = X1 + X2 + X3 + X4 + error$$

where Y refers to parenting outcome, X1 to parent history, X2 to current family situation, X3 to FGC utilization, and X4 to FGC type of service. Preliminary analyses were conducted to clarify the intercorrelations among the parent/family traits, and to identify those factors which are the most powerful influences on parenting outcomes. The three most powerful parent history and current family situation

variables were then included in the final regression equation. The purpose of this first set of analyses was to determine the extent to which parent history, current family situation, and FGC utilization and service type explained parenting outcomes. Of particular interest was that portion of variance in outcomes which is explained by the FGC program, after the influence of parent/family traits is partialled out.

In the second series of regression analyses, the extent to which parenting beliefs mediate observed relations between parent/family traits and parental competence was studied. The NCATS and HOME scores were used as outcome measures, and the total AAPI score was included in the equation as an independent variable before parent/family traits. This analysis revealed the proportion of variation in parental competence that was explained by parenting beliefs, and illuminated the extent to which parenting beliefs mediated parent/family traits in determining parental competence. If parenting beliefs in fact mediate parent and family traits in determining parental competence, then one would expect that these traits would explain little of the variance in the NCATS and HOME scores, beyond that accounted for by the AAPI. Educational and support services aimed at changing parenting beliefs could therefore be considered viable methods for influencing observed parental competence.

IV. RESULTS

The primary goal of this research was to determine the relative influence of the Family Growth Center in explaining both parenting beliefs and parental competence. In addition, other questions of interest were derived from the empirical model for the investigation (Figure 1.3). The presentation of results is organized by these questions, as follows:

1) In what way are parent/family traits related to parenting beliefs and parental competence?

2) To what degree is utilization of FGC social support associated with parenting beliefs and with parental competence?

3) Are parent/family traits correlated with utilization of FGC social support?

4) When confounding variables are controlled, is there a difference in parenting outcomes between high/low FGC utilization groups and between the nurturing program group and a comparison group?

5) What is the relative influence of a community prevention program (the Family Growth Center) on parenting beliefs and parental competence?

6) To what extent do parenting beliefs mediate the relationship between parent/family traits and parental competence?

Following the presentation of statistical analyses which address these questions, insights gained from case studies of individual families participating in the investigation conclude the chapter.

4.1. THE ASSOCIATION BETWEEN PARENT/FAMILY TRAITS AND PARENTING OUTCOMES

In this section, specific parent and family traits which have been associated with child maltreatment are outlined and their relations to parenting beliefs and parental competence are examined.

Two categories of parent/family traits were operationalized: parent history and family situation. Parent history included the level of abuse experienced in childhood (Abuse), maternal education (Educ), and maternal age at the birth of the first child (Age). Family situation variables included marital status (a positive score on marital denotes mother is married), family income (Income), and number of children (Number). Table 4.1 summarizes zero-order correlations found between each of these variables and parenting belief scales, including the total AAPI score, and its four domains: expectations (exp), empathy (emp), corporal punishment (corp), and role reversal (role). Positive scores on the AAPI denote appropriate expectations, high levels of empathy, low dependence on corporal punishment, and low levels of role reversal with the child.

Relations were analyzed over two testing periods, at the time of the pretest, and twelve weeks later at post testing. A different version of the AAPI measure was used at pre and post intervals, to avoid bias due to testing. The observed associations over both testing periods reveals both the strength and the reliability of these relationships.

TABLE 4.1

Correlations: Parent/Family Traits and AAPI Scores

Note: Relations were examined using both post test (first row) and pretest (second row) scores to clarify the reliability of observed associations.

n=31	Abuse	Age	Educ	Marital	Income	Number
AAPI	-.429**	.377*	.558***	.413**	.453**	-.358*
	-.454**	.387*	.340*	.433**	.585***	-.391*
Exp	-.106	.302*	.368*	.241+	.302*	-.245+
	-.251+	.254+	.019	.284+	.544***	-.254+
Emp	-.437**	.512**	.583***	.429**	.443**	-.558***
	-.405**	.299*	.343*	.418**	.555***	-.255+
Corp	-.392**	.257+	.461**	.292+	.406**	-.134
	-.146	.162	.031	.182	.373*	-.296+
Role	-.551***	.324*	.577***	.454**	.340*	-.361*
	-.624***	.511**	.612***	.504**	.480**	-.450**

\+ >.10 probability
* >.05 probability
** >.01 probability
***>.001 probability

All relationships are in the predicted direction. Childhood abuse is strongly associated with parenting beliefs, the higher the level of abuse experienced by parents in childhood, the lower the scores on non-abusive parenting beliefs. Of the six parent/family traits, childhood abuse shows the strongest relationships to role reversal and empathy. Age at primiparity and maternal education are also associated, in the positive direction, with AAPI scores; once more, these relationships are strongest in the empathy and role reversal

subscales. The data suggest, however, that parent history factors are only weakly and inconsistently associated with expectations and corporal punishment.

Family situation variables are also highly correlated with AAPI scores, with family income demonstrating the most consistent and strongest relationships to all of the subscales. This is the only parent/family trait that is reliably and significantly associated with expectations and corporal punishment. The higher the family income, the more appropriate the expectations and the less reliance on corporal punishment. Marital status and number of children are moderately associated with empathy and role reversal; married women evidenced more empathy and less role reversal, as did women with fewer children.

Turning to parental competence, Table 4.2 summarizes relations between behaviors observed at the two test periods using the NCATS and HOME scales and the above parent/family traits. In addition to the total score (NCATS), four of the NCATS six subscales were used in this study: sensitivity to cues (sens), response to child distress (distr), social-emotional growth fostering (social), and cognitive growth fostering (cogn). The HOME includes a total score (HOME), as well as six domains: emotional and verbal responsivity (respon), avoidance of restriction and punishment (punish), organization of physical and temporal environment (environ), provision of appropriate play materials (play), maternal

TABLE 4.2

Correlations: Family Risk Factors with NCATS, HOME Scores

Note: Relations were examined using both post test (first row) and pretest (second row) scores to clarify the reliability of observed associations.

n=31	Abuse	Age	Educ	Marital	Income	Number
NCATS	-.159	.339*	.682***	.276+	.270+	-.170
	-.301*	.176	.580*	.276+	.045	-.295+
Sens	-.279+	.293+	.609***	.251+	.134	-.226
	-.345*	.484**	.337*	.389*	.196	-.264+
Distr	-.289+	.320*	.348*	.344*	.290+	-.350*
	-.054	.267+	.409**	.142	.031	.000
Social	.007	.266+	.472**	.133	.081	-.032
	-.055	.133	.226	.264+	.240	.031
Cogn	-.368*	.482**	.723***	.277+	.130	-.459**
	-.313*	.008	.311*	.091	.001	-.343*
HOME	-.598***	.474**	.661***	.394**	.138	-.495**
	-.580***	.390*	.609***	.421**	.263+	-.448**
Respon	-.309*	.366*	.708***	.309*	.097	-.239+
	-.264+	.269+	.450**	.274+	.418**	-.230
Punish	-.297+	.260+	.338*	.161	.196	-.166
	-.250+	.171	.334+	.082	.016	-.058
Environ	-.309*	.205	.462**	.221	-.186	-.277+
	-.381*	.042	.139	.153	-.029	-.418**
Play	-.403**	.392*	.446**	.329*	.353*	-.592***
	-.282+	.271+	.463**	.386*	.346*	-.292+
Involve	-.686***	.360*	.568***	.231	.008	-.638***
	-.533**	.282+	.585***	.333*	.186	-.502**
Variety	-.619***	.462**	.297*	.457**	.041	-.241+
	-.510**	.392*	.275+	.347*	-.007	-.244+

\+ >.10 probability
* >.05 probability
** >.01 probability
***>.001 probability

involvement with the child (involve), and opportunities for variety in daily stimulation (variety).

Once more, relationships are in the predicted direction on both scales, though the HOME scores are more consistently and strongly associated with parent/family traits. Parent history factors are consistently associated with all of the HOME subscales, with maternal education and childhood abuse showing the most reliable relationships to home environment. Childhood abuse is strongly related, in the negative direction, to the total HOME score and to maternal involvement and variety in daily stimulation subscales. Education is strongly correlated with maternal responsivity, as well as maternal involvement and total HOME scores, while age at primiparity shows consistent association to variety in stimulation.

Maternal education is the one factor which is consistently related to the NCATS scales, showing moderate to strong relationships at both test periods to the total score and to sensitivity to cues, response to distress, and to cognitive growth fostering. Childhood abuse and number of children are negatively correlated with cognitive growth fostering at both intervals, while maternal age at primiparity is mildly associated with sensitivity to cues and response to distress.

Married women and women with fewer children are more likely to score highest on the HOME. Marital status is most powerfully associated with appropriate play materials and variety

in stimulation, while number of children is associated most strongly, in the negative direction, with maternal involvement. Family income is not consistently associated with any of the NCATS scales, and is weakly associated with only one of the HOME subscales, appropriate play materials.

These correlational analyses support Proposition 1 of this investigation, providing evidence that high risk parent and family traits are associated with abusive parenting beliefs and with low levels of parental competence.

Hypothesis 1.1 was supported. Parental childhood abuse was negatively correlated with scores on the AAPI, NCATS, and HOME inventories.

Hypothesis 1.2 was supported. Maternal age at primiparity was positively correlated with scores on the AAPI, NCATS, and HOME inventories.

Hypothesis 1.3 was supported. Maternal education was positively correlated with scores on the AAPI, NCATS, and HOME inventories.

Hypothesis 1.4 was partially supported. Family income was positively correlated with scores on the AAPI and the HOME inventories.

Hypothesis 1.5 was supported. Number of children was negatively correlated with scores on the AAPI, NCATS, and HOME inventories.

4.2. THE ASSOCIATION BETWEEN UTILIZATION OF FGC SUPPORT AND PARENTING BELIEFS AND PARENTAL COMPETENCE

Of particular interest in this study is the influence of a planned community intervention program (the Family Growth Center) on parenting beliefs and parental competence. It was hypothesized that mothers who were more highly involved in the FGC program would have higher scores on the parenting outcome scales. Pearson correlations were examined using both pre and post test scores, thereby providing evidence of the reliability of identified associations. Table 4.3 summarizes the results of these analyses.

All relationships are in the predicted direction, although relatively few of the correlations consistently reached statistical significance. The strongest associations are between FGC level of utilization and the HOME scales, including total HOME score, as well as three of its six subscales: avoidance of restriction and punishment, appropriate play materials, and maternal involvement. The higher the FGC utilization, the higher the scores on these factors. The data also suggest that FGC utilization is positively associated with total AAPI and its corporal punishment subscale, as well as cognitive stimulation, as measured by the NCATS scale.

TABLE 4.3

Pearson Correlations: FGC Utilization and Parenting Beliefs

Note: Relations were examined using both pretest and post test scores to clarify the reliability of observed associations.

Parenting Outcome (n=31)	FGC Level of Utilization Pretest r	Post test r
AAPI	.265+	.342*
Expectations	.142	.153
Empathy	.201	.312*
Corporal Punishment	.365*	.263+
Role reversal	.182	.418**
NCATS	.523**	.167
Sensitivity to cues	.203	.067
Response to distress	.063	.061
Social-emotional	-.038	.025
Cognitive stimulation	.495**	.249+
HOME	.489**	.437**
Maternal Responsivity	.132	.303*
Avoid Restriction/Punishment	.544***	.464**
Organization of Environment	.267+	.216
Appropriate Play	.375*	.449**
Maternal Involvement	.421**	.409*
Variety in stimulation	.193	.085

\+ >.10 probability
* >.05 probability
** >.01 probability
***>.001 probability

The above analyses support Proposition 2 of this investigation, providing evidence that utilization of FGC social support is positively related to non-abusive parenting beliefs and parental competence. Generally, the higher the level of utilization, the higher the scores on the AAPI, NCATS, and HOME scales.

Hypothesis 2.1 was supported. Level of FGC utilization was positively correlated with scores on the Adult-Adolescent Parenting Inventory.

Hypothesis 2.2 was partially supported. Level of FGC utilization was positively correlated with scores on the HOME inventory, and relations were in the predicted direction on the NCATS measures.

4.3. THE ASSOCIATION BETWEEN PARENT/FAMILY TRAITS AND UTILIZATION OF FGC SUPPORT

It was hypothesized that high risk parent/family traits would be associated with low levels of FGC utilization. This hypothesis was tested by examining the correlations between FGC utilization and specified parent history and family situation variables. Results are presented in Table 4.4.

TABLE 4.4

Correlations
Level of FGC Utilization with Parent/Family Traits

Factor (n=31)	Level of Utilization
Parental childhood abuse	-.235
Maternal age at primiparity	-.137
Maternal education	.063
Marital status	.071
Family income	-.232
Number of children in family	-.211

Several of the relations are in the expected direction, though none reached statistical significance. Parental childhood abuse came close to statistical significance (f=.11) and it appears that this factor is at least weakly related to FGC utilization. Two of the relations are in unexpected directions: family income and age at primiparity. The higher the family income, the lower the utilization, and the lower the age at primiparity, the higher the utilization. Again, these relationships, however, were not statistically significant.

The data did not support proposition 3: high risk parent/family traits were not significantly related to low utilization of social support.

Hypothesis 3.1 was not supported. There were not significant negative correlations between parental childhood abuse nor number of children and FGC utilization, although the observed relations were in the predicted direction.

Hypothesis 3.2 was not supported. There were not significant positive correlations between FGC utilization and maternal age at primiparity, or maternal education, or family income.

4.4. THE DIFFERENCES IN PARENTING OUTCOMES BETWEEN HIGH/LOW UTILIZATION AND BETWEEN NURTURING AND COMPARISON GROUPS

The associations found between FGC utilization and parenting outcomes suggest that the community intervention program may influence parenting beliefs and parental competence. However, given the strong influence of parent/family traits

on these same outcomes, it is likely that factors such as childhood abuse and maternal education confound the observed relations between FGC utilization and scores on the AAPI, NCATS, and HOME scales. To discern the unique contribution of FGC support on parenting outcomes, it is necessary that the influences of these confounding variables be partialled out so that the unique contribution of the FGC factors can be determined.

In this section, the results of two one-way analyses of covariance (ANCOVA) are reviewed. The ANCOVAs clarify the contributions of FGC utilization and type of service on parenting beliefs and parental outcomes. In the first analysis, two groups of parents were compared, those who fell below the median in level of utilization (low, n=17) and those who scored above the median (high, n=14). In the second analysis, parents participating in the thirteen-week nurturing program (n=15) were compared with a group of parents participating in other FGC services only (n=16). In both ANCOVA's, pretest scores on all the measures, obtained twelve weeks prior to post tests, were used as covariates. It was assumed that the confounding effects of childhood abuse, maternal education, age at primiparity, and other selection biases would be reflected in pretest as well as post test scores. Differences in parenting outcomes between high/low utilization groups and between nurturing and comparison groups, after three months of FGC service, would thus be clarified by these analyses.

4.4.1. Differences Between High and Low Utilization Groups

Table 4.5 summarizes mean scores and standard deviations for high and low utilization groups over the two test periods. The high utilization group had higher mean scores than the low utilization group on all three of the measures, AAPI, NCATS, and HOME inventories. Surprisingly, however, raw mean scores on most of the measures show a slight decrease from pretest to post test for both groups, rather than the expected increase. Only the HOME score for the high involvement group increased slightly during the twelve week interval. Possible reasons for these findings are discussed in chapter five.

Despite the unexpected post test mean scores, it is still relevant to determine whether there is a difference in parenting outcomes between the two groups of parents, after the influence of pretest scores is partialled out. Before moving to the results of the ANCOVA, it is important to note, however, that there is a significant heterogeneity of variance between the two groups on 12 of 17 post test measures, as well as four of the pretest scales. This lack of homogeneity diminishes the power of the ANCOVA to pick up differences between the two groups.

TABLE 4.5

ANCOVA 1: MEAN SCORES AND STANDARD DEVIATIONS

Low/High Level of FGC Utilization
with Parenting Beliefs and Parental Competence

Covariate (X) = Pretest Scores on Dependent Measures
Level of FGC L- Low (n=17) H- High (n=14)

Outcome	Low: Post L-$\bar{Y}$1	L-Sy	Low: Pre L-$\bar{X}$1	L-Sx	High: Post H-$\bar{Y}$2	H-Sy	High: Pre H-$\bar{X}$2	H-Sx
AAPI	123.9	20.2*	132.0	19.6*	136.6	11.8*	137.7	11.0*
Exp	22.2	4.4	24.8	4.0	23.9	3.3	25.4	3.6
Emp	33.8	5.5	34.0	5.9	36.9	3.7	35.3	3.9
Corp	36.8	6.9*	40.8	5.7	39.9	3.2*	43.1	3.5
Role	30.3	7.6*	32.4	6.5*	35.9	3.8*	33.9	3.7*
NCATS	60.8	7.4	60.2	4.4	62.6	4.7	64.1	2.9
Sens	9.5	1.6	9.9	1.0	9.9	1.2	10.2	.9
Distr	10.1	2.0*	9.9	2.0	10.7	1.1*	10.4	1.3
Social	8.8	1.7*	9.4	1.1	9.3	1.0*	9.3	1.1
Cogn	12.5	2.9*	13.0	1.8	13.6	1.3*	14.5	1.2
HOME	35.8	7.5*	36.0	6.5*	41.0	2.0*	40.2	2.6*
Respon	9.3	1.7*	9.5	1.2	10.0	1.0*	9.6	1.4
Punish	6.0	1.7*	6.1	1.5	7.1	.9*	7.1	1.1
Environ	4.9	1.1*	5.3	1.0*	5.6	.6*	5.8	.6*
Play	7.3	1.7*	7.4	1.5	8.5	.7*	8.2	1.1
Involve	4.6	2.0*	4.4	1.9	5.6	.7*	5.5	.8
Variety	3.6	1.3	3.1	1.3	4.1	.9	3.9	1.1

* Cochran Homogeneity of Variance Test: Significant ($p < .05$) differences in variances between two groups.

Glass and Hopkins (1984) report that several researchers have studied the empirical consequences of violating the assumption of homogeneity of variance and conclude that both the t-test and ANOVA are robust with respect to violation of this assumption when n's are equal. When n's are not equal, as in this study, the t-test and ANOVA are conservative with respect to committing Type I errors if the larger sample is

associated with the larger variance. When the larger n and larger variance are paired, the true probability of a Type I error is always less than the nominal probability. This is true in all cases summarized in Table 4.5; the larger variances occur in group 1, the low utilization group, which is also the larger sample. Therefore, when critical F-values are set at .05, the probability of rejecting a true null hypothesis is actually less than .05. Glass and Hopkins state that there is no need to be concerned about violating the homogeneity of variance assumption under these conditions, although the power of the test is obviously diminished. To increase the power in this test, reducing risk of a Type II error, an alpha of .10 was used as the critical value for rejecting the null hypothesis (Ho: there is no difference between the low and high utilization groups). Results of the Analysis of Covariance for high and low FGC utilization are presented in Table 4.6.

The analysis indicates that level of FGC utilization has a significant influence on parenting beliefs when pretest scores are controlled. Two of the AAPI subscales were significantly affected by FGC level: empathy and role reversal. The only competence measure significantly affected by utilization was provision of appropriate play materials. Although the high utilization group had higher mean scores on all the measures, these differences did not reach statistical significance on any of the other parental competence scales when pretest scores were controlled.

TABLE 4.6

SUMMARY OF ANALYSIS OF COVARIANCE 1
Low/High Level of FGC Utilization with
Parenting Beliefs and Parental Competence

Covariate = Pretest
n=31

Outcome	Mean Squares Pretest	Level	Within	F-Statistic Pretest	Level
AAPI	4513.41	524.44	136.56	33.05***	3.84+
Exp	130.97	16.13	11.52	11.37**	1.40
Emp	414.00	34.95	8.55	48.42***	4.09*
Corp	132.30	29.95	27.52	4.81*	1.09
Role	631.86	137.67	17.03	37.09***	8.08**
NCATS	364.25	19.64	28.84	12.63***	.68
Sens	11.53	.37	1.70	6.78**	.22
Distr	8.14	2.10	2.56	3.18+	.82
Social	8.76	2.61	1.76	4.99*	1.49
Cogn	45.26	.11	3.79	11.93**	.03
HOME	710.84	6.84	8.88	80.08***	.77
Respon	10.99	3.02	1.67	6.56**	1.81
Punish	29.11	1.28	1.02	28.49***	1.25
Environ	7.45	1.38	.67	11.16**	2.07
Play	37.05	1.72	.50	74.19***	3.45+
Involve	50.65	.11	.81	62.53***	.13
Variety	25.16	.27	.42	60.50***	.65

\+ $p<.10$
* $p<.05$
** $p<.01$
*** $p<.001$

The results of the first analysis of covariance provides evidence supporting Proposition 4. When confounding variables are controlled, positive parenting outcomes increase as a function of the level of FGC utilization. Over a twelve week interval, mothers who were highly involved in the Family Growth Center were significantly different than

low utilization mothers in level of empathy, role reversal, and provision of appropriate play materials in the home.

