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ABSTRACT

MATERNAL SELF-CONCEPT AND ITS RELATIONSHIP
TO CHILD ABUSE AND NEGLECT

By

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The child abuse and neglect literature suggests a number of hypotheses pointing to self-concept as an important factor in explaining why some mothers maltreat their children (Starr & Wolfe, 1991; Wolfe & Wekerle, 1993). The underlying premise of this research is that mothers with low self-concept find parenting difficult. However, few studies have examined self-concept differences between abusive and neglectful mothers whose children have been legally removed from their care.

This study examines the differences between abusive and neglectful mothers across three maternal characteristics: general self-perceptions, self-concept, and self-efficacy. Three instruments were used to measure these characteristics. Self-concept is measured by the Tennessee Self-Concept Scale: 2nd Edition (TSCS:2nd)(Fitts & Warren, 1996). General self-perceptions are measured by a Sentence Completion Scale, and maternal self-efficacy is measured by the Maternal Self-efficacy Scale (adapted from Teti & Gelfand, 1991). The sample consists of a group of sixty-five primarily low-

income, African American mothers who have had at least one of their children legally removed from their care.

Using statistical techniques that test for mean differences (*t*-tests), as well as techniques that test for proportional differences (chi-square), the comparison of abusive and neglectful mothers showed little to no significant differences in general self-perceptions, self-concept, or self-efficacy. Both abusive and neglectful mothers had low self-concept as defined by the TSCS:2nd. However, the sample did report average maternal self-efficacy, which may suggest misperceptions about parenting competence (Pianta, Egeland, & Erickson, 1989).

While the sample size is not large enough to make strong inferences, the results do suggest that abusive and neglectful mothers may not be mutually exclusive groups. These findings have important implications for future research.

To Dalind, my son

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INTRODUCTION

Self-concept has been identified as a risk factor for maternal abuse and/or neglect of children (Christensen, Brayden, Dietrick, McLaughlin, & Sherrod, 1994; Evans, 1980; Perry, Wells, & Doran, 1983). However, an analysis of the literature found fewer than fifteen empirical studies that examined the relationship between self-concept and child abuse and neglect. While the research is limited, the evidence suggests that abusive and neglectful parents have a lower self-concept than non-maltreating parents do (Culp, Culp, Soulis, & Letts, 1989; Oates & Forrest, 1985; Perry et al., 1983; Rosen, 1978; Rosen & Stein, 1980; Shorkey & Armendariz, 1985; Shorkey, 1980). Furthermore, only two studies investigated self-concept differences between abusive and neglectful mothers (Christensen et al., 1994; & Culp et al., 1989). However, the findings of the two studies contradict each other.

Christensen et al. (1994) found that only neglectful mothers had a low self-concept, while Culp et al. (1989) found the opposite, only abusive mothers had a low self-concept. Christensen et al. (1994) measured maternal self-concept of pregnant women and conducted a three-year follow-

up to identify mothers who had abused and/or neglected their children. These procedures were carried out to avoid potential confounding effects such as maltreating a child, and being investigated by a social worker. On the other hand, Culp et al. (1989) measured the self-concept of mothers whose children were in the foster care system. Also, the two studies used different instruments to measure self-concept. Christensen et al. (1994) used the Tennessee Self-Concept scale and Culp et al. (1989) used the Index of Self-Esteem. Thus, the differences in methodology may explain the contradictory findings. However, the paucity of research in this area suggests that further exploration is needed.

The purpose of this study was to investigate differences in the self-concept, general self-perceptions, and maternal self-efficacy between mothers who physically abused their children and mothers who physically neglected their children. The study examined a group of low-income mothers who have had at least one child legally removed from their care. The background information and socio-demographic characteristics of the sample were also examined to identify correlates of maternal characteristics, as well as correlates of child abuse and neglect.

There are a number of studies that examine personal (Christensen et al., 1994; Culp et al., 1989; Evans, 1980) and environmental (Starr & Wolfe, 1991; Wolfe & Wekerle, 1993) characteristics of parents as factors that explain why certain parents abuse and/or neglect their children. The ecological perspective proposes that child abuse and neglect are a function of the social context as well as an individual's behavior (Garbarino, 1977; Polansky, Gaudin, Ammons, & Davis, 1985; Starr & Wolfe, 1991). For example, several researchers have identified family resources, social support, and stress (Burrell, Thompson, & Sexton, 1994; Egan, 1983; Egeland, Jacobvitz, & Sroufe, 1988) as potential mediators of abusive and neglectful parental behavior. Based on these studies, there is a consensus among researchers that abusive and neglectful parental behavior is a consequence of the collective impact of community, cultural, family, and individual factors (Bronfenbrenner, 1977; Garbarino, 1977; Polansky et al., 1985; Starr & Wolfe, 1991).