Hypothesis 4.1. was supported. When pretest scores were controlled, parents with a high level of FGC utilization had significantly higher scores on the AAPI than parents in the low utilization group.

Hypothesis 4.2. was partially supported. Parents in the high utilization group scored higher on a subscale of the HOME inventory than parents in the low utilization group.

4.4.2. Differences Between Nurturing and Comparison Groups

The second analysis of covariance aimed to clarify the differential influences of services available at the Family Growth Center. Of particular interest was the effect of the "nurturing program" (Bavolek and Comstock, 1985), a structured program designed to change dysfunctional and abusive parenting beliefs, including the four AAPI constructs which are associated with child maltreatment: expectations, empathy, corporal punishment, and role reversal. Each week for thirteen weeks (1), parents and their children participated in structured group activities which addressed topics such as behavior management, personal power, limitations of hitting, child development, stress management, communication, and personal safety. Children were assigned to age-appropriate developmental groups, which also focused on the themes being addressed by their parents.

For example, while adults were learning about behavior management techniques such as "time out", children were learning about consequences for behaviors and what time out means.

The nurturing group was compared to a group of parents who were involved in other educational and support activities available at the Center, but had not yet participated in the nurturing group. Other services at the center during the twelve week period included:

- Drop-in child care
- Summer Fun Play Group - a special 6 week workshop of activities for parents and children to enjoy together
- Annual FGC picnic
- Clothing exchange
- Parent's place - an informal time for parents and their infants to meet together, hear speakers, and share refreshments; child care was provided for older children.
- STEP program - (Systematic Training for Effective Parenting) a six week course for parents in discipline and communication co-sponsored by the Region 13 Substance Abuse Prevention Education program
- HOPE (Helping Ourselves Parent Effectively) - a support group for parents in crisis as well as for parents who are dealing with daily stresses of raising children
- Adult Children of Alcoholic Parents - a 3 week workshop co-sponsored by Region 13 Substance Abuse Prevention Education program.

All services were available to anyone who wished to participate.

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1) The Bavolek and Comstock program is actually 15 weeks in duration but due to the Labor Day holiday and school start-up, the summer program was condensed into 13 weeks.

As in the first analysis, pretest scores obtained at the beginning of the investigation were used as the covariate in the analysis to identify differences between the nurturing and comparison groups on the outcome measures. Table 4.7 summarizes mean scores and standard deviations for the two groups at pre and post test intervals.

TABLE 4.7

ANCOVA 2: MEANS AND STANDARD DEVIATIONS

Comparison/Nurturing Groups with
Parenting Beliefs and Parental Competence

Groups: C=Comparison (n=16) N=Nurturing (n=15)

Outcome	Comp Post C-$\bar{Y}$1	C-Sy	Comp Pre C-$\bar{X}$1	C-Sx	Nurt Post N-$\bar{Y}$2	N-Sy	Nurt Pre N-$\bar{X}$2	N-Sx
AAPI	133.4	12.3*	138.0	12.6	125.6	22.1*	130.9	19.3
Exp	23.7	3.6	25.2	3.8	22.2	4.4	24.9	3.8
Emp	36.8	3.4*	36.0	3.8	33.5	5.8*	33.1	5.8
Corp	38.6	4.5	42.1	4.8	37.7	6.9	41.6	5.1
Role	34.2	4.6*	34.7	4.4	31.5	8.3*	31.3	6.0
NCATS	61.8	6.2	61.5	4.6	61.5	6.6	62.5	3.9
Sens	10.0	1.1	10.1	1.1	9.4	1.6	10.1	.9
Distr	10.5	1.5	9.9	2.0	10.2	1.8	10.4	1.3
Social	8.9	1.5	9.2	1.3*	9.1	1.3	9.5	.7*
Cogn	13.2	2.2	13.6	1.7	12.8	2.4	13.8	1.8
HOME	39.9	2.9*	38.9	3.0*	36.3	8.1*	36.8	7.2*
Respon	9.8	.8*	9.4	1.4	9.5	1.9*	9.7	1.3
Punish	6.7	1.2	6.6	1.3	6.3	1.8	6.7	1.6
Environ	5.6	.8	5.7	.8	4.9	1.1	5.3	.9
Play	8.0	1.1*	7.9	1.1	7.7	1.8*	7.7	1.6
Involve	5.6	.6*	5.4	.8*	4.5	2.2*	4.3	2.1*
Variety	4.2	.7*	3.8	1.0	3.5	1.4*	3.1	1.4

* Cochran Homogeneity of Variance Test: Significant ($p < .05$) differences in variances between two groups.

Participants in the nurturing group generally scored lower than the comparison group on both pre and post test scales. This was expected due to differences in parent/family traits between the two samples (see chapter 3). Again, scores on the post tests are, for the most part, slightly lower than scores on the pretests. Explanations for these findings are discussed in chapter five.

Once more, the two groups have significant differences in variance on several of the outcome measures and pretest scores. In this instance, however, the smaller sample (nurturing group) had the larger variance. When the larger sample has the smaller variance, the true alpha is greater than the nominal probability of a Type-I error (Glass and Hopkins, 1984). Because the difference in sample sizes is so slight (nurturing group n= 15, comparison group n=16), the effect of heterogeneity of variance on alpha is minimal in this case, with actual probability still falling below .10 when the nominal alpha is .05. However, to avoid a Type I error, the critical value for testing the null hypothesis is set at $p<.01$ (Ho: There is no difference between the nurturing and comparison groups).

Results of the second analysis of covariance are summarized in Table 4.8.

TABLE 4.8

SUMMARY OF ANALYSIS OF COVARIANCE 2

Type of FGC Involvement with
Parenting Beliefs and Parental Competence

Nurturing (n=15) and Comparison (n=16) Groups
Covariate = Pretest

Outcome	Mean Squares Pretest	Type	Within	F-Statistic Pretest	Group
AAPI	4799.97	36.44	153.98	31.17***	.24
Exp	135.23	13.95	11.59	11.66**	1.20
Emp	378.69	8.87	9.48	39.94***	.94
Punish	173.24	2.79	28.49	6.08*	.10
Role	676.89	1.35	21.90	30.90***	.06
NCATS	380.44	11.34	29.13	13.06***	.39
Sens	12.41	2.81	1.61	7.68**	1.74
Distr	10.40	1.76	2.57	4.05*	.69
Social	8.12	.01	1.85	4.39*	.01
Cogn	55.76	2.67	3.70	15.06***	.72
HOME	820.46	17.17	8.51	96.44***	2.02
Respon	11.85	1.60	1.73	6.86**	.93
Punish	38.36	1.47	1.01	37.80***	1.45
Environ	7.79	1.00	.68	11.43**	1.47
Play	45.79	.16	.56	82.49***	.29
Involve	49.05	.36	.80	61.23***	.45
Variety	22.65	.39	.41	55.04***	.96

* p<.05
** p<.01
*** p<.001

Proposition 5 was not supported by the data. When pretest scores were controlled, parenting beliefs and parental competence did not increase as a function of Family Growth Center type of service.

Hypothesis 5.1 was not supported. When pretest scores were controlled, parents who participated in the nurturing program

did not score higher on the AAPI than parents who received other services only.

Hypothesis 5.2 was not supported. Parents participating in the nurturing program did not score higher on the NCATS and HOME inventories than parent who received other services only.

4.5. RELATIVE INFLUENCE OF THE FAMILY GROWTH CENTER ON PARENTING BELIEFS AND PARENTAL COMPETENCE

A hierarchical multiple regression analysis was performed to determine the relative influence of the Family Growth Center program on parenting beliefs and parental competence. Based on the conceptual model presented in chapter one, it was hypothesized that parent history and family situation are fundamental determinants of both parenting beliefs and parental competence. Beyond these primary explanations, it was hypothesized that a community support program contributes significantly to parenting outcomes. Parent history factors were entered first, followed by immediate family situation variables, then FGC level of utilization, and finally FGC type of service. At each step, the preceding variables were statistically controlled, so that the independent contribution of the variable in question was known. This section of chapter four describes the results of these analyses.

4.5.1. Intercorrelations Among the Independent Variables

To determine the relative influence of each independent variable on parenting outcomes, intercorrelations among the selected factors were examined first. Table 4.9 summarizes the relations among parental childhood abuse, maternal education, maternal age at primiparity, marital status, number of children, family income, level of FGC utilization, and FGC type of service.

TABLE 4.9

Intercorrelations: Independent Variables

	Abuse	Educ	Age	Marital	Number	Income	Level
Abu	--						
Edu	-.392*	--					
Age	-.341*	.602***	--				
Mar	-.486***	.384*	.579***	--			
Num	.499**	-.351*	-.494**	-.271+	--		
Inc	-.200	.274+	.516**	.638***	-.087	--	
Lev	-.235	.063	-.137	.071	-.211	-.232	--
Type	.340*	-.215	-.433**	-.105	.204	.104	.071

\+ <.10
* <.05
** <.01
*** <.001

In this sample, there are high intercorrelations among the parent/family traits. All associations are in the expected direction. The more abuse suffered by the mother in childhood, the younger she is at the birth of her first child, the higher the number of children she bears, and the less likely she is to be married. In addition, the younger the mother is at the birth of her first child, the lower her education;

and, the lower her education, the higher the number of children and the less likely she is to be married.

Participation in the nurturing program is positively associated with parental abuse and negatively correlated with maternal education. Mothers who joined the nurturing program were more likely to have suffered childhood abuse and were less educated than their counterparts in the comparison group. This finding is not surprising since several of the mothers who attended the nurturing program were referred by public and private agencies, including the Probate Court.

4.5.2. Selection of Variables for Regression Analysis

In regression analysis, extreme multicollinearity, where independent variables are highly associated with each other, creates serious estimation problems because it produces large variances for the slope estimates and, consequently, large standard errors (Lewis-Beck, 1986). The best unbiased estimates for the regression equation are obtained with variables that are highly correlated to dependent measures, but only moderately or weakly associated with each other. In addition, the more variables included in the regression equation, the lower the power available to identify significant factors. It is therefore important to carefully select indicator variables and eliminate those factors which do not significantly contribute to the outcome, when other variables are controlled.

Two preliminary regression analyses were conducted with the goal of clarifying the relations among the independent factors, as well as their independent contributions to AAPI, NCATS, and HOME scores.

The first set of analyses involved a series of hierarchical regression equations in which each of the parent and family variables were regressed on each other. This procedure revealed the degree to which each of the independent factors explained the others and clarified the interrelationships among the parent/family traits. First, education was predicted using parental childhood abuse and age at primiparity. Next, marital status was explained using parental childhood abuse, maternal education, and age at primiparity as independent variables. Then, number of children was the dependent variable, with parental childhood abuse, maternal education, age at primiparity, and marital status as predictors. Finally, income was predicted using maternal education, age at primiparity, marital status, and number of children as independent factors. See Table 4.10.

It should be noted that adjusted R-square statistics instead of multiple R-square values are used in this and all remaining regression analyses in this study. The multiple R squared is the proportion of variance in the dependent variable associated with variance in the independent variables; the adjusted R2 is corrected for the number of cases. A small number of cases relative to the number of

variables in the multiple regression, can bias upwards the estimate of R2 (Nie, et al., 1975). Given the small sample size in this study, the more conservative estimate of explained variance was used.

TABLE 4.10

Regression Statistics for Explaining Independent Variables
n=31

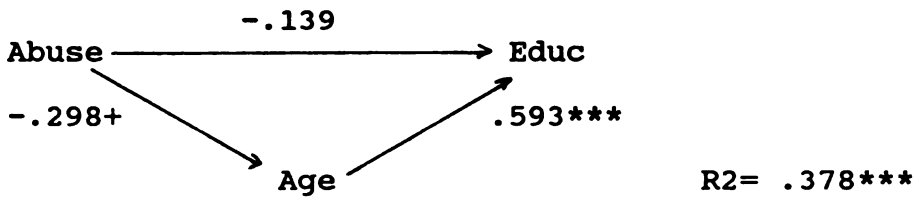
Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta
Maternal Education:				
Childhood Abuse	-.317+	-.139		
Age at Primiparity		.593***		
Adj. R2	.068+	.378***		
Marital Status:				
Childhood Abuse	-.456**	-.360*	-.305+	
Maternal Education		.301+	-.002	
Age at Primiparity			.505**	
Adj. R2	.179**	.237**	.374**	
Number of Children:				
Childhood Abuse	.468**	.384*	.341*	.400*
Maternal Education		-.265	-.028	-.027
Age at Primiparity			-.395+	-.493*
Marital Status				.194
Adj. R2	.191**	.229**	.302**	.293**
Family Income:				
Maternal Education	.334+	-.062	-.084	-.061
Age at Primiparity		.594*	.314	.407+
Marital Status			.502**	.488*
Number of Children				.160
Adj. R2	.080+	.256**	.412***	.406**

\+ <.10
* <.05
** <.01
*** <.001

The data suggest that age at primiparity strongly predicts maternal education, mediating the influence contributed by parental childhood abuse. Together, these two factors explain nearly 40% of the variance in maternal education. See Figure 4.1.

Figure 4.1

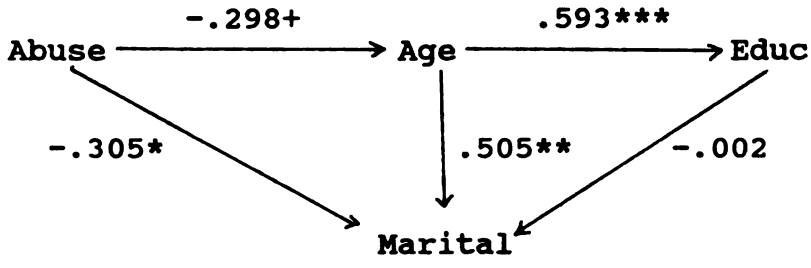
Explaining Maternal Education



Age at primiparity also appears to be a powerful predictor of marital status, mediating its relationship with both maternal education, and to a lesser degree, childhood abuse. In fact, when age at primiparity is added to the regression equation, the influence of maternal education on marital status disappears. In this sample, whether or not a woman is married depends primarily on the age at which she had her first child, though childhood abuse continues to influence this variable after age at primiparity is added to the equation. See Figure 4.2.

Figure 4.2

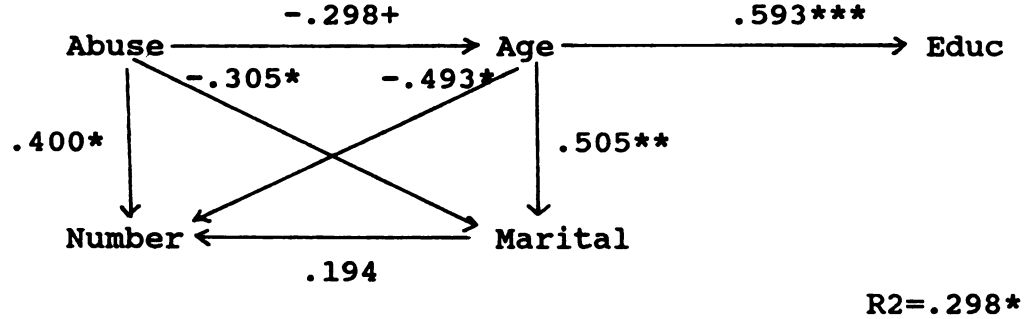
Explaining Marital Status



R2=.374**

Similarly, the number of children in the family is also predicted primarily by parental childhood abuse and age at primiparity. When these two factors are controlled, neither maternal education nor marital status are significant predictors of family size. Figure 4.3 adds these findings to the results already discussed.

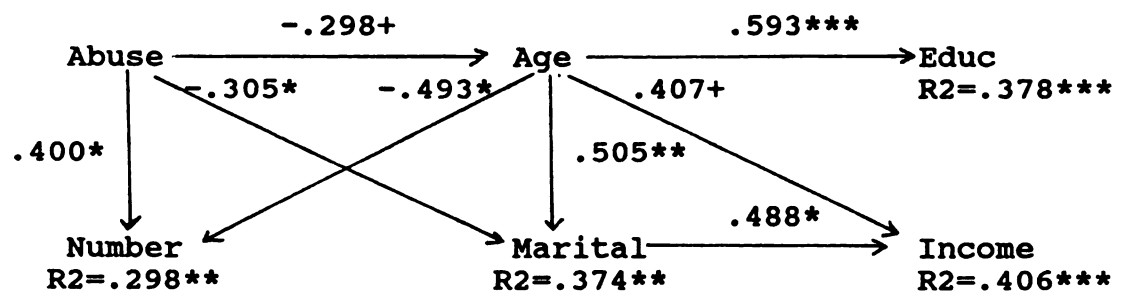
Figure 4.3
Explaining Number of Children



R2=.298**

Finally, family income is explained primarily by marital status and age at primiparity. The influence of maternal education is once more mediated when these two factors are added to the equation. The number of children does not add significantly to the predictive value of the equation. Figure 4.4 combines all the findings of the first set of hierarchical regression analyses, illustrating the observed relations among parent history and immediate family situation variables.

Figure 4.4
The Interrelations Among Independent Variables



The data suggest that parental childhood abuse directly influences age at primiparity, number of children, and marital status, and indirectly contributes to level of maternal education and income. Age at primiparity directly influences education, number of children, marital status, and family income. Marital status directly influences family income. The amount of common association among all of these

variables make multicollinearity probable if all are included in the regression analyses.

To determine which of the six independent factors are best eliminated in order to produce the best fit equation, a second set of preliminary analyses used all six in predicting total scores for the AAPI, NCATS, and HOME measures. Parent history factors were entered first (parental childhood abuse, age at primiparity, and maternal education), followed by immediate family situation (family income, number of children, marital status). Table 4.11 summarizes results of this analysis.

Looking first at parenting beliefs, parental childhood abuse is a significant explaining factor until education and family income are added to the equation, at which time its influence diminishes. It appears that education and income mediate the influence of childhood abuse on parenting beliefs. Together, the first three variables explain 38% of the variance in parenting beliefs. Neither number of children or marital status improve the equation, after these factors are controlled.

Maternal education is the only one of the parent/family traits that significantly predicts parenting behaviors measured by the NCATS observation. Neither parental childhood abuse nor age at primiparity influence these scales, and family income, family size, and marital status do not contribute when education is controlled.

TABLE 4.11

Preliminary Regression Statistics For Parenting Outcomes
n=31

Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta	Step 5 Beta	Step 6 Beta
AAPI						
Abuse	-.429*	-.340+	-.246	-.230	-.143	-.147
Age		.261	.025	-.175	-.290	-.287
Educ			.446*	.472*	.482*	.481*
Income				.368*	.422*	.426*
Number					-.224	-.223
Marital						-.009
Adj. R2:	.154*	.186*	.287**	.381**	.381**	.353**
NCATS						
Abuse	-.159	-.049	.116	.124	.143	.168
Age		.322	-.092	-.187	-.213	-.234
Educ			.783***	.796***	.798***	.799***
Income				.174	.186	.155
Number					-.050	-.056
Marital						.072
Adj. R2:	-.011	.049	.422***	.424***	.377**	.377**
HOME						
Abuse	-.598***	-.494**	-.393**	-.399**	-.345*	-.312+
Age		.305+	.053	.127	.057	.029
Educ			.474***	.465**	.471**	.473**
Income				-.135	-.102	-.144
Number					-.138	-.145
Marital						.096
Adj. R2:	.333***	.396***	.523***	.519***	.495***	.494***

\+ <.10
* <.05
** <.01
*** <.001

Parental childhood abuse is a powerful factor in explaining the HOME scores, even when all the successive variables are added to the equation. Age at primiparity adds to the explaining power of childhood abuse, until education is con-

trolled, then, its influence disappears. Income, family size, and marital status do not contribute significantly to the family environment, as measured by the HOME scale, after childhood abuse and maternal education are controlled. Together, these two variables explain 52% of the variance in HOME scores.

The variables which appear to be most significantly influential in predicting parenting outcomes, as measured by the three scales, include parental childhood abuse, maternal education, and family income. When these three variables are controlled, age at primiparity, family size, and marital status do not contribute to the explanatory power of the regression model. The latter three variables were therefore eliminated from the final regression analysis, which examined the relative influence of the Family Growth Center program in explaining parenting outcomes.

4.5.3. Regression Analysis: The Influence of the FGC

As Dunst (1986) suggests, to the extent that different forms of support account for a significant proportion of variance in the dependent measures, the relative impact of an early intervention program is substantiated. Through hierarchical multiple regression, explanatory variables that influence outcomes, such as parent history and family situation, are entered first, followed by program variables. This method addresses the question, how much variance does the community

prevention program account for beyond that attributable to other explanatory variables?

In this investigation, a five step multiple regression analysis was conducted. Parental childhood abuse was entered first, followed by maternal education, family income, then level of FGC utilization, and, finally, type of involvement (nurturing or general). The procedure was used to measure contributions of the five variables in explaining scores on the AAPI and its four subscales (expectations, empathy, corporal punishment, and role reversal), the NCATS observation and four of its subscales (sensitivity to cues, response to distress, social-emotional growth fostering, and cognitive growth fostering), and the HOME inventory and its six subscales (maternal responsivity, avoidance of restriction and punishment, physical and temporal environment, appropriate play materials, maternal involvement, and variety in stimulation).

The contribution of these factors to parenting beliefs is summarized in Table 4.12, which outlines the results of the regression analysis using the AAPI measures as the dependent variables.

TABLE 4.12

Regression Statistics Explaining AAPI Scores
n=31

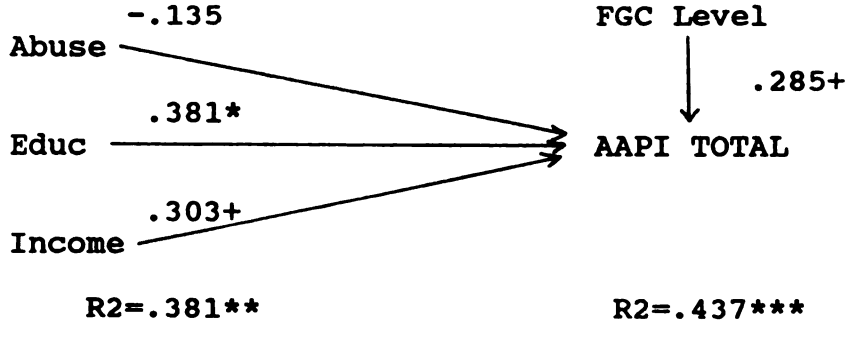
Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta	Step 5 Beta
AAPI					
Abuse	-.429*	-.249	-.216	-.135	-.121
Educ		.460**	.390*	.381*	.362*
Income			.303+	.387*	.402*
FGC Level				.285+	.295+
FGC Type					-.043
Adj. R2	.154*	.314**	.381**	.437***	.413**
Expect					
Abuse	-.106	.046	.070	.123	.175
Educ		.386+	.334	.328	.254
Income			.225	.281	.339
FGC Level				.189	.231
FGC Type					-.172
Adj. R2	-.025	.071	.085	.083	.067
Empathy					
Abuse	-.437*	-.246	-.215	-.172	-.108
Educ		.486**	.421**	.416*	.325+
Income			.285+	.331*	.403*
FGC Level				.154	.206
FGC Type					.243
Adj. R2	.161*	.345**	.402***	.401**	.411**
Corp Punish					
Abuse	-.392*	-.249	-.219	-.144	-.196
Educ		.363+	.299	.290	.362+
Income			.280	.359*	.301
FGC Level				.263	.221
FGC Type					.171
Adj. R2	.122*	.201*	.258**	.297**	.290*
Role Rev					
Abuse	-.551**	-.384*	-.367*	-.279+	-.286+
Educ		.426**	.390*	.379*	.389*
Income			.160	.252+	.244
FGC Level				.312*	.306+
FGC Type					.023
Adj. R2	.278**	.416***	.419***	.492***	.471***

\+ <.10
* <.05
** <.01
*** <.001

As observed in the preliminary analysis, total AAPI scores are explained primarily by education and income, which mediate the effects of childhood abuse. When these three variables are controlled, level of utilization in the Family Growth Center adds significantly to the equation, increasing the explained variance in AAPI scores from 38% to 44%. Once FGC level is controlled, the specific type of service provided at the Center does not contribute to the explained variance. This analysis suggests that involvement in the Family Growth Center program significantly influences parenting beliefs associated with child maltreatment. See Figure 4.5.

FIGURE 4.5

Influences on Total AAPI Scores



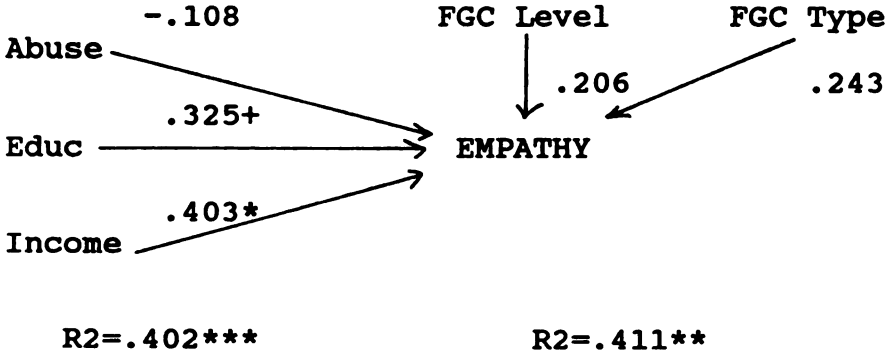
Most of the explained variance in the AAPI scores stems from three of the four subscales: empathy, corporal punishment, and role reversal. In this sample, appropriate expectations are not explained by any combination of the selected independent variables. The maximum amount of variance explained in

this subscale was by maternal education and family income, which, together with parental childhood abuse, accounted for only 8% of the variance in scores.

Empathy is explained by childhood abuse, education, and income; the latter two variables once more appear to mediate the effects of the first, since the significance of childhood abuse diminishes when education and income are added to the equation. The Family Growth Center program adds slightly to the explained variance in empathy scores, but not significantly. It appears that a mother's ability to empathize with her child is most directly determined by her level of education and family income, although parental childhood abuse indirectly contributes to the explained variance. See Figure 4.6.

FIGURE 4.6

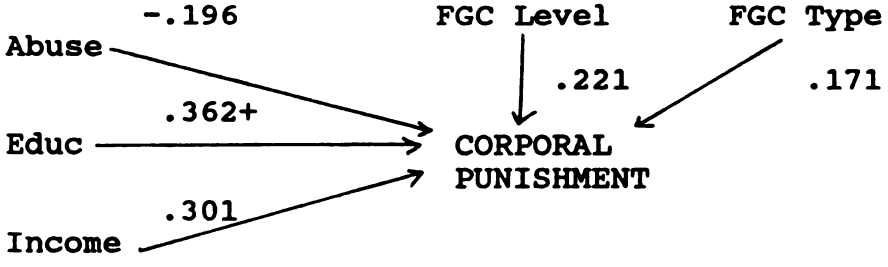
Influences on Reported Empathy



The degree to which mothers report a belief in corporal punishment is influenced by all five of the factors, which together account for 29% of the variance in scores. None of the five variables is substantially powerful when the others are controlled. Childhood abuse is significant until education is added, education is significant until income is added, income is significant when FGC level is controlled, but not when FGC type of service is added. These results suggest that belief in corporal punishment is influenced by a complex interaction among parent/family traits and community support variables, and, since a relatively small amount of the total variance is explained by the five variables, that there are other unknown factors which substantially contribute to this subscale. See Figure 4.7.

FIGURE 4.7

Influences on Reported Belief in Corporal Punishment

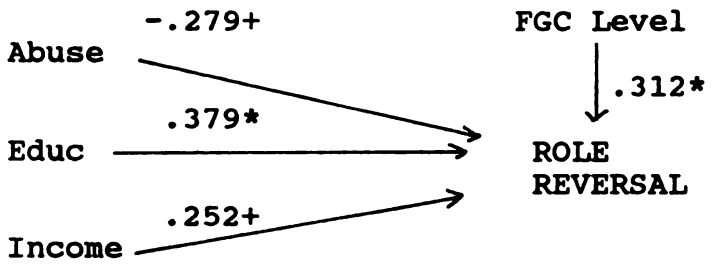


Role reversal between the mother and her child is significantly influenced by the amount of abuse she experienced in her own childhood, even when education and income are controlled. It is in this subscale, that the mother's level of utilization of the Family Growth Center has the most powerful influence, raising the amount of explained variance from 42% to 49%. When utilization is controlled, the type of FGC service received does not contribute at all to the explained variance. See Figure 4.8. Utilization of FGC services influenced mother's responses to items such as:

- Young children should be expected to comfort their mother when she is feeling blue.
- Young children should not be responsible for the happiness of their parents.

FIGURE 4.8

Influences on Reported Role Reversal



Turning to influences on observed parental competence, Table 4.13 summarizes the contributions of the five independent variables to the total NCATS scores and its four subscales.

TABLE 4.13

Regression Statistics Explaining NCATS Scores

n=31

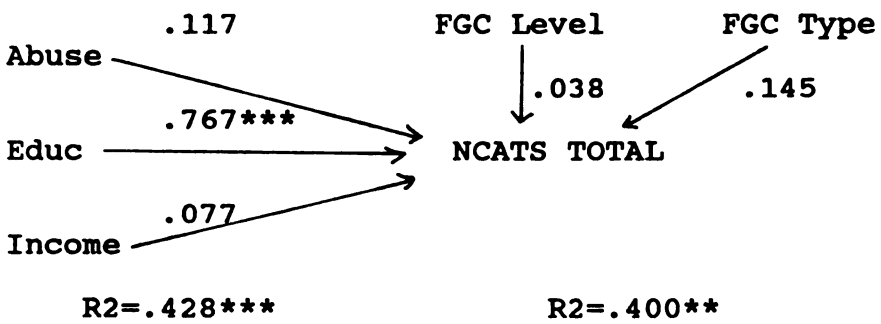
Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta	Step 5 Beta
NCATS					
Abuse	-.159	.128	.139	.160	.117
Educ		.732***	.708***	.706***	.767***
Income			.104	.126	.077
FGC Level				.073	.038
FGC Type					.145
Adj. R2	-.011	.439***	.428***	.409**	.400**
Sensitivity					
Abuse	-.279	-.048	-.052	-.062	-.052
Educ		.590**	.600**	.601**	.587**
Income			-.041	-.051	-.040
FGC Level				-.034	-.028
FGC Type					-.034
Adj. R2	.044	.325**	.300**	.271*	.242*
Distress					
Abuse	-.289	-.181	-.159	-.165	-.108
Educ		.277	.232	.233	.151
Income			.194	.188	.253
FGC Level				-.022	.026
FGC Type					-.193
Adj. R2	.050	.083	.085	.048	.036
Social					
Abuse	.007	.227	.224	.212	.185
Educ		.561**	.568**	.569**	.606**
Income			-.030	-.043	-.072
FGC Level				-.043	-.065
FGC Type					.088
Adj. R2	-.037	.210*	.179*	.147+	.116
Cognitive					
Abuse	-.368*	-.099	-.109	-.077	-.147
Educ		.684***	.704***	.700***	.798***
Income			-.085	-.051	-.130
FGC Level				.112	.054
FGC Type					.232
Adj. R2	.103*	.495***	.482***	.473***	.494***

\+ <.10
* <.05
** <.01
*** <.001

Education is the only significant factor contributing to scores on the NCATS observation. The amount of variance explained reaches 44% when education is included in the equation, and diminishes when other factors are added. See Figure 4.9.

FIGURE 4.9

Influences on Total NCATS Scores



This trend was apparent on the four subscales as well. Education was the only significant factor which explained scores on the sensitivity to cues and social-emotional growth fostering scales. Parental childhood abuse neared significance (t=.14) in explaining sensitivity to cues, until education was controlled, then its influence disappeared. These two factors alone accounted for 32% of the variance in the scale which included items such as:

- parent positions child so child is safely supported
- parent gets the child's attention before beginning the task, at the outset of the teaching interaction
- parent pauses when child initiates behaviors during the teaching episode

None of the other factors added to the power of the equation in explaining scores on the sensitivity to cues subscale. This was also the case with social-emotional growth fostering, for which education was the only significant factor explaining variance in these sample items:

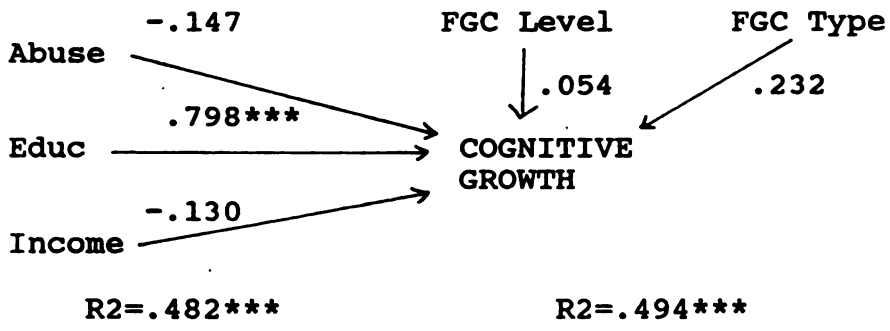
- parent gently pats, caresses, strokes, hugs, or kisses child during episode
- parent does not vocalize to the child at the same time the child is vocalizing
- parent does not make general negative or uncomplimentary remarks about the child

Childhood abuse significantly contributed to the variance in scores on the cognitive growth fostering subscale, but this influence, once again, dissipated after education was controlled. The standardized beta coefficients also suggest that the nurturing program may have contributed slightly to this outcome, although the influence does not reach statistical significance. See Figure 4.10. In this small sample, the level of maternal education was the most powerful contributor on items such as:

- parent provides an immediate environment which is free from distractions from animate sources (pets, siblings)
- parent allows non-task manipulation of the task materials after the original presentation
- parent describes perceptual qualities of the task materials to the child
- parent uses explanatory verbal style more than imperative style in teaching the child

FIGURE 4.10

Influences on Cognitive Growth Fostering



None of the five variables systematically influenced the response to distress subscale, which measured the degree to which the mother recognized and appropriately responded to her child's distress during the teaching episode. For this scale to be scored, the child must show some form of distress or "potent disengagement cue". If there is no distress demonstrated by the child during the visit, the subscale is scored positively. Given the small number of participants in this sample, it is possible that few of the children displayed distress during the visits, and there was therefore insufficient variance in the scores to observe any systematic influences.

Table 4.14 summarizes results of the regression analysis which used scores from the HOME inventory, a less subtle instrument, designed to sample broader aspects of the quantity and quality of social, emotional, and cognitive support available to a young child within his/her home.

TABLE 4.14

Regression Statistics Explaining HOME Scores
n=31

Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta	Step 5 Beta
HOME					
Abuse	-.598***	-.400**	-.410**	-.356*	-.392*
Educ		.504***	.524***	.518***	.569**
Income			-.088	-.032	-.072
FGC Level				.190	.160
FGC Type					.119
Adj. R2	.334***	.540***	.529**	.546***	.538***
Response					
Abuse	-.309+	-.037	-.049	.009	-.088
Educ		.699***	.718***	.712***	.849***
Income			-.109	-.048	-.157
FGC Level				.207	.127
FGC Type					.324*
Adj. R2	.062+	.464***	.455***	.475***	.537***
Punishment					
Abuse	-.297	-.194	-.184	-.090	-.101
Educ		.262	.240	.229	.243
Income			.094	.192	.180
FGC Level				.330+	.322
FGC Type					.034
Adj. R2	.054	.080	.052	.123	.086
Environment					
Abuse	-.309+	-.151	-.190	-.184	-.201
Educ		.402*	.485**	.484**	.507*
Income			-.357*	-.351+	-.369+
FGC Level				.019	.006
FGC Type					.054
Adj. R2	.062+	.174*	.271**	.241*	.210+
Play					
Abuse	-.403*	-.270	-.245	-.147	-.172
Educ		.340+	.288	.276	.311
Income			.225	.329+	.301
FGC Level				.350*	.329+
FGC Type					.083
Adj. R2	.134*	.203*	.223*	.314*	.290*

(Cont.)

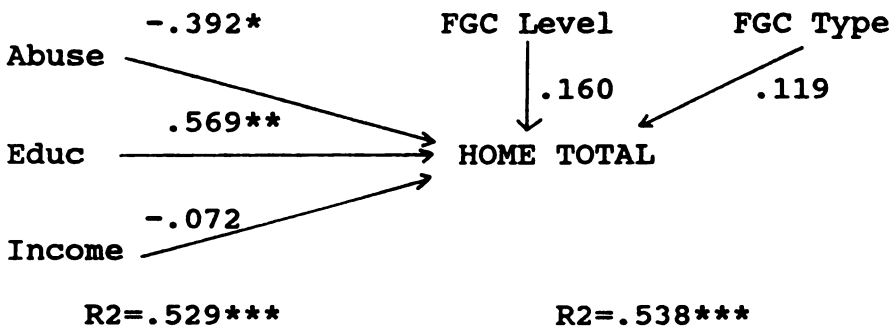
Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta	Step 4 Beta	Step 5 Beta
Involvement					
Abuse	-.686***	-.547***	-.571***	-.550***	-.575***
Educ		.354*	.404**	.401**	.438*
Income			-.217+	-.194	-.224
FGC Level				.074	.053
FGC Type					.086
Adj. R2	.451***	.544***	.573***	.561**	.548**
Variety					
Abuse	-.619***	-.594***	-.605***	-.656***	-.635***
Educ		.064	.088	.095	.064
Income			-.105	-.158	-.134
FGC Level				-.180	-.163
FGC Type					-.071
Adj. R2	.360***	.340**	.324**	.329**	.304*

+ <.10
* <.05
** <.01
*** <.001

Over half of the variance in total HOME scores is explained by childhood abuse and maternal education. After these two factors are controlled, family income does not influence the total HOME scores. Level of FGC utilization did increase the explained variance slightly, but this influence was not statistically significant (t=.25). See Figure 4.11.

FIGURE 4.11

Influences on Total HOME Scores



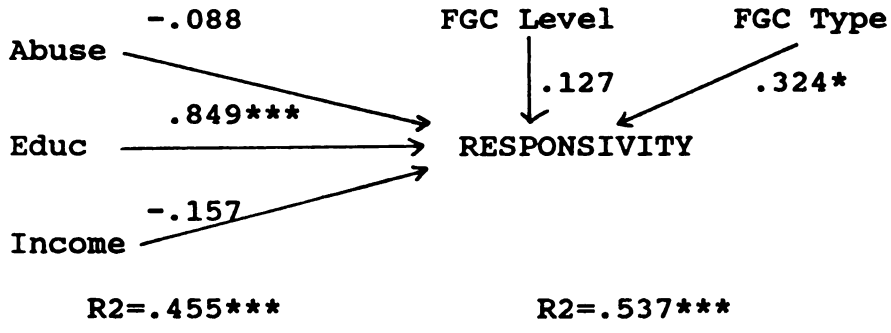
Examining the HOME subscales, level of education is the primary factor influencing emotional and verbal responsivity of the mother and organization of the environment, while childhood abuse is the most powerful contributor to maternal involvement and variety in stimulation. FGC utilization was the only significant influence on avoidance of restriction and punishment; however, this association was very weak, together with parent/family traits, FGC level explained only 12% of the variance in scores on this subscale. On the other hand, the influence of the FGC was more powerful than any of the other factors in explaining the availability of appropriate play materials. The remainder of this section provides a detailed analysis of these findings.

Enrollment in the Nurturing Program at the Family Growth Center significantly contributed to scores on the maternal responsivity subscale, supplementing the influence of maternal education in explaining variation in items such as:

- mother responds to child's vocalizations with a vocal or verbal response
- mother initiates verbal interchanges with the observer--asks questions, makes spontaneous comments
- when speaking of or to child, mother's voice conveys positive feeling

FIGURE 4.12

Influences on Maternal Responsivity

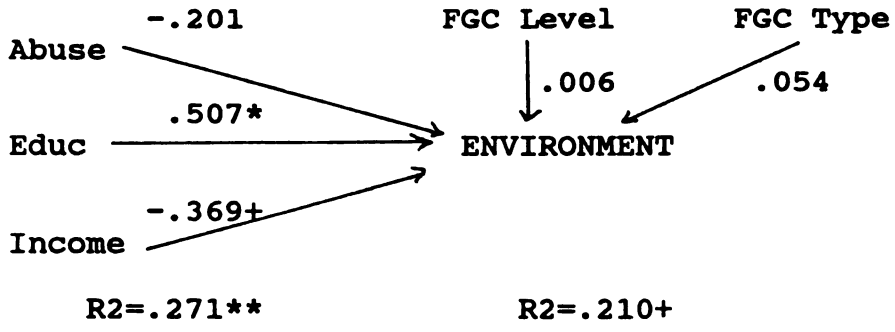


Education was also the most powerful influence on organization of the physical and temporal environment, mediating the effect of parent childhood abuse. An unexpected negative association was observed in this sample between family income and environment. After parental childhood abuse and education were controlled, the lower the income, the higher the score on items such as:

- child is taken regularly to a doctor's office or clinic for check-ups and preventive health care
- child has a special place in which to keep his/her toys and "treasures"
- the child's play environment appears safe and free of hazards

FIGURE 4.13

Influences on Physical and Temporal Environment



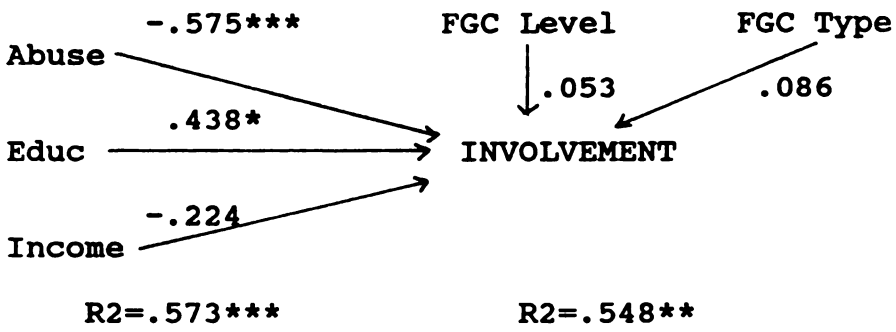
Level of FGC utilization and type of service do not contribute to environmental quality. In fact, the five independent variables together explain a rather small amount of the variance in this subscale, making it likely that other significant influences contribute to this outcome.