Some researchers have suggested that abusive and neglectful parental behavior is a function of low self-concept (Christensen et al., 1994; Culp et al., 1989; Oates & Forrest, 1985; Perry et al., 1983; Rosen & Stein, 1980; Shorkey & Armendariz, 1985; Shorkey, 1980). In other words,

the self-concept of parents who abuse and/or neglect their children is thought to be low before the abuse or neglect occurs. However this hypothesis is difficult to assess since all but one (Christensen et al., 1994) of the studies' samples included mothers whose children had already been legally removed from their care because of abusive and/or neglectful parental behavior.

Nevertheless, the existing research demonstrates that mothers who have abused and/or neglected their children report lower self-concept when compared with non-maltreating mothers. Hence, it is often assumed that low self-concept is a contributing factor in the etiology of child maltreatment (Evan, 1980; Kempe & Kempe, 1976; Perry et al., 1983; Rosen & Stein, 1980; Wolfe, 1987). This assumption, however, is not without criticism. Some of the most common criticisms are that researchers do not distinguish the type of maltreatment the parent has committed, and use instruments that are not designed to assess self-concept. Therefore, the major objective of this study is to assess differences in self-concept, using a well-established instrument (i.e., Tennessee Self-concept Scale) across abusive and neglectful mothers who have had at least one child legally removed from their care.

Chapter 1

Literature Review

Overview

The review of literature is organized to accomplish three objectives. The first is to review the theoretical models of self-concept. The second objective is to examine the research that suggests maternal self-concept is an important factor in explaining the abuse and neglect of children. This includes a description of the characteristics of the parents and children, the risk factors for abuse and neglect, and the most common context of treatment: the foster care system. The third objective is to show that a gap exists in the literature in terms of differentiating self-concept between abusive and neglectful mothers.

Self-concept: Historical and theoretical perspectives

Self-concept has received significant attention from researchers (Allport, 1961; Coopersmith, 1967; Rosenberg, 1979). William James (1890) was one of the first scholars to show interest in studying self-concept. James (1890, 1963) suggested the notion that self-concept was multifaceted and hierarchical in nature. James also anticipated the importance of the evaluations individuals receive from others. He felt that others' evaluations were the foundation for the social self (James, 1963). Consequently, James anticipated several subsequent developments in self-concept theories such as the "looking glass" self-theory (Cooley, 1902) and the symbolic interactionism of Mead (1934). Both of these theories assume that self-perceptions are based on the evaluations from others (Cicchetti & Beeghly, 1991; Radke-Yarrow, Belmont, Nottelmann, & Bottomly, 1991).

Despite this long history of the study of self-concept, advances in measurement, research, and theory of self-concept have been slow (Harter, 1996). Only in the past 25 years has there been a renewed interest in self-concept research (Bracken, 1996; Harter, 1996). A review of the self-concept literature by Wylie (1961, 1974) found a field that was disorganized, profuse, and prohibitive of meaningful

synthesis. Wylie (1974) found several shortcomings in the literature such as unreplicable methodological procedures, inconsistent self-concept definitions, and over-generalization of findings. The shortcomings found by Wylie (1961, 1974) may partially be a function of the inability to disentangle self-concept from self-esteem.

Despite conceptual claims supporting the notion that self-concept and self-esteem are distinct constructs, construct validity research to date (Bracken, 1996; Marsh, 1986; Shepard, 1979) lacks the empirical evidence to support this notion. The lack of discriminability between self-concept and self-esteem can be partially explained by the fact that most self-report scales that measure self-concept elicit both descriptive (i.e., self-concept) and evaluative (i.e., self-esteem) aspects of the self. Therefore it is a challenge to separate these two constructs (Brinthaupt & Erwin, 1992; Watkins & Dhawan, 1989). For example, Greenwald, Bellezza, and Banaji (1988) found that that self-esteem is a pervasive part of self-concept, even when the measurement of self-concept does not contain an esteem-related content. Thus, shortcomings still exist. Recent reviews by Hattie (1992) and Bracken (1996) confirmed many of the same conclusions reached by Wylie (1974) and others

(e.g., Marsh, 1986; Shepard, 1979). However, based on literature reviews, Hattie (1992) and Bracken (1996) have concluded a general consensus exists regarding the nature of self-concept. For example, self-concept is widely viewed as multifaceted construct (e.g., academic self-concept, family self-concept, and physical self-concept). However the number of facets is debatable.

The construct of self-concept suffers from the fact that "everyone thinks they know what it is, so … many researchers do not feel compelled to provide any theoretical definition of what they are measuring" (Marsh & Hattie, 1996, p. 56). Several attempts have been made to give self-concept an operational meaning. For example, self-concept is used to imply both cognitive and emotional appraisal of the self (Bracken, 1996; Fitts, 1965; Shavelson, Hubner, & Stanton, 1976) whereas self-esteem is often thought of as only the evaluative component of self-concept (Marsh & Hattie, 1996). Given this clarification, self-concept can be approached with less ambiguity in relation to self-esteem.