Looking next at maternal involvement, the influence of parental childhood abuse dominates (Figure 4.14). Although education contributes significantly, unlike other parenting behaviors, it does not fully mediate the influence of the parent's childhood history. Together these two variables explain over half of the variance in scores on maternal involvement. Level of FGC utilization and the nurturing program do not contribute to the maternal involvement subscale, which included items such as:

- mother tends to keep child within visual range and to look at him/her often
- mother talks to child while doing her work

FIGURE 4.14

Influences on Maternal Involvement



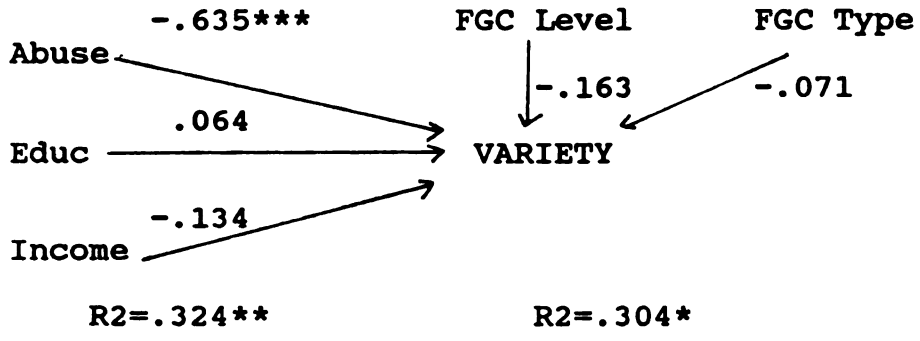
The subscale which measured opportunities for variety in daily stimulation was overwhelmingly influenced by parental childhood abuse, as Figure 4.15 illustrates. None of the other factors were significant in explaining this outcome; one-third of the variance was explained by the parent's childhood history. The relationships between parent childhood abuse and marital status identified earlier in this chapter may partially explain this powerful influence. Positive responses on two of the five items in the variety subscale depend on the presence of a father or father figure:

- father provides some care every day
- child eats at least one meal per day with mother and father

The other three items centered on frequency of visits by extended family members, the child's ownership of books, and whether or not mother routinely read to her child.

FIGURE 4.15

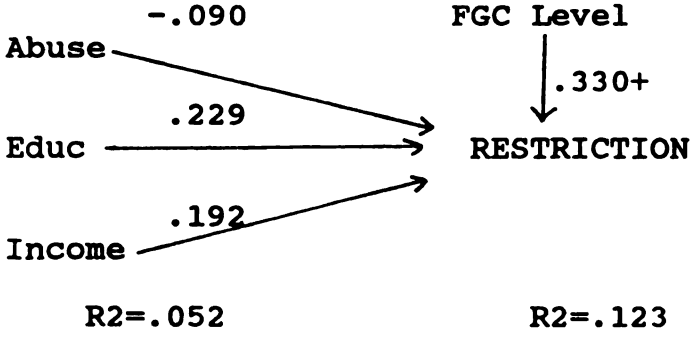
Influences on Variety in Daily Stimulation



As noted above, the avoidance of restriction and punishment subscale was not significantly explained by the five factor equation. The influence of the independent factors were in the predicted direction, but only FGC level of utilization reached statistical significance (<.10) in explaining this outcome. FGC type did not contribute to this variable.

FIGURE 4.16

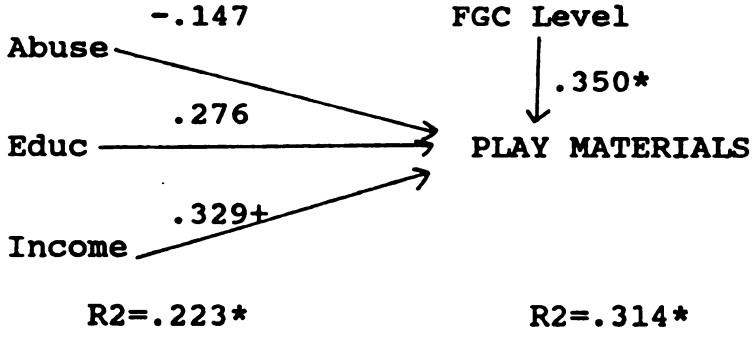
Influences on Avoidance of Restriction and Punishment



Finally, we examine influences on provision of appropriate play materials in the home, which measures the availability and developmental suitability of toys and learning equipment. Observers rated the provision of specific types of age-appropriate materials such as cuddly toys, table and chairs, eye-hand coordination toys, literature and music, muscle activity toys and pieces of equipment. The regression statistics in Table 4.13 indicate that education mediates the influence of parent childhood abuse, reducing its influence on the provision of play materials. It also appears that FGC utilization reduces the influence of parent childhood abuse on this variable. As expected, family income significantly contributed to the provision of play materials, but this influence is not as powerful as the level of FGC utilization. The type of FGC service does not contribute to outcomes on this subscale. See Figure 4.17.

FIGURE 4.17

Influences on Provision of Appropriate Play Materials



Proposition 6 was supported by these data: social support provided by an enabling model of intervention accounts for a significant amount of the variance in parenting beliefs and parental competence beyond that attributable to parent/family traits.

Hypothesis 6.1 was supported. FGC utilization accounted for a significant amount of the variance in AAPI scores, particularly the role reversal subscale.

Hypothesis 6.2 was partially supported. FGC utilization and type of service accounted for a significant amount of the variance in HOME scores on maternal responsivity and provision of appropriate play materials.

4.6. THE MEDIATING INFLUENCE OF PARENTING BELIEFS ON PARENTAL COMPETENCE

The empirical model illustrated in Figure 1.3. postulates that parenting beliefs mediate the relationship between parent/family traits and parental competence. To determine the extent to which the data in this investigation fit this model, a second set of regression analyses was performed. In this procedure, the NCATS and HOME scores (parental competence) were used as outcome measures, and the AAPI total scores were included as an independent variable before the two most influential parent/ family traits: parent childhood abuse and maternal education. If parenting beliefs mediate these factors in predicting parental competence, one would expect that the two parent/family traits would not

substantially contribute to the explained variance in NCATS and HOME scores once the AAPI scores are controlled.

4.6.1. Correlations between Parenting Beliefs and Parental Competence

The correlations among the AAPI scales and the NCATS and HOME measures are summarized in Table 4.15.

TABLE 4.15

Correlations: Parenting Beliefs with Parental Competence
n=31

	AAPI Total	Expect	Empathy	Corporal Punish	Role Reversal
NCATS	.235+	-.049	.334*	.275+	.315+
Sens	.240+	.010	.291+	.356*	.311*
Distr	.198	.087	.327*	-.003	.267+
Social	.100	-.106	.182	.190	.193
Cogn	.357*	.105	.394**	.365*	.430**
HOME	.639***	.237+	.646***	.673***	.674***
Respon	.382*	.051	.320*	.585***	.448***
Punish	.546***	.120	.587***	.663***	.520***
Environ	.474**	.429**	.354*	.373*	.533***
Play	.628***	.347*	.621***	.539***	.592***
Involve	.558***	.142	.625***	.547***	.603***
Variety	.300*	.088	.361*	.279+	.376*

\+ <.10
* <.05
** <.01
*** <.001

As expected, there are moderate to strong positive correlations between several of the parental competence scales and the parenting beliefs measures. These are most evident in the HOME inventory where the total HOME score is strongly

related to the AAPI total and three of its four subscales. The AAPI role reversal subscale is strongly related to nearly all of the HOME scales, particularly maternal responsivity and involvement. The relationships between the AAPI and the NCATS scales are much weaker, with the strongest association occurring between role reversal and cognitive growth fostering. It it appears that parenting beliefs are associated with at least some of the parenting behaviors measured by the NCATS and HOME scales.

4.6.2. The Extent to Which Parenting Beliefs Mediate Parental Competence

Unless parent/family traits known to be associated with parental competence are controlled, it is impossible to know whether the observed relations between AAPI scores and behavioral outcomes actually result from other factors which are associated with both measures. The second hierarchical regression analysis was performed to examine the contributions made by parenting beliefs relative to parental childhood abuse and maternal education. Table 4.16 summarizes the relative influence of the AAPI scales in explaining scores on the NCATS observations of parenting behavior.

TABLE 4.16

Regression Statistics: Mediating Influence of AAPI on NCATS
n=31

Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta
NCATS			
AAPI	.239	.209	-.199
Abuse		-.069	.123
Educ			.798***
Adj. R2	.022	-.011	.439***
Sens			
AAPI	.278	.194	-.113
Abuse		-.196	-.976
Educ			.642**
Adj. R2	.043	.040	.307**
Distress			
AAPI	.275	.185	.067
Abuse		-.210	-.164
Educ			.246
Adj. R2	.041	.043	.050
Social			
AAPI	.182	.227	-.052
Abuse		.104	.214
Educ			.585**
Adj. R2	-.004	-.032	.180
Cognitive			
AAPI	.371*	.261	-.083
Abuse		-.255	-.120
Educ			.722***
Adj. R2	.106*	.129+	.480***

\+ <.10
* <.05
** <.01
*** <.001

The AAPI is a significant factor in explaining only one of the NCATS subscales, and this contribution disappears when maternal education is added to the equation. It appears that

parenting beliefs do not mediate the identified relationship between the NCATS scores and maternal education. The level of a mother's education explained over 40% of the variance in the NCATS scores, and parenting beliefs did not contribute to the score. These results suggest that changing reported parenting beliefs regarding appropriate expectations, empathy, corporal punishment, and role reversal will not influence the subtle parent-child interaction patterns measured by the NCATS observations.

Turning to the HOME scores (Table 4.17), the AAPI contributes significantly to the total score, as well as to five of the six subscales. However, in only three of the subscales is this influence greater than the contributions of childhood abuse and education. Parenting beliefs and childhood abuse appear to independently contribute to the total HOME scores; but, when maternal education is added, the influence of the AAPI is no longer significant. These statistics suggest that despite parenting beliefs, maternal education is the most powerful factor contributing to the overall quality of the home environment; childhood abuse is next in importance. When these two factors are controlled, parenting beliefs do not significantly influence outcomes. In other words, mothers who have the same education level and degree of childhood abuse will provide a similar quality of home environment regardless of their parenting beliefs.

TABLE 4.17

Regression Statistics: Mediating Influence of AAPI on HOME
n=31

Criterion/ Predictor	Step 1 Beta	Step 2 Beta	Step 3 Beta
HOME			
AAPI	.572***	.386*	.186
Abuse		-.432**	-.354*
Educ			.419**
Adj. R2	.302***	.439***	.546***
Responsivity			
AAPI	.337+	.350	-.103
Abuse		-.202	-.062
Educ			.741***
Adj. R2	.081+	.081	.450***
Punish			
AAPI	.458**	.405*	.359
Abuse		-.122	-.105
Educ			.098
Adj. R2	.180**	.162*	.135+
Environ			
AAPI	.439*	.375+	.235
Abuse		-.147	-.092
Educ			.295
Adj. R2	.163*	.149*	.180*
Play			
AAPI	.562***	.457**	.402*
Abuse		-.199	-.170
Educ			.155
Adj. R2	.289**	.297**	.287**
Involve			
AAPI	.466**	.211	.053
Abuse		-.595***	-.534***
Educ			.329*
Adj. R2	.188**	.468***	.527***
Variety			
AAPI	.267	.002	-.034
Abuse		-.618***	-.603**
Educ			.081
Adj. R2	.037	.336**	.314**

\+ <.10
* <.05
** <.01
*** <.001

There are, however, portions of the home environment in which parenting beliefs do appear to mediate the significance of parent history. When parenting beliefs were controlled, parental childhood abuse and maternal education did not contribute to scores on provision of appropriate play materials, avoidance of restriction and punishment, and organization of the physical and temporal environment. Parenting beliefs accounted for significant proportions of the variance in these three scales, and the addition of the two parent history factors did not significantly add to the explained portion of variance in scores. These results suggest that certain aspects of the home environment can be influenced by changes in parenting beliefs.

Proposition 7 was partially supported. Parenting beliefs mediate the relationship between parent/family traits and some aspects of parental competence.

Hypothesis 7.1 was supported. Scores on the AAPI were positively correlated with the NCATS observational measures.

Hypothesis 7.2 was supported. Scores on the AAPI were positively correlated with the scores on the HOME inventory.

Hypothesis 7.3 was partially supported. When AAPI scores were controlled, parent and family traits did not explain a significant amount of the variance in three of the HOME measures: provision of appropriate play materials, avoidance of restriction and punishment, and organization of the

physical and temporal environment. Parent/family traits did, however, continue to influence NCATS scores and the other HOME subscales, despite parenting beliefs.

4.7. CASE STUDIES

The quantitative results summarized thus far provide evidence to support the empirical model which was presented at the beginning of this dissertation. This model postulates that parent history and the immediate family situation, as well as social support from community programs like the Family Growth Center, directly, and indirectly via parenting beliefs, influence parental competence. These statistical analyses, however, are limited in their capacity to describe the dynamic and very subjective reality experienced by parents who participated in the study. To fully understand such reality, a more indepth examination of the parenting experience is necessary. Case studies included in Appendix D provide a richer, more subjective description of the history a given mother may bring to the Family Growth Center, the situation she is coping with in her day to day survival, and the ways in which this program affects her life and the lives of her children. All are told through the eyes of the selected parents, with additional information provided by staff at the Family Growth Center. Names were changed to protect the anonymity of the persons who shared their stories.

These case studies revealed several common themes related to the prevention model, as well as additional issues in need of further exploration.

4.7.1. Influences of Parent History

The influences of parent history on interpersonal relationships and on parenting ability was verified by the case studies. Two of the four mothers shared histories of severe physical abuse, combined with emotional maltreatment, while the other two described emotional distance and poor communication in their families of origin. Janice's story illustrates the apparent linkage between early experience and current family situation.

> Janice and her sister, Agnes, the oldest of the seven, were placed in foster care when Janice was twelve years old. She lived in three different foster care homes...
>
> Janice has never been married, but has had a series of partners with whom she bore her four children. She says, "Each one left me as soon as I had their baby"... The three men who fathered her children are not involved in their lives and do not provide any financial or emotional support to Janice. She and Billy brought their two families together several months ago and are living in Billy's rented house with their six children, who range in age from two to seven years...Neither are regularly employed and they are dependent on government assistance for their family's basic needs..Janice has just learned that she is pregnant with Billy's child...

Despite the lack of positive role models, Janice appears to view being a mother as her primary role, regardless of the accompanying economic hardships. Such stereotypic sex role expectations were visible in all of the stories, and the powerlessness and isolation these roles produced for women were also obvious.

> When Tracey started high school she told her parents she wanted to go to college. Her dad told her she would not amount to anything anyway and refused to offer his support in reaching that goal. Later, Tracey's mother was enraged when she found out that her husband gave $8,000 to his illegitimate son so that he could attend college.

Tracey described her childhood as a "living Hell".

> The anger her father dumped on her was vicious and frightening. His violent episodes increased as she grew older... One time when she was 16 years old, Tracey tried to protect her mother from her father's rage. He was drunk and started to hit her mom. She picked up a piece of furniture and yelled, "Don't you dare!" Her father turned on her. She ran to escape. He followed her to her room and "demolished it".. Soon after, Tracey's mother "kicked me out of the house". She was on her own at aged 16, living with various friends and her grandparents. In her senior year, she became pregnant. Tracey dropped out of high school shortly afterwards.

The scars and interpersonal deficits stemming from emotional deprivation were also illustrated. Although she remembers her childhood as happy, Sarah, a well-educated, middle-class mother of two, believes that she was loved in a "preemptory" way.

> ....she recalls that the main message she received from her mother was to be socially acceptable, avoid emotion and arguments and do what is proper and right... Sarah's childhood produced deficits she is still trying to fill: the ability to build and maintain intimate relationships, to be assertive, and ask for what she needs...

Soon after her marriage, Sarah finished her bachelor's degree and worked for four years. During that time, she began feeling suicidal and entered therapy where she explored issues from her childhood and also identified deficits in her marriage. Intimate disclosure of feelings was not part of

Sarah's interactions with her husband. Her depression returned after the birth of each of their two children. The following vignette poignantly illustrates how emotional deficits in the marital relationship may contribute to role reversal between parent and child.

> (Sarah's husband) spends time with their children, takes pleasure in them, and cares for them tenderly. But, he does not tolerate their emotions. If their son has a temper tantrum, he expects him to stop immediately, to turn off his feelings. Sarah say her husband does the same with her. When she cries, Steve doesn't respond with affection or empathy, but asks her to stop. One time, when she was crying and very upset, she told him, "All I need is a hug". Her husband stood still, not responding; Jimmy, their young son, came over and hugged his mom.

These stories verify the powerful influence of parent history on role expectations, interpersonal relating, selection of partners, and on interactions between parent and child.

4.7.2. The Importance of Social Support

The case studies illustrate the uniqueness of each mother's background, current situation, and motivation for involvement in the Family Growth Center. They also reveal the importance of social support in the development of a positive self-image and coping abilities. For example, the support provided by Tracey's grandmother during her childhood was critically important to her.

> When Tracey was small, she believed that the fights were somehow her fault, that she "caused problems". This was reinforced by her dad. But her grandmother helped Tracey, explained to her that the fights were not her fault, she did not do anything wrong.

The acceptance and support offered by her grandmother appears to have given Tracey the ability to recall her own victimization without the accompanying guilt and shame which too frequently pushes such memories from awareness. Tracey's ability to recall the events and the emotional trauma they created has motivated her to choose a different approach.

> After her experience as a child, Tracey is determined to build a better life for her children. She would "never hit them" for any reason and speaks up when she sees relatives or friends striking their children, "It drives me nuts to see kids not cared for or abused".

There is evidence that support provided by the Family Growth Center may create a similar safe oasis for recalling childhood memories, thereby freeing parents from the emotional baggage which may intrude in their current relationships with their children and other adults. At the end of the thirteen week nurturing program, Janice and her partner, Billy, revealed that the sessions had brought flashbacks and nightmares for Janice, surfacing submerged memories from her childhood.

> One night she woke Billy up, hitting him. She sought out Margie at the Family Growth Center to talk about the memories. She recalled the "horsewhip" that was used when she was little, and the fear she felt. She also remembered that there were two refrigerators in her home, one for her parents that had steaks and good things to eat, and one for the kids, which had hot dogs and very little food.

Recalling these events heightened the couple's awareness of the connection between the past and the present. At the reunion, three weeks after the last nurturing session, Billy

offered an eloquent description of how bad parenting patterns are "passed down from our families" and we have to change "so we don't pass it on to our kids".

The increased awareness and cognitive understanding of the connection between past and present, fostered by an accepting atmosphere of enhanced social support, may influence parental behavior.

> (During registration on their first visit to the Family Growth Center) Janice and Billy's six very young children sat rigidly in a row of straight back chairs for about 15 minutes, after Mom and Dad said, "You sit there!" By the last session (twelve weeks later), this parental control had loosened, and the children were allowed to act more spontaneously as they entered and left the center. ... Billy states that the program "kept me from beating the kids". Janice says they have incorporated "time out" as a substitute for physical punishment and use it successfully with all six of their children.

Similarly, changes in parent self-esteem and accompanying improvements in parent-child interaction were observed by both parents and staff, and linked to participation in the Family Growth Center program. Carol, for example, came to the Center two and a half years ago, when her son was a toddler.

> ... (She) arrived with very low self-esteem and no confidence in her ability to parent. Her family had at first rejected her and Luke because he was born out of wedlock...When the staff complimented Carol on the good job she was doing raising him alone, she at first responded, "You really believe that?" During one recent parent group meeting, she said, beaming, "This is my family". Her isolation is broken, she now has a network of friends from the center who share child care, and she often offers to help others... The child care staff observe that Carol has gone from a situation of

feeling overwhelmed ("he's driving me crazy"), to a much more mellow attitude. Carol and Luke appear to have a very comfortable relationship.

The diversity of these stories poignantly illustrate the idiosyncratic conditions which motivate each individual to become involved in and seek support from the Family Growth Center. Conversely, they demonstrate the ability of this "enabling model" to respond to such diversity.

V. DISCUSSION

Given the complex etiology of child maltreatment, efforts to prevent its occurrence require initiatives at all levels of the ecosystem. The literature suggests that cultural ideology, insufficient social support, and individual deficits stemming from generational cycles of childhood deprivation and maltreatment contribute to incidence of the problem. A great deal of research links parent and family traits with child-rearing practices; similarly, the influence of social support on family functioning is well documented. Planned community interventions which aim to enhance instrumental and emotional support to families are one logical method for preventing child maltreatment. Little is known, however, about the extent to which such programs actually influence parenting outcomes. The purpose of this investigation was to illuminate the question: what is the relative influence of a community prevention program (the Family Growth Center) on parenting beliefs and parental competence?

The conceptual model for this research was derived from an ecological review of the child maltreatment and social support literature. The ecological model for community prevention of child maltreatment recognizes both the complex etiology of the problem and the healing potential of positive social support networks surrounding family members. By proactively offering comprehensive social support services,

the program enables and empowers parents to carry out their caregiving role, directly influencing parent ideology and competence, indirectly affecting the care of children, and, through provision of developmental child care, directly enhancing the social-emotional growth of children who participate. In this way, a community support program, like the Family Growth Center, reduces risk of both current and future incidence of child maltreatment.

In this investigation, that portion of the model which postulates the Family Growth Center's influence on parenting outcomes was tested. In the empirical model, two factors were hypothesized to be influential in explaining parenting beliefs associated with child maltreatment: parent/family traits and Family Growth Center social support. These two factors were also expected to directly, and indirectly via parenting beliefs, influence levels of observed parental competence.

Parent/family traits is an umbrella term for parent history (childhood abuse, maternal education, age at primiparity) and immediate family situation (number of children, marital status, family income). It was postulated that these parent and family characteristics would be associated with and fundamentally influence the parenting beliefs held by participants and the degree of parental competence they demonstrated with their children. It was also postulated that parenting beliefs would mediate, to some extent, the

relationship between parent/family traits and parental competence.

Family Growth Center support referred to two dimensions of participant involvement: level of utilization and type of service. It was expected that these two dimensions would be associated with parenting outcomes, and that, after parent and family traits were controlled, the level of utilization and type of service received would significantly contribute to parenting beliefs and to parental competence. In addition, it was hypothesized that the level of FGC utilization would be associated with parent/family traits.

In the following summary, each of the propositions derived from the conceptual model is listed and the extent to which the data are consistent with that proposition and its hypotheses is discussed.

5.1. PROPOSITION 1

Proposition 1 of this investigation was supported by the data; parent and family traits were systematically associated with parenting beliefs and levels of parental competence.

Results presented in the previous chapter were consistent with the hypothesis that parental childhood abuse is negatively correlated with parenting beliefs (AAPI) and parental competence (NCATS, HOME). Over two testing periods, the extent to which a parent experienced childhood abuse was

negatively associated with the AAPI total score, as well as its role reversal and empathy subscales, the total HOME score, and all of its subscales, and the NCATS cognitive growth fostering scale. Particularly strong was the negative association between parental childhood abuse and reported role reversal, as well as observed maternal involvement.

These findings provide additional evidence for the "WAR cycle" theory (Helfer, 1980), described in chapter two, which postulates abusive experiences in childhood as root causes for adult role malfunction. As the theory predicts, the higher the degree of maltreatment experienced as a child, the more likely the parent is to reverse roles with her own child, and the less likely she is to center her time and attention on the child's needs and activities. It is likely that unmet dependency needs on the part of the abused mother prevent her from perceiving the needs of her child, and, that her childhood experience did not sufficiently prepare her, through modeling and practice, for a nurturing, supportive parenting role.

Hypothesis 1.2 was also supported; age at primiparity was correlated with the parenting outcome scales. Results from both pretest and post test intervals revealed significant positive relationships between age at which the mother bore her first child and the AAPI, the NCATS, and the HOME scales. This variable was most strongly associated with reported

empathy and role reversal, and observed variety in daily stimulation. The data support the hypothesis that the younger the age of the mother at the birth of her first child, the more likely she is to lack empathy for and to reverse roles with her child and the less likely she is to provide a high quality home environment. An adolescent, struggling with her own issues of identity and separateness, is not as likely to be prepared for the unselfish giving required in nurturing a young child. It addition, her youth undoubtedly influences the extent to which material and social resources are available to her as she raises her child, making her job that much more difficult.

Results at both testing periods revealed strong associations between level of maternal education and all three of the parenting outcome scales, providing evidence to support hypothesis 1.3. The higher the education, the higher the scores on parenting beliefs and parental competence; nearly all of the subscales were positively, and reliably associated with this factor. There is abundant literature linking education with parenting outcomes, so this finding is not surprising. The question remains, however, what are the dimensions of maternal education that explain this linkage?

Education is, in fact, the first level of social support outside the family system experienced by the developing child. The school system represents more than knowledge and training; it also provides opportunity for informal and

formal linkages with persons who can provide instrumental assistance, emotional support, information, and feedback. When a child experiences this system as negative and nonsupportive, or is forced to limit involvement due to family stresses and/or norms, s/he loses a potential vehicle for accessing alternative role models, learning interpersonal skills, experiencing friendship, and, in short, practicing being a member of a social group. Level of education may more accurately be a measure of social support available during childhood and adolescence.

An alternative view is that the key factor may in fact be intelligence, a correlate with education. Individuals with higher intelligence are more likely to stay in school, and, their intelligence may directly influence parenting beliefs and competence.

It is likely that both of these explanations are partially at work in the identified relationship between level of maternal education and parenting outcomes.

Consistent with hypothesis 1.4, family income was reliably associated with the AAPI scales. The higher the family income, the more appropriate the expectations, the less reliance on corporal punishment, the higher the empathy, and the lower the role reversal between parent and child. However, income was only minimally linked to the NCATS and HOME inventories; it was reliably related to only one of the competence scales, provision of appropriate play materials.

It appears, from this data, that income is associated with parenting beliefs, but not to parental competence. The nature of interactions between parent and child (NCATS) and the overall quality of the home environment (HOME) are not associated with income. It would seem reasonable to expect a stronger relationship between family income and environmental quality. While these findings are unexpected, they are also intuitively logical. The influence of income may be only representative of these factors, except in the most practical areas, such as the ability to purchase appropriate materials and equipment for the child.

As predicted, number of children was negatively associated with total scores on the AAPI and the HOME scales, as well as the cognitive growth fostering subscale of the NCATS. Number of children was most strongly related to the HOME's measure of maternal involvement; the higher the number of children, the less involved the mother was with the referent child. The demands of several children would presumably limit the ability of the mother to target her time and attention toward each one. And, as reported earlier, number of children is associated with childhood abuse, which is strongly related to role reversal. It is likely that the linkage between family size and parental childhood abuse is also contributing to these observed relationships.

5.2. PROPOSITION 2

The data supported Proposition 2 of the investigation, providing evidence that utilization of FGC social support is positively related to parenting beliefs and parental competence.

Results are consistent with hypothesis 1. FGC utilization was positively related to the total AAPI scores and to three of its subscales, most strongly with reported role reversal. Use of Family Growth Center services appears to be related to the degree to which the mother expects her child to be a source of comfort and nurturance, as well as her belief in the use of corporal punishment, and level of empathy with her child.

Hypothesis 2.2 was also partially supported; there were strong positive correlations between FGC utilization and the total HOME scores, as well as three of its subscales. The strongest, most reliable relationships were found between level of utilization and maternal responsivity, avoidance of restriction and punishment, and provision of appropriate play materials.

FGC utilization was not associated with the NCATS scales. The NCATS scale is a very sensitive instrument which measures subtle communication patterns between parent and child, while the HOME inventory more generally assesses physical, temporal, social, and emotional aspects of the home environment. It appears that while social support from a community

program is related to the more general factors which contribute to environmental quality, it is not associated with precise dimensions of parent-child interaction. Such dimensions may be more powerfully affected by generational patterns, reflected in parent history and immediate family situation variables. Changing these patterns may require more intensive, therapeutic and/or educational interventions.

It should be pointed out, of course, that no causal relationship can be assumed from these identified correlations; i.e. FGC utilization causes less abusive parenting beliefs and higher parental competence. Parents with non-abusive beliefs and higher skills may be more willing to involve themselves in FGC programs, and that motivation "causes" higher levels of utilization in the service. If so, one would expect that parents possessing high risk traits would be less involved in the FGC programs. As summarized in the next section, this proposition, however, was not supported.

5.3. PROPOSITION 3

The data do not support Proposition 3 of the investigation; parent/family traits were not significantly associated with utilization of social support.

Although relationships were in the predicted direction, the associations between parental childhood abuse and FGC utilization ($r = -.235$) and between number of children and FGC utilization ($r = -.211$) did not reach statistical significance.

Hypothesis 5.3 was therefore not supported by the correlational analysis. However, when low and high utilization groups were compared, the two groups were found to significantly differ relative to number of children. Because of the small sample size, statistical power in this test was diminished, and it is likely that a similar test conducted with a larger sample would reach statistical significance.

The data were also not consistent with hypothesis 3.2. Two of the relationships were not in the expected direction and none reached statistical significance. Unexpectedly, maternal age at primiparity and family income were negatively associated with FGC utilization. The lower the income and the lower the age at primiparity, the higher the utilization. Although these relations were not statistically significant, the trend indicates that families with lower incomes are not deterred from using the Family Growth Center, and may, in fact, be more attracted to it than higher income families. Similarly, the age at which the mother had her first child does not appear to be related to isolation from social support programs.

These data suggest that families who have identified risk factors for abusive parenting beliefs and low levels of parental competence are motivated to utilize support services.

5.4. PROPOSITION 4

Surprisingly, mean scores for participants decreased slightly during the twelve week interval from pre to post test on nearly all of the scales. While the differences were for the most part small, and unlikely to be statistically significant, the decrease in scores was unexpected. There are three possible explanations for the lower mean scores. It is possible that the Family Growth Center program had a negative effect on participants, as measured by these scales. If this were the case, however, one would logically expect that the more highly involved participants would show the highest decline in scores. In fact, the low utilization group showed the most negative change over the twelve week period.

The second possible explanation involves reliability of the testing instruments; the negative change may have resulted from measurement error. There are two versions of the AAPI which were utilized in this investigation; Form A was used at the pretest and Form B at post test intervals. The wording on several of the test items changed in these two versions, and, since the scoring is quite sensitive, may have resulted in the mean score difference. This explanation seems quite likely given the degree of change in both groups on the AAPI scale. Examples of differences in the AAPI versions may be found in Appendix B.

The NCATS and HOME scales were scored by trained observers who visited the parents' home at pre and post test intervals

(see chapter three for detail). Reliability tests were conducted immediately after training, prior to the pretest, at which time, the interrater reliability coefficient was .91 for NCATS and .99 for the HOME. However, no reliability tests were conducted before the post tests were completed, three months later. Both of these scales, particularly the NCATS, require precise observational skills. Because none of the observers routinely use these instruments in daily work activity, it is highly possible that during the three month interval between the two testing periods, observational skills and reliability among the three observers diminished.

Finally, it is possible that the twelve week interval between the two testing periods was insufficient for significant change in parenting beliefs and parental competence to be observed. Given the known strength of the association between parent history and parenting outcomes, it seems reasonable to assume that changes in parenting beliefs and competence require a substantial investment of time in order for "tried and true" patterns to dissipate, and be replaced by new beliefs and behaviors.

Results of the analysis of covariance provided evidence supporting Proposition 4. Over a twelve week interval, mothers who were high utilizers of the Family Growth Center services were significantly different than low utilization mothers in level of empathy, role reversal, and provision of appropriate play materials in the home.

The data are consistent with hypothesis 4.1. FGC utilization had a significant influence on parenting beliefs when pretest scores were controlled. The total AAPI score as well as its empathy and role reversal subscales were significantly affected by FGC utilization. When mothers are highly involved in a community support program, there appears to be increased capacity to empathize with the child's perspective and to separate the parenting role from that of the dependent child; high utilization mothers were not as likely to see their child as a primary source of emotional and/or instrumental support. It is logical that when a mother's own needs for social support are met, her capacity to understand and respond to her child will be enhanced. As Virginia Satir (1972) so eloquently pointed out, if your own pot is empty, you can't feed anyone.

The data provided limited support for hypothesis 4.2. Although the high utilization group had higher mean scores on all the NCATS and HOME measures, differences in only one of the scales reached statistical significance in the Analysis of Covariance. Mothers in the high utilization group scored higher on provision of appropriate play materials. These findings are similar to those reported by Boger et al. (1986) who found that mothers who received perinatal support scored significantly higher on the HOME's measures of appropriate play materials.

Once more, it is important to caution that because assignment to the low and high utilization groups was not random, it is not possible to conclude that the observed differences are caused by the Family Growth Center. Differences between the two groups may have been caused by selection, rather than the program. For example, the key factor may actually be maternal motivation, which leads to higher FGC utilization, as well as higher scores on the outcome measures. Without an experimental design, or another way of controlling for maternal motivation, it is impossible to know. Nevertheless, the analysis provides evidence that mothers who actively utilize the Family Growth Center show higher empathy, less role reversal with their children, and more appropriate play materials in the home.

5.5. PROPOSITION 5

Proposition 5 was not supported by the data. When pretest scores were controlled, the nurturing program did not make a significant difference in scores on the parenting belief and behavior inventories.

The results of the second analysis of covariance, in which nurturing group participants were compared to parents involved in other FGC services, did not support hypothesis 5.1. When pretest scores were controlled, there were no differences between the nurturing group on parenting beliefs, after twelve weeks of service. Similarly, hypothesis 5.2 was not consistent with the data. No differences were found

between the nurturing group and the comparison group on observed parental competence scales, after pretest scores were controlled.

These findings suggest that the key factor in Family Growth Center support is not the specific type of service received, but the extent to which families involve themselves in the social support network at the Center. Although not predicted, these results confirm the intervention model advocated by Dunst, Trivette, and Deal (1988). Their model for enabling and empowering families assumes that parents must decide what is important for themselves and their families, and that they alone bear responsibility for deciding their course of development. The authors state that resistant or uncooperative behavior on the part of families may stem from a lack of concensus between themselves and helping professionals regarding the nature of the presenting problem and the course of action to be taken. In the enabling model of intervention, opportunities for families to acquire knowledge and skills are created, and the parent selects those services which they feel will address their family's unique needs. By taking responsibility for these decisions, family members are empowered, and gain a sense of control over their development.

Given these assumptions, it is predictable that the type of service selected is not the determining factor in changing parenting beliefs and competence. The key factor is,

instead, the extent to which parents have access to and freely choose to involve themselves and their children in a community support program.

5.6. PROPOSITION 6

The results of a series of hierarchical regression analyses were consistent with Proposition 6. When parent/family traits were controlled, Family Growth Center support significantly added to the explained variance in reported parenting beliefs and observed parental competence.

Hypothesis 6.1 was supported by the data. FGC utilization significantly contributed to the variance in parenting beliefs, after childhood abuse, maternal education, and family income were controlled. The most powerful contributors to total AAPI scores were education and income, which appeared to mediate the effects of childhood abuse. FGC utilization increased the explained variance from 38%, accounted for by the three parent/family traits, to 44%. The Family Growth Center had its most powerful influence on the role reversal subscale, raising the amount of explained variance from 42% to 49%. Since role reversal is at the heart of the "WAR cycle" theory of intergenerational patterns of child maltreatment, these findings offer promising evidence of the potential for involvement in a community support program to help break the cycle of child maltreatment. Results from the regression analyses also partially supported hypothesis 6.2. FGC utilization and type of service

accounted for significant amounts of the variance in three of the HOME subscales, but did not significantly contribute to NCATS scores.

FGC utilization was the only significant factor which contributed to the avoidance of restriction and punishment subscale. The total equation did not, however, explain a significant amount of the variance on this measure. Items on the subscale measured the extent to which the mother overtly punished or restricted the child during the observer's visit. These items, perhaps more than any others on the HOME inventory, may have been biased by the presence of an observer, which could have inhibited the display of the parent's routine disciplinary practices. An examination of the distribution of the scores on this variable support this premise; most of the scores clustered on the higher end of the scale, resulting in a negatively skewed distribution.

FGC utilization also significantly added to the explained variance in provision of appropriate play materials, increasing that accounted for by parent/family traits from 22% to 31%. And, when level of FGC utilization was controlled, the nurturing program contributed to the mother's verbal and emotional responsivity, significantly raising the variance in this subscale already accounted for by parent/family traits from 45% to 54%.

Unexpectedly, family income showed a significant negative influence on the HOME's measure of organization of the

physical and temporal environment. One would expect the opposite since items in this scale focus primarily on the predictability and breadth of experience available to the child in the home. The results suggest that the ability of a parent to provide stimulating and predictable environments is dependent on education, and not on available financial resources. Still, it is difficult to explain why income would have a significant negative influence on these environmental dimensions. It is possible that given the small sample size, the finding is due to selection error. One or two families with lower than average incomes but higher than average environmental quality may have skewed results.

Maternal education was the only significant factor contributing to scores on the NCATS observation. The influence of childhood abuse on the NCATS dissipated once education was controlled, suggesting that level of education may mediate other parent history factors. Considering the content of the scale, this finding is logical, since the items tend to require quite sophisticated language and perceptual skills, a low stress immediate environment, and high awareness of non-verbal, often subtle communication patterns. The influence of education on these scales is encouraging, however, since it suggests that changes in parenting patterns known to contribute to the child's intellectual abilities and later school performance (Hess and Shipman, 1965) can be achieved through education. Utilizing the NCATS instrument as a teaching tool for parents may offer an effective early inter-

vention technique for heightening awareness about specific techniques to use with infants and young children, thereby changing more destructive communication patterns between parent and child.

Results from the first regression analysis demonstrate the powerful influence of parent history on current parenting behavior. Parental childhood abuse and maternal education, together and separately, explained substantial portions of the variance in outcome measures. The positive contribution of the Family Growth Center on these outcomes was also substantiated in this analysis. When parent/family traits were controlled, utilization of a community prevention program significantly influenced parenting beliefs, particularly role reversal between parent and child. In addition, the Family Growth Center's influence on the parental competence was in the predicted direction and its contribution reached statistical significance on three of the HOME's six subscales: maternal responsivity, avoidance of restriction and punishment, and provision of appropriate play materials.

5.7. PROPOSITION 7

Results from a second series of hierarchical regression analyses partially supported Proposition 7; parenting beliefs mediated the influence of childhood abuse and maternal education on three of the HOME sub-scales and none of the NCATS scales.

There was limited support for hypothesis 7.1. Relationships between the AAPI total and the NCATS scales were all in the expected direction, but not all reached statistical significance. The strongest identified relationships were between the NCATS cognitive growth fostering scale and the AAPI role reversal (r=.430) and empathy subscales (r=.394).

Hypothesis 7.2 was supported. There were moderate to strong positive correlations between most of the HOME scales and the AAPI measures. The total HOME scores were strongly related to the AAPI total and to three of its four subscales, and the AAPI role reversal subscale was strongly related to all of the HOME subscales. The strongest relationships were between the total HOME and the role reversal subscale (r=.674), the corporal punishment subscale (r=.673) and the empathy subscale (r=.646).

Results from the second hierarchical regression partially supported hypothesis 7.3, which predicted that scores on the AAPI would mediate the relationships between parent/family traits and the NCATS and HOME scales. Parenting beliefs did not mediate the identified relationship between the NCATS scores and maternal education, and, the influence of parenting beliefs on the total HOME score diminished when childhood abuse and maternal education were controlled. However, after AAPI scores were controlled, childhood abuse and maternal education did not significantly contribute to the explained variance in provision of appropriate play

materials, avoidance of restriction and punishment, and organization of the physical and temporal environment.

These results suggest that parenting beliefs are partially influential in mediating the relationship between parent/family traits and parental competence. Certain dimensions of parental behavior are affected by parenting beliefs, particularly those that relate to discipline and to physical and temporal environments. Parenting beliefs mediate the influence of parent/family traits on the provision of appropriate play materials, the organization of the physical and temporal environment, and the avoidance of restriction and punishment.

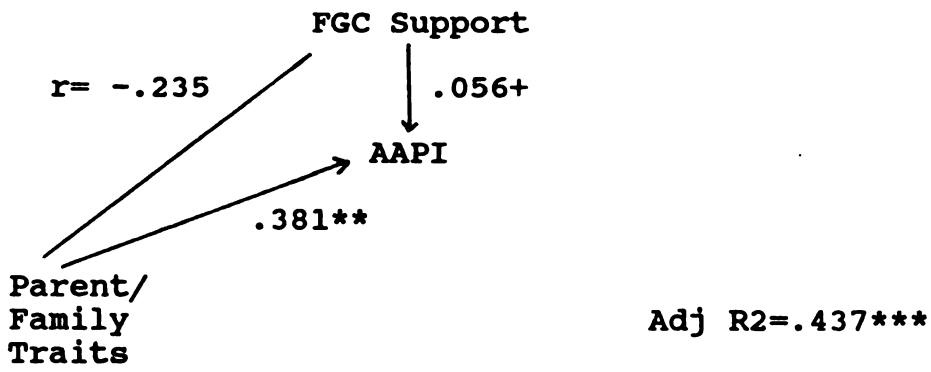
Other aspects of parental behavior appear to be unaffected by reported parenting beliefs. On all of the NCATS scales, and on several of the HOME scales, maternal education and/or childhood abuse are the most powerful factors contributing to parental behavior, regardless of parenting beliefs. For these particular dimensions, parents may hold identical beliefs, but, their level of education and the extent of abuse experienced in childhood will still result in differences in the nurturing environment they provide. Changes in these behaviors may therefore require more intensive interventions with experiential opportunities and more long term, therapeutic relationships.

5.8. ASSESSING THE CONCEPTUAL MODEL

In this section, the data are considered in light of the empirical model which guided this investigation, and the combined effect of the independent factors in explaining parenting outcomes is reviewed. The independent factors in the model include parent/family traits and Family Growth Center support, and the dependent variables are parenting beliefs (AAPI) and parental competence (NCATS, HOME).

As noted in chapter four, the three parent/family traits that are the most powerful determinants of parenting outcomes are childhood abuse, maternal education, and family income. Together these three factors accounted for 38% of the variance in total AAPI scores. See Figure 5.1.

FIGURE 5.1
Influences on Parenting Beliefs

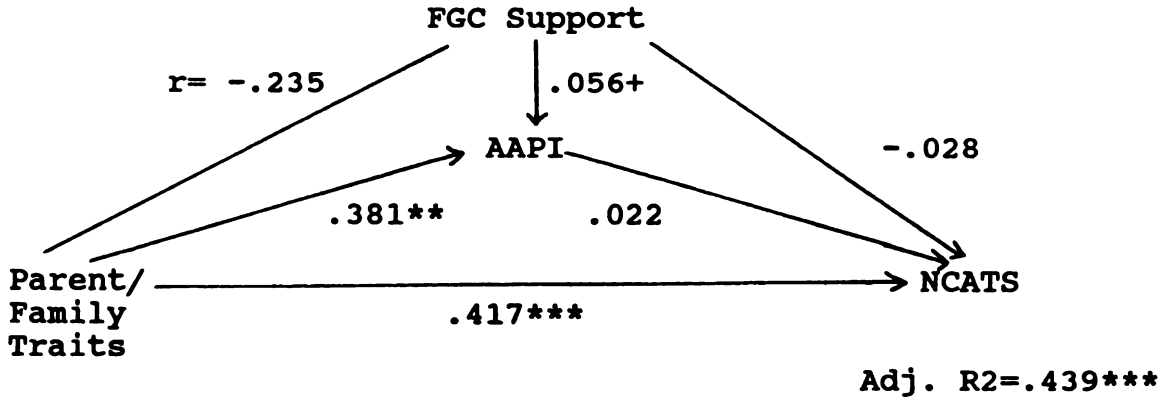


Coefficients are adjusted r-square values unless otherwise indicated.

Most of the observed influence was contributed by maternal education and family income, which appeared to mediate the relationship between parental childhood abuse and parenting beliefs. The Family Growth Center utilization added another 5% of explained variance, a significant addition to the equation. Parenting beliefs are thus influenced by parent/ family traits, particularly education and income, and, to a lesser degree, by involvement in a community prevention program.

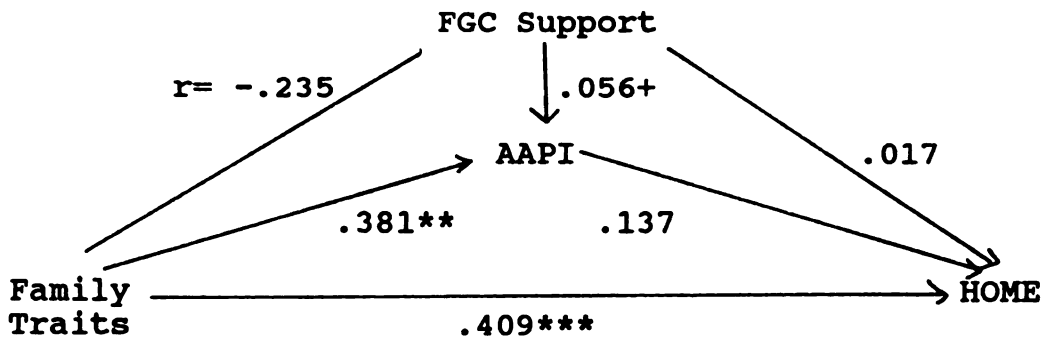
Figure 5.2 illustrates influences on parental competence as measured by the NCATS observation. Maternal education was the only significant factor contributing to the total NCATS score. Neither Family Growth Center support nor parenting beliefs added significantly to the explained variance in this measure.

FIGURE 5.2
Influences on Parental Competence - NCATS



When parental competence is measured by the HOME scales, however, multiple influences are observed. The total home score is explained primarily by parent/family traits, specifically maternal education and family income. Parenting beliefs contribute significantly when entered as the first factor in the equation, but this significance diminishes after parent/family traits are controlled. Similarly, the Family Growth Center support adds only slightly to the explained variance in HOME scores when parent/family traits are controlled.

FIGURE 5.3
Influences on Parental Competence - HOME



Adj. R2=.563***

In examining the subscales of the HOME inventory, however, it is evident that the contributions of parenting beliefs and Family Growth Center support are both significant on provision of play materials and avoidance of restriction and punishment. In addition, parenting beliefs significantly

influenced the organization of the physical and temporal environment, and the Family Growth Center influenced maternal responsivity.

Thus, the data are consistent with the empirical model which postulated that parent/family traits and Family Growth Center support significantly contribute, directly and indirectly via parenting beliefs, to parental competence. The case study data illustrate qualitative dimensions of this model which appear to contribute to parenting outcomes. Most notably, the Family Growth Centers "enabling" philosophy recognizes the idiosyncratic needs of each participant, and provides opportunities for a diverse population of families to choose the services they require for strengthening and growth.

VI. SUMMARY AND CONCLUSIONS

Results from the investigation of a sample of thirty-one families participating in the Family Growth Center in Lansing, Michigan, suggest that the community prevention program significantly influences parenting beliefs and parental competence.

Two one-way analyses of covariance clarified the contributions of level of FGC utilization and type of service on parenting beliefs and parental competence. In the first analysis, two groups of parents were compared, those who fell below the median in level of utilization (n=17) and those who fell above the median (n=14). In the second analysis, parents participating in the nurturing program (n=15) were compared with a group of parents participating in other FGC services only (n=16). In both ANCOVA's, pretest scores on all the measures, obtained twelve weeks prior to post tests, were used as covariates. At the end of twelve weeks, mothers who were high utilizers of the Family Growth Center services were significantly different than low utilizers in level of empathy, role reversal, and provision of appropriate play materials in the home. The type of service provided at the Center did not matter, there were no significant differences between the nurturing program participants and the comparison group of FGC parents.

In a series of hierarchical regression analyses, the relative influence of the Family Growth Center on parenting beliefs

and parental competence was addressed. Results of these analyses showed that parent history and immediate family situation are powerful influences on parenting outcomes. When these factors are controlled, Family Growth Center utilization is still a significant factor in explaining variance in scores on the Adult Adolescent Parenting Inventory and its role reversal subscale, and on the HOME inventory's measures of maternal responsivity, avoidance of restriction and punishment, and provision of appropriate play materials.

A second series of regression analyses explored the mediating influence of parenting beliefs on the relationships between parent/family traits and parental competence. Results of this analysis showed that even when parenting beliefs are controlled, maternal education and parental childhood abuse are powerful factors contributing to the overall quality of the nurturing environment. Parenting beliefs mediated the relationship between these two factors on only three of the scales: provision of appropriate play materials, avoidance of restriction and punishment, and organization of the physical and temporal environment.

Data from the investigation were consistent with a proposed ecological model for community prevention of child maltreatment which postulates that parent/family traits and FGC social support, directly influence parenting beliefs and parental competence, and that, parenting beliefs mediate, to

some extent, the relationship between parent/family traits and parenting behavior.

6.1. IMPLICATIONS

These findings suggest that the provision of planned community interventions which provide social support to families is a viable method for influencing parenting beliefs associated with child maltreatment, as well as parental competence.

Programs which meet the assumptions of the Family Growth Center, will not prescribe a particular type of service or target one type of "problem"; instead they will offer an enabling model of intervention as defined by Dunst, Trivette, and Deal (1988). Enabling models are proactive in nature, offering opportunities for families to acquire assistance, knowledge, and skills through selection of supportive services they believe will meet the needs of their family. By taking responsibility for these decisions, family members may attribute any behavior change to their own actions and acquire a sense of control over their future development. A range of supportive services are therefore made available through the prevention model, and no eligibility or other restrictive requirements preclude selection of needed resources.

Other prevention strategies are also suggested by the investigation. The pervasive influence of maternal education on parental competence is noteworthy. When social support is

defined broadly to include "physical and instrumental assistance, attitude transmission, resources and information sharing, and emotional and psychological empathy", participation in formal education may certainly be considered a form of social support. Clearly, for a developing child, the educational system can provide an arena for linkages with both formal and informal sources of support, as well as opportunity to access alternative role models, learn about and establish friendships, obtain needed assistance, and increase skills and information. One prevention strategy then, is to improve the responsivity of school systems to the social and emotional needs of children and adolescents, maximizing their capacity to serve as vehicles for social support. Unfortunately, too often, troubled families are clustered in non-supportive neighborhoods, in which schools are breeding grounds for violence and despair, rather than vehicles for human connection and hope. Safe schools, sensitive teachers, and innovative administrators and school boards are needed to help reduce drop-out rates and enhance the availability of social support to children.

The NCATS measures of parent teaching styles were almost exclusively influenced by maternal education, even when childhood abuse was controlled. This suggests that the subtle communication patterns measured by the NCATS observations can be taught, and interventions such as the Perinatal Positive Parenting Program and home health visitors offer important prevention vehicles. Moreover, the preciseness of

the NCATS scale make it an ideal tool for teaching parents new ways of attending to and responding to their children. There is great potential for innovative use of this scale, with video-taping, at critical times, such as immediately after the birth of a child, to increase parental competence. Such early interventions could be made available to every new parent, or at minimum, to very young parents and to those who experienced maltreatment when they were children.

This study also provided more evidence of the linkages among childhood abuse, age at primiparity, level of education, marital status, and family income. In this sample, the mother's age at the birth of her first child directly influenced level of education, number of children, marital status, and family income. The younger she was at the age of her first child, the lower her education, the more children she bore, the less likely she was to be married, and the lower her family income. And childhood abuse significantly influenced age at primiparity as well as marital status. These findings suggest that maltreated children have difficulty acquiring interpersonal skills and establishing stable sexual relationships. They further imply that interventions to enhance the skills of children and adolescents to identify and cope with emotions, problem-solve, and establish reciprocal, supportive relationships with their peers, would be useful prevention strategies.

6.2. LIMITATIONS

The investigation was hampered by three major limitations: sample size, a lack of random assignment, and time. The size of the sample significantly reduced the power of the statistical analyses, and may have resulted in Type II errors, where a null hypothesis is accepted when it is, in fact, false. It is likely that with a larger sample, for example, the correlation between parental childhood abuse and FGC utilization would have reached statistical significance. The small sample also limited the number of variables which could be included in the regression equations, and made it necessary to use the more conservative adjusted R-square values for estimating explained variance. In addition, the size of the sample resulted in several skewed distributions, in which the variance within the group was extremely limited, making it difficult to interpret results.

The philosophy and very nature of the Family Growth Center program precluded random assignment into low and high utilization groups. Thus, we cannot be certain that the differences observed between these two groups actually resulted from their level of utilization. An attempt to control for confounding variables was made through use of analysis of covariance and hierarchical regression analyses. However, it is possible that the difference attributed to level of FGC utilization was actually a result of maternal motivation, which influenced both utilization and outcomes. Without random assignment, it is not possible to know whether

this is the case. On the other hand, this is an ecological investigation reflecting the natural way in which families receive prevention services. In reality, no one is randomly assigned to a particular program aiming to improve their parenting capabilities. In fact, every participant in such a program is voluntarily there, and so is self-selected. In this context, differences in participant motivation are assumed as a condition of the intervention. The challenge to the implementor, then, is to establish a program which successfully attracts parents and stimulates their involvement in available social support services.

Finally, the timeframe between pre and post testing for the Analysis of Covariance was only twelve weeks, a very brief interval to observe change in beliefs and behaviors. It is possible that a longer interval of time in which services were delivered would have revealed more significant differences from pre to post testing, thus affecting results. The results obtained from the twelve week analysis are therefore likely to be conservative estimates of the influence of the Family Growth Center program on parenting outcomes.

6.3. SUGGESTIONS FOR FUTURE RESEARCH

A replication of this study with a larger sample and a longer time interval would be useful to validate results and to identify additional associations which may have been obscured by the small sample and short timeframe.

More information is needed, for example, regarding the association between FGC utilization and parent/family traits; a larger sample may clarify both the strength of and the direction of that relationship. The development of a methodology for measuring and controlling for maternal motivation could clarify the influence of this confounding variable. A larger study could also incorporate variation in gender and race, thus providing valuable information regarding the influence of these variables on parenting beliefs and parental competence. In addition, similar studies which make use of hierarchical regression analyses are needed to illuminate other factors which may contribute to parenting outcomes. Examples include religious involvement, other sources and types of social support available to the parent, and satisfaction with that support, as well as family functioning styles. In addition, an IQ measure would help clarify the distinct contributions of maternal education and intelligence on parenting outcomes.

The influence of a community prevention program on other outcome measures is also of interest. For example, the case studies suggest that parent self-esteem may be improved by participation in the Family Growth Center. Other dependent variables which may be affected by FGC utilization are size and satisfaction with social support networks, problem-solving skills, personal well-being, and life satisfaction.

Finally, definitions and empirical study of other components of the community prevention model are needed. One important area of interest is the extent to which the Family Growth Center directly and indirectly contributes to child self-esteem, language development, and social competence. Also, operational definitions of child management and child traits need to be developed and studies conducted which explore the relations between these two factors and parental competence.

6.4. CONCLUSION

As postulated in the proposed ecological model for community prevention of child maltreatment, FGC social support, as well as parent/family traits directly influence parenting beliefs and parental competence. Further, parenting beliefs mediate, to some extent, the relationship between parent/family traits and parenting behavior. The Family Growth Center program significantly influenced parenting beliefs associated with child maltreatment, particularly empathy and the extent of role reversal occurring between parent and child, as well as observed maternal responsivity, restriction and punishment, and provision of appropriate play materials in the home environment. The key factor in Family Growth Center support was not the specific type of service received, but the extent to which families utilize the social support network at the Center.

Case studies of participant families poignantly describe the influence of parent history, immediate situation, and the

importance of the Family Growth Center. Each parent struggles with her own special challenges, stemming from her experience as a child and the stresses inherent in day to day survival. The way in which the Family Growth Center helps is unique to each one; in order to be relevant and helpful, support must be tailored to that parent's individual needs and resources. Tracey, the very young, single mother of three children, aged 1,2, and 3, vividly recalls the physical and emotional abuse she experienced as a child and is determined to build a better life for her children. She appreciates the calming influence of the center, the peace of mind she has in leaving her children there:

> It's a place where you don't see any violence at all. They don't even raise their voices. You can trust that the children will be safe".

Sarah, a well educated, married mother of two preschoolers, is viewed as the perfect parent, but struggles with self-doubt and depression. Her childhood was outwardly perfect, but filled with emotional distance; she never felt loved by her parents. Sarah is married to a man much like her father; he does not tolerate emotions. For Sarah, the support groups at the center and her relationships with other parents there have been "a balm for my heart".

Over a century ago, Joubert suggested that children need models more than they need critics. The same may be said about those adults who are attempting to care for and guide these children in a very complex and confusing world. No

family is without its stresses, pain, and guilt. Programs like the Family Growth Center provide a concrete vehicle for connection and exchange, for modeling, and empathy among persons who share similar human challenges. It seems logical to assume that just as children flourish in family systems which are able to offer loving security and a sense of belonging, parents are empowered to create such an environment by a caring and responsive system of social support.

> The fact is that people are good, if only their fundamental wishes are satisfied, their wish for affection and security. Give people affection and security, and they will give affection and be secure in their feelings and their behavior. We deal here with circles or cycles....
>
> Abraham Maslow, 1937

The results of this investigation offer evidence that Maslow's assumption is valid, and that, over time, the generational cycle of child maltreatment can be broken through a caring community response.

APPENDICES

APPENDIX A

STUDY OF THE EFFECTIVENESS OF THE FAMILY GROWTH CENTER
CONSENT FORM

Raising children in today's changing world is not an easy task. There is increasing evidence that families have more trouble now in getting the support they need to carry out their important function than was true in the past. Many of us live long distances from relatives who might help if they were able. A lot of us are raising children without the financial and personal support of a partner.

The Family Growth Center was established in 1978 in order to offer support and information to parents, and to strengthen family relationships so that children and parents would feel good about themselves and each other, even during times of conflict and stress.

But does it work? Does the social support and information offered at the Center make a difference in the lives of parents and children? To answer this question, we need your help! I am inviting you to participate in this study and asking your permission to ask questions about you and your family, to observe you and your children, and to have you complete several short questionnaires.

PARTICIPATION IN THE STUDY WILL INVOLVE:

1. Your written response to questions that describe you, your family, and your memories of childhood. This questionnaire will be completed at the beginning of the study in early July.

2. Your written response to questions that describe your parenting style and your views on child-rearing. We will ask you to complete this questionnaire at the beginning of the study early July and at the end in early October.

3. Observation of you and your child during a planned teaching activity in your home. These observations will be conducted twice; once at the beginning of the study in early July and once at the end in early October.

4. Observation of your child during a play activity at the Family Growth Center.

All information you provide will be completely confidential. You will be given an identification number at the beginning of the study and all documents will use this number instead of your name. The questionnaires will be stored in a locked file. This file is only available to the researcher and her advisor. The results of the study will be reported as group summaries with no one individual identifiable in the report.

You should also understand that you are free to withdraw your consent and discontinue your participation at any time. Your decision whether or not to participate and/or withdraw will have no effect on your opportunity to use Family Growth Center services.

If you do choose to participate and provide all the information described above, you will receive a small stipend ($20) as our way of saying thank you for your time and willingness to help us with the evaluation. Your involvement in this study will provide valuable assistance to the Family Growth Center, and to communities across the country. With your help we can collect important evidence about what services can strengthen family relationships and make parenting easier and more effective.

****

I have read the preceding statement and hereby agree to participate in this study. In giving my consent, I acknowledge that my participation is voluntary, and can be withdrawn at any time.

_____ _____

Date Signature

Address: _____

_____zip_____

Phone: _____

Thank you for agreeing to participate.

Sharon Shay, Researcher
Department of Family and Child Ecology
Michigan State University
353-6617

APPENDIX B

AAPI: ADULT-ADOLESCENT PARENTING INVENTORY (Form A)

Respondents indicate the degree to which they agree or disagree with each of the following statements, by circling strongly agree, agree, uncertain, disagree, strongly disagree. Instructions provided with the instrument clarify the meaning of these responses, give an example, and stress that "uncertain" should only be circled when it is absolutely impossible to decide on one of the other choices.

1. Young children should be expected to comfort their mother when she is feeling blue.

2. Parents should teach their children right from wrong by sometimes using physical punishment.

3. Children should be the main source of comfort and care for their parents.

4. Young children should be expected to hug their mother when she is sad.

5. Parents will spoil their children by picking them up and comforting them when they cry.

6. Children should be expected to verbally express themselves before the age of one year.

7. A good child will comfort both of his/her parents after the parents have argued.

8. Children learn good behavior through the use of physical punishment.

9. Children develop good, strong characters through very strict discipline.

10. Parents should expect their children who are under three years to begin taking care of themselves.

11. Young children should be aware of ways to comfort their parents after a hard day's work.

12. Parents should slap their child when s/he has done something wrong.

13. Children should always be spanked when they misbehave.

14. Young children should be responsible for much of the happiness of their parents.

15. Parents have a responsibility to spank their child when s/he misbehaves.

16. Parents should expect children to feed themselves by twelve months.

17. Parents should expect their children to grow physically at about the same rate.

18. Young children who feel secure often grow up expecting too much.

19. Children should always "pay the price" for misbehaving.

20. Children should be expected at an early age to feed, bathe, and clothe themselves.

21. Parents who are sensitive to their children's feelings and moods often spoil their children.

22. Children deserve more discipline than they get.

23. Child whose needs are left unattended will often grow up to be more independent.

24. Parents who encourage communication with their children only end up listening to complaints.

25. Children are more likely to learn appropriate behavior when they are spanked for misbehaving.

26. Children will quit crying faster if they are ignored.

27. Children five months of age ought to be capable of sensing what their parents expect.

28. Children who are given too much love by their parents will grow up to be stubborn and spoiled.

29. Children should be forced to respect parental authority.

30. Young children should try to make their parent's life more pleasurable.

31. Young children who are hugged and kissed often will grow up to be "sissies".

32. Young children should be expected to comfort their father when he is upset.

APPENDIX B

EXAMPLES: DIFFERENCES IN AAPI FORM A AND FORM B

Form A: 2. Parents should teach their children right from wrong by sometimes using physical punishment.

Form B: 2. Parents should never use physical punishment to teach their children right from wrong.

Form A: 6. Children should be expected to verbally express themselves before the age of one year.

Form B: 6. Children should not be expected to talk before the age of one year.

Form A: 27. Children five months of age ought to be capable of sensing what their parents expect.

Form B: 27. Children five months of age are seldom capable of sensing what their parents expect.

Form A: 29. Children should be forced to respect parental authority.

Form B: 29. Children should never be forced to respect parental authority.

APPENDIX B

NURSING CHILD ASSESSMENT TEACHING SCALE

During a five minute structured teaching activity, the observer rates the parent relative to the following behaviors. All items are scored yes or no.

I. SENSITIVITY TO CUES

1. Parent positions child so child is safely supported.
2. Parent positions child so that child can reach and manipulate materials.
3. Parent gets the child's attention before beginning the task at the outset of the teaching interaction.
4. In nearly all cases parent gives instructions only when the child is attentive (90%).
5. Parent allows child to explore the task materials for at least 5 seconds before giving the first task related instruction.
6. Parent positions child so that it is possible for them to have eye-to-eye contact with one another during the teaching episode.
7. Parent pauses when child initiates behaviors during the teaching episode.
8. Parent praises child's successes or partial successes.
9. Parent asks for no more than three performances when child is successful at completing the task.
10. Parent changes position of child and/or materials after unsuccessful attempt by the child to do the task.
11. Parent does not physically force the child to complete the task.

II. RESPONSE TO DISTRESS (All items scored yes if distress did not occur)

12. Stops the teaching episode.
13. Makes positive sympathetic, or soothing verbalization.
14. Changes voice volume to softer or higher pitch (does not yell).
15. Rearranges the child's position and/or task materials.
16. Makes soothing non-verbal response, e.g. pat, touch, rock, caress, kiss.
17. Diverts child's attention by playing games, introduces new toy.
18. Does not make negative comments to the child.
19. Does not yell at child.
20. Does not use abrupt movements or rough handling.
21. Does not slap, hit or spank.
22. Does not make negative comments to home visitor about the child.

III. SOCIAL-EMOTIONAL GROWTH FOSTERING

23. Parent's body posture is relaxed during the teaching episode (at least half the time).
24. Parent is in the face-to-face position with the child during the teaching interaction (at least half the time.)
25. Parent laughs or smiles at child during the teaching.
26. Parent gently pats, caresses, strokes, hugs, or kisses child during episode.
27. Parent smiles, or touches child within 5 seconds when child smiles or vocalizes.
28. Parent praises child's efforts or behaviors broadly (in general) at least once during the episode.
29. Parent makes constructive or encouraging statement to the child ruing the teaching interaction.
30. Parent does not vocalize to the child at the same time the child is vocalizing.
31. Parent does not make general negative or uncomplimentary remarks about the child.
32. Parent does not yell at the child during the episode.
33. Parent does not make critical, negative comments about the child's task performance.

IV. COGNITIVE GROWTH FOSTERING

34. Parent provides an immediate environment which is free from distractions from animate sources (pets, sibs).
35. Parent focuses attention on child's attention on the task during most of the teaching (60% of the time).
36. After parent gives instructions, at least 5 seconds is allowed for the child to attempt the task before parent intervenes again.
37. Parent allows non-task manipulation of the task materials after the original presentation.
38. Parent describes perceptual qualities of the task materials to the child.
39. Parent uses at least two different sentences or phrases to describe the task to the child.
40. Parent uses explanatory verbal style more than imperative style in teaching the child.
41. Parent's directions are stated in clear, unambiguous language (i.e. ambiguous = "turn" unambiguous="turn the knob toward me").
42. Parent uses both verbal description and modeling simultaneously in teaching any part of the task.
43. Parent encourages and/or allows the child to perform the task before intruding in on the use of task materials.
44. Parent verbally praises child after child has performed better or more successfully than the last attempt.
45. Parent smiles and/or nods after child performs better or more successfully than the last attempt.

46. Parent responds to the child's vocalizations with verbal response.
47. Parent uses both verbal and nonverbal instructions in teaching the child.
48. Parent uses teaching loops in instructing child (75% of the time).
49. Parent signals completion of task to child verbally or nonverbally.
50. Parent spends no more than 5 minutes and not less than one minute in teaching the child the task.

APPENDIX B

HOME OBSERVATION FOR THE MEASUREMENT OF THE ENVIRONMENT

Observer initiates discussion with the parent regarding a typical day for the child. During this conversation the following items are observed or directly asked of the parent. All items are scored yes or no.

I. EMOTIONAL AND VERBAL RESPONSIVITY OF MOTHER

1. Mother spontaneously vocalizes to child at least twice during visit (excluding scolding).
2. Mother responds to child's vocalizations with verbal response.
3. Mother tells child the name of some object during visit or says name of person or object in a "teachiing style".
4. Mother's speech is distinct, clear and audible.
5. Mother initiates verbal interchanges with observer--asks questions, makes spontaneous comments.
6. Mother expresses ideas freely and easily and uses statements of appropriate length for conversations (e.g. gives more than brief answers).
7. Mother permits child occasionally to engage in "messy" types of play.
8. Mother spontaneously praises the child's qualities or behavior twice during visit.
9. When speaking of or to the child, mother's voices conveys positive feeling.
10. Mother caresses or kisses child at least once during visit.
11. Mother shows some positive emotional responses to praise of child offered by visitor.

II. AVOIDANCE OF RESTRICTION AND PUNISHMENT

12. Mother does not shout at child during visit.
13. Mother does not express overt annoyance with or hostility toward child.
14. Mother neither slaps nor spanks child during visit.
15. Mother reports that no more than one instance of physical punishment occurred during the past week.
16. mother does not scold or derogate child during visit.
17. Mother does not interfere with child's actions or restrict child's movements more than 3 times during visit.
18. At least ten books are present and visible.
19. Family has a pet.

III. ORGANIZATION OF ENVIRONMENT

20. When mother is away, care is provided by one of three regular substitutes.
21. Someone takes child into grocery store at least once a week.
22. Child gets out of house at least four times a week.
23. Child is taken regularly to doctor's office or clinic.
24. Child has a special place in which to keep his toys and "treasures".
25. Child's play environment appears safe and free of hazard.

IV. PROVISION OF APPROPRIATE PLAY MATERIAL

26. Child has some muscle activity toys or equipment.
27. Child has push or pull toy.
28. Child has stroller or walker, kiddie car, scooter, or tricycle.
29. Mother provides toys or interesting activities for child during interview.
30. Provides learning equipment appropriate to age -- cuddly toy or role playing toys.
31. Provides learning equipment appropriate to age -- mobile, table and chairs, high chair, play pen.
32. Provides eye-hand coordination toys -- items to go in and out or receptacle, fit together toys, beads.
33. Provides eye-hand coordination toys that permit combinations -- stacking or nesting toys, blocks or building toys.
34. Provides toys for literature and music.

V. MATERNAL INVOLVEMENT WITH CHILD

35. Mother tends to keep child within visual range and to look at him often.
36. Mother "talks" to child while doing her work.
37. Mother consciously encourages developmental advance.
38. Mother invests "maturing toys" with value via her attention.
39. Mother structures child's play periods.
40. Mother provides toys that challenge child to develop new skills.

VI. OPPORTUNITIES FOR VARIETY IN DAILY STIMULATION

41. Father provides some caretaking every day.
42. Mother reads stories at least three times weekly.
43. Child eats at least one meal per day with mother and father.
44. Family visits or receives visits from relatives (approx. once a month).
45. Child has three or more books of his own.

APPENDIX C

PARTICIPANT INFORMATION FORM

Date: _____

Parents Age: _____

Are you the child's (1)___Mother (2)___Father (3)___Guardian

Parent's Race:

(1) ____ White
(2) ____ Black
(3) ____ Asian
(4) ____ Native American
(5) ____ Hispanic
(6) ____ Other (please specify)
_____

Parent's Primary Source of Income:

(1) ____ Employment of yourself, spouse, or both
(2) ____ Parents
(3) ____ Public Assistance (welfare, G.A., A.F.D.C.)
(4) ____ Other (please specify)_____

Family Income:

(1) ____ Under $500/month
(2) ____ $501 to $800/month
(3) ____ $801 to $1,100/month
(4) ____ Over $1,101/month

What is the highest grade of schooling you completed?

(1) ____ No formal education
(2) ____ Completed grade _____(please specify)
(3) ____ Graduate from high school (or G.E.D.)
(4) ____ Technical training school
(5) ____ College education (specify number of years)
___1 ___2 ___3 ___4+

Are you a single parent? (1)____Yes (2) ____No

Please answer the following questions about your child(ren):

Child's Initials	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX C

FGC Evaluation Project
HOME VISIT QUESTIONNAIRE #1

1. Interview date: _____
2. Interviewer: _____
3. Parent I.D. Number: _____
4. Parent Birthdate: ___/___/___
5. Age at birth of first child: _____
6. Marital Status:
   _____ Single, never married
   _____ Single, separated/divorced/widowed
   _____ If single, do you live with a partner?
   _____ Married, living with spouse

7. How long have you been using Family Growth Center services?
   _____ 1-5 months
   _____ 6-11 months
   _____ 1-2 years
   _____ 3 or more years

8. How did you learn about the center's services_____
   _____

9. What services have you used at the Center recently (past 3 months)?

   _____ drop-in child care
   _____ parent support groups
   _____ parent education
   _____ nurturing program
   _____ other, specify:
   _____

10. What services have you used at the Center in the last year?

   _____ drop-in child care
   _____ parent support groups
   _____ parent education
   _____ nurturing program
   _____ other, specify:
   _____

11. How often do you currently participate in center services?
   _____ less than once per month
   _____ 1-2 times per month
   _____ 3 or more times per month

12. Did you use the center more frequently in the past?

____ no
____ yes. How long ago? _____ (months or years)

How frequently did you use the center then?
____ less than once per month
____ 1-2 times per month
____ 3 or more times per month

13. Are Children's Protective Services or the Probate Court currently involved with your family? ____ no ____ yes

**If no to 13, answer 14 (Skip 14, if 13 is yes)

14. Have either of these two agencies ever been involved with your family? ____ no ____ yes, when:_____

15. Have you ever received parent education from another agency besidea the Center?

____ no ____ yes, how many classes?____

THANK YOU.

APPENDIX C

FGC Evaluation Project
HOME VISIT QUESTIONNAIRE #2

1. Interview date: _____
2. Interviewer: _____

3. Parent I.D. Number: _____

4. CHILDHOOD MEMORIES (of parent): I'd like you to think back now to when you were a child. Remember what it was like to be little in your own family, while you were growing up? I'll be asking some questions that may bring back emotions, maybe happiness, and maybe some pain too. Let me know if, at any time, you want to stop talking about it. It's okay if you don't want to share any of this.

a. Who did you live with as a growing child?

___ mother
___ father
___ mother and father
___ stepmother and father
___ mother and stepfather
___ adoptive parents

Other: _____
_____

b. Were you spanked or hit by your parent/guardian or anyone else responsible for your care when you were a child?

___ NO ___ YES

If yes, by whom? _____

how often? ____ once or twice
____ several times
____ regularly
____ don't know

c. Were you ever physically injured (bruises, burns, etc.) by your parent/guardian or anyone else responsible for your care?

___ NO ___ YES

If yes, by whom? _____

how often? ____ once or twice
____ several times
____ regularly
____ don't know

d. Did your parent/guardian ever call you names, scream at you, tell you that you were no good, or somehow actively put you down?

___ NO ___ YES

If yes, who? _____

how often? ____ once or twice
____ several times
____ regularly
____ don't know

e. Were you ever forced by your parent/guardian to eat meals away from other family members, or be separated from what everyone else in your family was doing?

___ NO ___ YES

If yes, by who? _____

how often? ____ once or twice
____ several times
____ regularly
____ don't know

f. As you were growing up, did you feel as though you could count on your parents/guardian to take care of you and to be there when you needed them?

___ NO ___ YES

5. What is the one most important thing you have gained from attending the Family Growth Center? What have your children gained?

6. Other suggestions/comments:

THANK YOU VERY MUCH FOR SHARING THIS INFORMATION WITH ME. It will be kept totally confidential.

APPENDIX C

FGC STAFF MEASURE OF INVOLVEMENT

Please circle the number which best represents the parent's level of involvement in FGC programs:

0 = Least involved
1 = Somewhat involved
2 = Most involved (past or present)
DK= Don't know

Your first name:_____ Date:_____

Parent Name	ID	Circle ONE only:
1.	1	0 1 2 DK
2.	2	0 1 2 DK
3.	12	0 1 2 DK
4.	10	0 1 2 DK
5.	3	0 1 2 DK
6.	14	0 1 2 DK
7.	5	0 1 2 DK
8.	8	0 1 2 DK
9.	7	0 1 2 DK
10.	6	0 1 2 DK
11.	9	0 1 2 DK
12.	13	0 1 2 DK
13.	15	0 1 2 DK
14.	16	0 1 2 DK
15.	11	0 1 2 DK
16.	4	0 1 2 DK
17.	20	0 1 2 DK
18.	21	0 1 2 DK
19.	22	0 1 2 DK
20.	23	0 1 2 DK
21.	24	0 1 2 DK
22.	25	0 1 2 DK
23.	27	0 1 2 DK
24.	26	0 1 2 DK
25.	28	0 1 2 DK
26.	29	0 1 2 DK
27.	30	0 1 2 DK
28.	31	0 1 2 DK
29.	32	0 1 2 DK
30.	33	0 1 2 DK
31.	34	0 1 2 DK

Scores for each parent were summed, then divided by number of staff who completed the form, obtaining mean for staff measure of involvement for each participant. If DK was circled, that staff members score was not included in the sum.

APPENDIX C

Parent Qualitative Interviews

1. Complete genogram with parent. Include three generations and the following information:

   - birth dates
   - deaths, miscarriages, still born, abortions - dates
   - marriages - dates
   - separations - dates
   - location - transitions and dates
   - trade or profession, education
   - major illnesses, accidents

2. Ask open ended questions. ASK PERMISSION TO RECORD:

   How has the Family Growth Center helped you and your family, if at all?

   What specific changes can you see in the way you and your children interact (get along with each other) since you've been coming to the center?
   Can you give examples?

STAFF INTERVIEWS

1. What effect, if any, has the FGC had on (parent and child)?

2. What specific behavioral changes have you observed since the family started using the Center?

STAFF: Toni, Margie, Jo (9/29/88)
Julie, Karla (9/30/88)

APPENDIX D

CASE STUDIES

Janice: "I feel so good to know that I'm not a bad mom"."

History

Janice, aged 28, is the middle child of seven born to Frances and Frank. She and her sister, Agnes, the oldest of the seven, were placed in foster care when Janice was twelve years old. Some time later, her five brothers were also removed from their parents' care. Frances and Frank were then divorced, and Frances moved out of state where she died three years ago. Frank remained in the local area, where he still lives today.

Janice lived in three different foster care homes. When she was 14, she was placed with Joe and Gerry, with whom she lived until high school graduation; she considers them Mom and Dad. While she was in high school, Janice's biological mother and father maintained contact with her, "confusing her" by saying different things than her foster parents. She had difficulty in school, lied and skipped classes, until she saw a counsellor and the court ordered Janice's parents not to see her. As a result, she lost contact with her biological parents. After graduation, Janice got her own apartment and a job in a nursing home in a small town where she worked for three years. She then transferred to a similar facility in another small city, staying there for four years. Janice moved back to her hometown when she refound her biological father, and lived with him and his wife for two years, before getting her own place again.

Janice says she gets along well with her father now, and still sees her siblings. She notes that two of her brothers have alcohol and drug problems, but does not report any current conflicts between herself and members of her family. When asked what prompted the court action to remove her and her siblings from their parents' care, Janice responded in a general way, saying it happened after her sister Agnes was raped while babysitting, "They blamed it on my mother's boyfriend."

Billy, 38 years old, is Janice's live-in partner. He is also the middle child of seven, all of whom are still in the local area except his youngest brother, Joey, who is mentally retarded and was institutionalized as a very young child. Billy describes his family as close; he sees his parents and siblings frequently. His father, Pete, 62, drives a van for a senior citizen organization; Billy said his father is a "former alcoholic", but now only drinks occasionally. Billy states that he seldom drinks, and has been drunk only once. His mother, Jane, age 52, stayed home with her seven kids while they were growing up and has never worked; she is

diabetic and has high blood pressure. Billy recalls that his father was "rough" on the kids when they were growing up, relying on corporal punishment. His mother was also strict, and often threatened, "Wait until your father gets home." Nevertheless, Billy says he was never afraid of his dad.

In school, Billy got in fights "all the time, in self-defense". When he finished high school, he joined the Marines, but was discharged after one year. He wasn't able to continue training due to a reading problem he's had all his life; recently, he learned the problem was dyslexia. When he returned from the Marines, Billy worked as a security guard and maintenance man for a local hotel for five years. When the hotel closed in 1975, he was laid off, and has had no work since. He considers himself a "jack of all trades", and has worked for his welfare check at the local road commission. They helped him get his driver's license, so that he could drive public vehicles while working; his inability to read had previously kept him from passing tests. Billy would like to get a permanent, paying job at the road commission.

Current Family Situation

Janice and Billy brought their two families together several months ago and are living in Billy's rented house with their six children, who range in age from two to seven years. They met five years ago, having lived across the street from each other for that period of time. Neither are regularly employed and they are dependent on government assistance for their family's basic needs.

Janice has never been married, but has had a series of partners with whom she bore her four children. She says, "Each one left me as soon as I had their baby." Janice was 23 when her first child, Sharon, now five years old, was born. Two years later, she bore twins, Delbert and Alice, now three years old. Sam, aged two, came a year after Delbert and Alice. The three men who fathered these children are not involved in their lives and do not appear to provide any financial or emotional support to Janice. She has just learned that she is pregnant with Billy's child; she has had two miscarriages since they began living together.

Billy was divorced from his wife Susan approximately one year ago, after a ten year marriage. She left him with two children, Billy, Jr., aged 7, and Laura, aged 3. Ironically, Billy's ex-wife recently married Janice's biological father.

This fall, all but the youngest child in this blended family are in school or Head Start programs, giving Janice and Billy some respite time during the day. Their relationship appears to be one of mutual support and shared caregiving.

Billy cooks many of the meals, helps take care of the kids, and maintains the house and yard. They are planning to get married soon. Janice says that she is happy about the pregnancy, wanting to have Billy's child, but telling him "You'd better not leave!" Billy responds, "I'm not going to leave. But after this, one of us is going to get fixed. I don't want any more kids." Both dream of living on a farm someday.

Family Growth Center Involvement

Janice was referred to the Family Growth Center Nurturing Program in June, 1988, as part of her Children's Protective Services case plan. Billy volunteered to come along; he didn't want to lose his kids. The two parents and their six children were at every one of the 13 weekly sessions. They also came to a "reunion" held in mid-September.

The FGC staff describes changes they saw in both parents and their children during the summer. Toni, the FGC Director, notes that the positive feedback Janice heard about herself as a person often left her "beaming" in acceptance and encouragement during the parent sessions. Toni points out that while the new information and techniques offered during the program may have been marginally received, the accepting environment of the Center was enabling for growth. Both Janice and Billy appeared to "blossom" with a sense of hope that they could change and make things better for themselves and their children. Their increased self-esteem was evident in their level of participation, their interactions with their children, and their connection with other parents. Billy, who was mostly silent during the first few sessions, was talkative and open by the last day. After a group activity in which each parent represented with paper and colored pens their hopes and dreams for the future, Billy signed his picture and gave it to Margie, one of the parent program staff. Both he and Janice hugged and said goodbye to several of the staff and parents. At the reunion, Billy offered an eloquent description of how bad parenting patterns are "passed down from our families" and we have to change "so we don't pass it on to our kids".

On the first day of the Nurturing Program, Janice and Billy's six very young children sat rigidly in a row of straight back chairs for about 15 minutes while their mom and dad registered them, after being told "You sit there!". By the last session, this parental control had loosened, and the

children were allowed to act more spontaneously as they entered and left the center. The child care staff noted that while the children generally have low language skills, and limited attention spans, they are affectionate and warm. As time passed, they moved from covering their faces when invited to participate in group time, to getting involved, playing games such as "duck-duck goose".

Billy states that the program "kept me from beating the kids". Janice says he doesn't "holler anymore". They have incorporated "time out" as a substitute for physical punishment and use it successfully with all six of their children. Both parents report that they were comfortable at the Center and that the sharing with other parents was important and helpful to them. The kids also looked forward to going to the Family Growth Center, and didn't want to miss any sessions, saying "Mommy, I'm ready to go!"

Billy reveals that the sessions brought flashbacks and nightmares for Janice, surfacing submerged memories from her childhood. One night she woke Billy up, hitting him. She sought out Margie at the Family Growth Center to talk about the memories. She recalled the "horsewhip" that was used when she was little, and the fear she felt. She also remembered that there were two refrigerators in her home, one for her parents that had steaks and good things to eat, and one for the kids, which had hot dogs and very little food. Recalling these events heightened the couple's awareness of the connection between the past and the present, and helped strengthen their commitment toward their children, "I feel so good to know that I'm not a bad mom".

Both Billy and Janice would like to attend more programs at the Family Growth Center.

Tracey: "They don't even raise their voices."

History

Tracey, aged 22, is the second of five children. When Tracey was a year old, her older sister, Candy, aged 4, crawled into a neighbor's cooler, was trapped, and suffocated. Her mother, Shirley (42) was pregnant with Tracey's sister, Jane (21), when Candy died. Two more children followed; Sandra, now 19, and Tommy, the only boy, aged 15. Several years ago, Tracey learned that she also has a half-brother, born to her father's girlfriend when they were adolescents. Tracey's father, Thomas (44), dropped out of school in the ninth grade, and has worked at a local factory for the past 25 years. Her mother also quit high school and worked as a

housekeeper throughout Tracey's childhood; she is currently employed in a nursing home. Tracey's family has resided in a nearby rural community for the past two generations, and all members are still in this area. In 1984, Shirley and Thomas were divorced after a very stormy and violent 22 years of marriage.

Tracey remembers her childhood as a "living Hell". Her father was a violent alcoholic who frequently targeted his frustration toward Tracey. Candy, her deceased sister, had been her father's "pet". After she died, her father got drunk often, and seemed to blame his loss on Tracey. She once overheard her father say to her mother, "I don't know why Candy had to die. It could've been her (Tracey)." Her father wouldn't buy things for Tracey though he would for her siblings. Her mother gave Tracey money secretly, saying, "Don't tell your father about this". Even now, he does not acknowledge her birthday or those of her children. Her parents fought frequently and Tracey often ended up in the middle. One time her mother broke Tracey's nose, striking out in anger aimed at Tracey's father. She was hit "more than usual" by both her parents. In the fourth grade, just before she started at a new school, her mother, in a fit of anger, "chopped off" Tracey's waist length hair. Tracey was humiliated and self-conscious as she coped with both the shaggy haircut and the anxiety of entering an unfamiliar school.

The anger her father dumped on her was vicious and frightening. His violent episodes increased as she grew older. She remembers leaving in the midst of fights between her parents, taking her siblings to their grandmother's house; "If we didn't leave someone would get it -- usually me". When her father was on a binge, her mother would pack Tracey up and send her to her paternal grandmother's for several weeks, in an effort to protect Tracey from his rage. She hated to be away from her friends, but knew she was safer with her grandmother. Tracey found her grandmother to be a supportive and protective shelter. When she was small, she believed that the fights were somehow her fault, that she "caused problems". This was reinforced by her dad. But her grandmother helped Tracey, explained to her that the fights were not her fault, she did not do anything wrong. Her grandmother's support was important to Tracey and her death last year was hard to accept, "I lost one of the few people who would stand up for me".

Tracey's father treated his son notably different than his daughters. With the girls, he was domineering and strict, forcing them to work for hours in the yard, carrying out his

orders. But with Tommy, he was lenient and held few expectations. When Tracey started high school she told her parents she wanted to go to college. Her dad told her she would not amount to anything anyway and refused to offer his support in reaching that goal. Later, Tracey's mother was enraged when she found out that her husband gave $8,000 to his illegitimate son so that he could attend college. After this incident, Tracey's motivation in school diminished and, with the problems she had at home, she found it difficult to concentrate on her studies.

One time when she was 16 years old, Tracey tried to protect her mother from her father's rage. He was drunk and started to hit her mom. She picked up a piece of furniture and yelled, "Don't you dare!" Her father turned on her. She ran to escape. He followed her to her room and "demolished it". Among the things he destroyed were pictures her mother had sketched of her grandmother and other family members. Tracey had proudly displayed them on her wall for several years. She "cried for a week" about the loss.

Soon after, Tracey's mother "kicked me out of the house". She was on her own at aged 16, living with various friends and her grandparents. In her senior year, she became pregnant. Tracey dropped out of high school shortly afterwards. She had known the baby's father five months. When he learned she was pregnant, he began seeing another girl, and questioned whether the baby was his. She hasn't seen him since. During the fifth month of the pregnancy, Tracey met Jeff, her current fiance. He was on probation from jail for writing bad checks. After her baby was born, Jeff violated his probation and was sent back to jail for the same offense.

Tracey believes Jeff's childhood was worse than her own. His family is also from this area and he has four siblings. When he was very young, his parents were divorced. Jeff wet the bed. The punishments used by his mother for this offense included locking him in a closet all day in his wet clothes and putting him outside on the front yard for hours with urine soaked sheets over his head. When he was 11 years old, Jeff left home. He has been on the streets ever since. He was raped by a man when he was 12 years old. At age 16, he was arrested for writing bad checks. By the time he met Tracey, at age 21, Jeff had been arrested several times for similar offenses; but, Tracey stresses, he has never committed a violent crime.

Current Family Situation

Tracey named her first child Jeffery, after the man she considers to be his father. She and Jeff lived together during her pregnancy and after her son's birth, until he was

arrested again for writing bad checks in May, 1986. By that time she was pregnant with his child. Sasha was born in June, 1986, while her father was in jail. Jeff escaped from jail in October, 1986. He and Tracey and their two children fled to South Carolina and then to Florida in an attempt to start a new life together. Jeff got a "good paying job" at a factory. They had nice furniture, a washer and dryer, and everything she wanted. When she discovered she was pregnant again, Jeff decided to turn himself in to the authorities. He didn't want to live with a threat hanging over his head; he wanted to take good care of his family. They returned to Michigan. Jeff was sentenced to prison with a minimum "out-date" of December, 1989. Since that time the date has been moved up as a result of good behavior and is now set at September, 1989. His parole date is scheduled for February, 1989. If the parole review is positive, he could be released anytime after that date.

Tracey and her three children, aged 3, 2, and 1 years, live in a small rented house in the local area. She says she is grateful to her mom for teaching her how to cook and clean, and take care of kids. Her mother tries to make up for the love she didn't get from her father, and comes over often bringing things for the house and for her kids. Tracey sees her mom as being the only one she can count on for support. Last year, shortly after the birth of her youngest child, Tracey went to the hospital for some testing and her physician wouldn't allow her to leave. She was dehydrated, had gall stones, and needed surgery. She had no place to leave her children. Her mother works and was not able to help. Jeff's aunt and uncle took the children, receiving payment from the Department of Social Services for providing care. They later complained to mutual acquaintances that his aunt had to stay home from work to take care of Tracey's kids.

After her experience as a child, Tracey is determined to build a better life for her children. She would "never hit them" for any reason and speaks up when she sees relatives or friends striking their children, "It drives me nuts to see kids not cared for or abused". She does not like being on public assistance and wants to return to school for her GED this spring, and then go on to the community college or Michigan State University. Tracey loves to read and is interested in photography and interior design. She believes she has artistic talent, inherited from her mom. When Jeff is released, he plans to attend an academy to become a corrections officer. They have talked about and dream of a different life for their children, including college funds and a closet full of clothes for each child. Tracey says,

"When I went to school I had about one pair of jeans and a t-shirt...I didn't want to go." Jeff would like one more child, so he could go through "the whole process" with Tracey, from conception to birth. Both sides of Tracey's family were "religious", Baptist and Catholic. She doesn't believe in birth control -- "If God wants me to have ten kids, I will." But, she smiles when an alternative perspective is offered, "If God gives you a brain, he wants you to decide."

Both Jeff and Tracey would like to live on a farm someday, but have not decided whether it should be nearby so Tracey could be close to her mother, or away from the powerful, often negative influence of Jeff's family.

Family Growth Center Involvement

Tracey came to the Family Growth Center in February, 1988 with the plan of attending the nurturing program. She had to drop out after the first class when her doctor hospitalized her for gall bladder surgery. Later that summer, she began using the drop-in child care program while she went to appointments for food stamps and other services. Because she does not own a car, transporting herself and her three children to the center is difficult. In August, she started babysitting and stopped coming to the Center. At the time of the interview (October, 1988), Tracey had just enrolled in the fall nurturing program.

The Family Growth Center staff describe Tracey as friendly, warm, and loving. Toni, the FGC Director, stated that her biggest problem appears to be poverty, trying to manage with three children and little support, on a very small income. She has had no real involvement in the center to date, and Toni sees great potential for assisting Tracey's family.

Though her involvement at the center has been limited, Tracey already sees ways in which it has helped her and her children. She notes that Jeffery loves coming to "school" and playing with other children. The time at the center has had a positive impact on his mood, making him less restless at home and more "mellow". After being at the center, he will sit down and let her read to him and count numbers. Tracey says the two younger girls aren't used to the center yet, crying at separation, but she knows they will like it after they have come consistently for a while. She's looking forward to the nurturing program as a way to become a really "good parent". She wants to better understand how her kids feel. She also hopes to make friends at the center, people who won't stab her in the back and won't be offended when she

says what is on her mind. Tracey appreciates the atmosphere of the Family Growth Center: "It's a place where you don't see any violence at all. They don't even raise their voices. You can trust that the children will be safe."

Carol: "I just don't want to do it alone anymore"

History

Carol, aged 28, is the second of four children, three girls and one boy. Her family has resided in a nearby small town for two generations. Carol's parents were married in 1953 and still live together; both finished high school, her father getting his GED while in the Army. Her paternal grandfather owned a machine shop where her father worked until it was sold several years ago. Carol's father, Robert (56), is currently unemployed and seeking a workers compensation settlement from the local cleaning store where he worked until recently. Her mother, Joyce (54) stayed home until all her children were in high school, then took a job with the state of Michigan, where she is still employed.

Carol avoids seeing her father because she does a "slow burn" whenever she is near him. She states that alcoholism is a hidden problem in her family. Her dad drinks heavily but won't admit he has a problem. When she was little he either didn't come home or brought a six pack with him. Before his death, her maternal grandfather was also a heavy drinker, and was extremely dictatorial, like Carol's father. She sees the patterns continuing in her generation. Her older sister Janey (32), who is married with three children, recently completed an alcohol treatment program. But Janey's husband, Dan, still drinks heavily and denies his problem. Carol is close to Janey, but is disappointed that she won't confront or leave her husband. Her younger brother Jack (26) doesn't handle alcohol well either, and Carol sees him infrequently. She was getting closer to her younger sister, Judy, before she recently married and moved to Texas with her husband.

Communication in Carol's family has been and continues to be poor. Carol wishes she could teach them the things she has learned at the Family Growth Center, the caregiving philosophy, discipline approaches, and empathy. She says that her father doesn't listen and believes there is only one way -- his way. Her mother talks only about superficial things, avoiding feelings and conflict. Their marriage is not demonstratively affectionate. She believes they are together only for financial reasons. Carol wants something different for herself.

APPENDIX D

Current Family Situation

Carol has one child, Luke, aged 4, whose biological father was already married at the time of his birth. Carol did not want to talk about that relationship; it appears that Luke's father is not involved in his life at all. She says that she is very lonely, and our discussion about her desire for a happy relationship with a man brought tears to her eyes. She talked for some time about a man she met a couple of weeks ago that she'd like to know better. Her pain was visible as she described their encounters. She said that she had pretty much decided to give him what he wants, and had felt depressed since he'd left her the preceding Saturday night. In Carol's view, Joe was a very nice person, and she thought they could be good friends, if he wanted it to happen. She knows that she doesn't want a relationship like her mother's and father's, with destructive patterns and emotional distance, but she is not at all sure how to build one that is different. Carol despises her sister's "one-way" relationship with her husband (he takes, she gives), but her description of her encounters with her new male friend illustrated the beginnings of similar dominant-passive patterns.

Last year, Carol and Luke moved from her home town to another local community, in order to rent a government subsidized apartment. Though the place is nice on the outside, she isn't happy with the environment. It is noisy, and the interior of her apartment was a "mess" when she moved in. She is unemployed, receiving public assistance and food stamps in order to support her son and herself. There is limited help available from her parents, though her dad recently gave each of his four children $1,000, distributing some of the inheritance from the sale of her Grandfather's machine shop.

Luke starts Head Start this fall giving Carol four half days to herself each week. She hopes to use the time for physical exercise at a health club, and plans to go back to school in January. Her goal is to find secretarial work in some type of human service agency; she wants her work to be meaningful.

Family Growth Center Involvement

Carol first came to the Center two and a half years ago, when Luke was a toddler. Toni, the director of the Center reports that Carol arrived with very low self-esteem and no confidence in her ability to parent. Her family had at first rejected her and Luke because he was born out of wedlock, communicating a "this is your bed, now sleep in it" attitude.

Margie and Jo, the parent program staff, add that Carol was a very lonely single parent when she arrived, closed in, depressed, and indecisive in her care of Luke. When the staff complimented Carol on the good job she was doing raising him alone, she at first responded, "You really believe that?"

The staff has seen a change in Carol and Luke since their arrival. Carol now appears to feel welcomed, loved, and accepted. During one recent parent group meeting, she said, beaming, "This is my family". Her isolation is broken, she now has a network of friends from the center who share child care, and she often offers to help others, by providing transportation for parent programs. When asked to describe Luke, Julie, the child care specialist responded, "We love Luke!". Karla, her assistant, adds that he is lovable and very bright; an endearing child, extremely sensitive and sincere. Since coming to the center, he has become more outgoing, made good friends, and creatively engages in imaginary play. Luke is developing right on target and has picked up many of the concepts taught during the nurturing program, talking about such things as "personal power". While much of Luke's progress can be attributed to normal maturation, Julie and Karla believe that the FGC environment has fostered and encouraged this growth. They observe that Carol has gone from a situation of feeling overwhelmed ("he's driving me crazy"), to a much more mellow attitude. Carol and Luke appear to have a very comfortable relationship.

Carol affirms that the Center has been a very positive force in her life, especially the weekly support group (HOPE). She states, "I don't know how I'll replace the Tuesday afternoon group (when she goes back to school and starts working)". She says that she wants to continue to grow and move away from the destructive patterns she witnessed as a child in her home. To do that, she needs to be with people who are different than those she knew before coming to the center. She views the Family Growth Center as a "road to change", and wants to keep connected with this community of friends. There is still deep sadness when she speaks of her loneliness and her desire for an intimate, non-destructive relationship with a man who loves her and Luke. When I commented about the wonderful job she has done raising Luke, her eyes filled with tears. I asked, "Is it still hard for you to believe that?". Carol responded, "No. I just don't want to do it alone anymore".

Sarah: "A balm for my heart."

History

Sarah, aged 35, is the oldest of two children. She was born in the local area, but her family moved out of state when Sarah was five, and then to the east coast when she was ten years old. There, she graduated from high school, then returned to the the local area to attend Michigan State University in 1970. After Sarah left for college, her parents were divorced ending nearly thirty years of marriage; they both still live on the east coast. Sarah's younger brother, Bill (32) makes his home on the west coast. Though she seldom sees him, she is glad to know that he is there if she needs his support or assistance.

Sarah remembers her childhood as "mostly happy", but after several bouts with depression and subsequent therapy, believes that she was loved in a "preemptory" way. Her parents viewed loving her as appropriate, something they were "supposed to do". She describes them as sour, frustrated, and disappointed people. Samuel (64), her father, has a Ph.D. in biochemistry, but currently works as a housepainter. Although he worked in biochemistry throughout Sarah's childhood, he became a heavy drinker after his divorce and was fired from his position. When he totalled his car in an automobile accident, her father quit drinking, but has not returned to his former professional field. He has a network of friends, dates, and seems to have adjusted to the divorce. Sarah's mother, Lydia (65), is very lonely and has few friends. She has worked for several years as a librarian, supervising other employees. Two years ago, she was diagnosed as a cancer patient, had a mastectomy and is still receiving hormone therapy.

Sarah recalls that the main message she received from her mother was to be socially acceptable, avoid emotion and arguments and do what is proper and right. She believes that this "over-socialization" destroyed her own joy of living; she was a "hopeless goody two-shoes" as a child. Sarah's childhood produced deficits she is still trying to fill: the ability to build and maintain intimate relationships, to be assertive, and ask for what she needs. Her mom recently told her about a study that linked cancer with being a "yes-person", passively accepting other's wishes or opinions while repressing one's own. While Sarah saw this as a perfect description of her mother, her mom stated, "I don't think I'm like that". Sarah did not disagree, fearful of hurting her mom's feelings.

Sarah met her husband Steve, aged 38, at Michigan State University, where they were both enrolled in the same

college. They were married after his graduation, when Sarah was a junior. Steve supported her while she finished her bachelor's degree in biochemistry; he is currently employed as a software engineering manager. Sarah worked for four years after getting her degree. It was during that time that she had her first struggle with depression. Feeling suicidal she entered therapy; she explored issues from her childhood and also identified deficits in her marriage. Steve brought similar patterns of emotional distancing to their relationship, "In my family we repressed anger, in Steve's, they repressed everything." Through therapy, she learned that while the two of them talked alot, they didn't communicate; intimate disclosure of feelings was not part of their interaction with each other. Though this intellectual understanding clarified the problem, acting on the knowledge was difficult and their relationship has not changed dramatically. Sarah's depression returned after the birth of each of their two children.

Current Family Situation

Sarah and Steve have two children, Jim, aged 5 years, and Jessie, aged 2 1/2 years. She has remained home with them since Jim's birth in 1983 and holds the philosophy that a mother should not "give her children away" if she is emotionally and financially able to take care of them. Sarah views her main role as that of mother and has put her professional career on a back burner for now. She does take an occasional class at the community college toward completion of an associate's degree in drafting, but is not sure what she will do after her children are older. Sarah describes her husband as an "A-1 good parent on the outside". He spends time with their children, takes pleasure in them, and cares for them tenderly. But, he does not tolerate their emotions. If their son has a temper tantrum, he expects him to stop immediately, to turn off his feelings. Sarah says her husband does the same with her. When she cries, Steve doesn't respond with affection or empathy, but asks her to stop. One time, when she was crying and very upset, she told him, "All I need is a hug". Her husband stood still, not responding; Jimmy, their young son, came over and hugged his mom.

Despite her work in therapy, Sarah still fights depression and finds her enjoyment in her children dampened by self-doubt, "I wish I could do a better job." After Jessie's birth, she felt that she "lost Jimmy", because she was so centered on providing care for their new baby girl. Her therapist recommended that she take Jimmy to day care three days a week, to give her respite and ease the emotional drain. He was enrolled in a local center for about ten months. Sarah felt bad about leaving him, but listened to

her husband's logic, "In other times there were grandmothers and aunts to help out when the new baby came, you don't have that". Since then, she has cared for both her children full-time, trying to balance her time and attention between them. This year, Jimmy started Kindergarten, giving her the opportunity to spend time alone with Jessie.

Family Growth Center Involvement

Sarah first came to the Family Growth Center after Jimmy was born, when she started therapy and needed a place to leave her toddler for a couple of hours a week. She said she gained confidence in the place quickly, but felt timid about reaching out to others at the center. It wasn't until after Jessie was born, two and a half years ago, that she began participating in parent program activities. She came to the "Moms and Babes" group, an informal gathering of mothers and infants, and since then has attended a variety of parent education and support classes, including the nurturing program.

Toni, the FGC director, notes that while others view her as the perfect parent, underneath Sarah struggles with self-doubt, "I'm not as together as you think." When she first came to the Center, she was lonely at home and overwhelmed with her parenting role. She used to hold people at "arm's length". Margie and Jo, the parent program staff, observe that Sarah is "very hard on herself" with high expectations.

For a long time she has denied the emotional part of herself, always acting logically and responsibly. Since her involvement in parent program activities, they have seen a change in Sarah's ability to get close to others and to let her emotions out. Margie noted that Sarah recently came to her, crying, and said she couldn't take on a newly defined volunteer parent aide role as originally agreed. She didn't feel she had enough energy, her own "tank was on empty". Margie, Toni, and Jo saw her willingness to say no as a turning point and a sign of growth, a newly acquired ability to assert her own needs. They believe she is moving to a less lonely place, breaking out of the isolation, and trusting others at the center with her fears and imperfections.

With the child care staff, Sarah's image as the perfect parent remains intact. Julie, the child care specialist, said she was surprised to see Sarah attending parenting classes, she is so "bright and conscientious, positive and on target with her children". Julie and Karla, the child care assistant, describe Jimmy and Jessie as delightful, healthy, and secure. They noted that Jim is jovial and outgoing with a huge vocabulary; Jessie is quiet until she gets

comfortable with adults, but jabbers and plays enthusiastically once she warms up.

Sarah said that the Family Growth Center services have been extremely important to her and to her family. The time with other parents has been "a balm for my heart". It was very important for her to learn that she isn't the only person having conflicts. While attending the Moms and Babes group, and other activities, she established several friendships. She affirmed that the Center broke her isolation, and noted that before this program she had no measure against which to judge whether she was doing okay as a parent. The classes helped both in the sharing, through which intimacy with other parents developed, and in gathering concrete strategies for improving the way she parented her children. Sarah also emphasized the importance of the two parent program staff, Margie and Jo, saying that their modelling offered important "spiritual guidance".

Sarah's goal is to improve communication within her family, in her marriage as well as with her children; she believes that this is the key to healthy and happy relationships. Through her involvement with others at the Center, she hopes to achieve a fundamental feeling of confidence and optimism as she carries out her parenting role.

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