Self-concept: A definition

Broadly defined, self-concept refers to a person's self-perceptions formed through experiences with and interpretations of the environment (Cicchetti & Beeghly,

1991; Harter, 1996; James, 1963; Lewis & Brooks-Gunn, 1979). According to Shavelson et al. (1976), self-concept is not an entity within the person, but a hypothetical construct that is potentially useful in explaining and predicting how a person acts. Self-concept is influenced by other people's evaluations of individuals' actions, as well as attributions individuals make about others' behaviors. In addition, self-concept is influenced by the reinforcements individuals receive regarding their behavior. Consistent with this perspective, Shavelson et al. developed a model that focuses on the structure of self-concept.

Shavelson et al. (1976) identified several features that were critical to their definition of self-concept. These characteristics focus on the organization and structure of self-concept. Based on Shavelson et al.'s model, people first organize information about themselves into a structure. Individuals use this structure not only to evaluate themselves; they also use it to evaluate others. Secondly, an individual's structure contains a number of facets that reflect a self-referent system. In other words, individuals have systematic methods in which they organize self-perceptions. The third feature is that the structure of self-concept consists of both specific situational self-concepts

(e.g., math self-concept, and physical self-concept) and a more global self-concept (i.e., a general feeling about self). The global self-concept is considered to be stable, however, self-concept does become less stable as it becomes more situation-specific. According to Shavelson et al., the main points of the organization and structure of self-concept are that it is a hierarchical multifaceted organized construct.

In addition, Shavelson et al. (1976) state that self-concept becomes increasingly multifaceted from infancy to adulthood. This theory is consistent with Harter's (1983, 1985) developmental theory of self-concept. Harter proposed a developmental model in which self-concept becomes increasingly abstract with age. Harter's (1983) review of previous research (Kegan, 1982; Lewis & Brooks-Gunn, 1979) suggested that researchers define self-concept in terms of concrete descriptions of behavior in early childhood, a trait-like psychological construct (e.g., being popular, or smart) in middle childhood, and a more abstract construct during adolescence.

Lastly, the Shavelson et al. (1976) model supports the idea that self-concept has both descriptive and evaluative aspects so individuals can both describe and evaluate

themselves. Individuals usually base their descriptions and evaluations of themselves according to others' standards or expectations (Shavelson et al., 1976).

The Shavelson et al. (1976) model turned out to be important, in part, because it provided a blueprint for a new generation of multidimensional self-concept instruments that have had a significant influence on the field. However, Shavelson et al. were not the first to think of self-concept as a multidimensional construct. For example, in the 1960s, Fitts developed the Tennessee Self-Concept Scale (TSCS) to fill the need for an assessment tool that was multidimensional in its description of self-concept. In addition to measuring a general self-concept, the TSCS also measures academic/work, family, moral-ethical, personal, physical, and social self-concepts. (See Chapter 2 for a detailed discussion of the TSCS.) Shavelson et al.'s model consists of a general self-concept, an academic self-concept with four subareas (English, history, math, and science), and three nonacademic self-concepts: social, emotional, and physical. Since the introduction of Shavelson et al.'s model, several extensions and refinements have been suggested and made to the model.

The Song and Hattie Model

Based on numerous factor analyses of the self-concept scores of Korean and Australian high school students, Song and Hattie (1984) proposed two modifications to the Shavelson et al. (1976) model. They proposed that the Shavelson et al. model's academic factor be redefined as three factors: achievement self-concept, ability self-concept, and classroom self-concept. On the nonacademic side, Song and Hattie (1984) proposed to add a self-regard/presentation self-concept to Shavelson et al.'s social, emotional, and physical self-concepts. These proposed changes were made based on the additional factors identified through factor analyses of several hundred self-concept scores. In general, these proposed modifications sought to clarify the multidimensionality of self-concept by identifying more dimensions of self-concept. Several other modifications have been suggested for the original Shavelson et al.'s model that have led to a revised model.

The Marsh/Shavelson Revised Model

Marsh and Shavelson (1985) brought together more recent research with school-aged, high school, and college students, to analyze the Shavelson et al.'s (1976) model. They considered recent research based on the Self-Description

Questionnaire (SDQ; Marsh, 1992). The SDQ is primarily used to assess high school, and college students' self-concepts. Marsh and Shavelson (1985) used the data from several SDQ studies' of students to conduct confirmatory factor analyses and hierarchical confirmatory factor analyses to test their theory that the original Shavelson et al. model did not capture all the dimensions of self-concept.

Each age group of students' self-concept scores matched Shavelson et al.'s (1976) model's factors; however, the scores also identified several other factors such as emotional stability, problem solving, and religion. Marsh and Shavelson (1985) concluded that their hierarchical model of self-concept was consistent with the Shavelson et al.'s model, however, the higher-order structure of self-concept was more complicated than proposed by Shavelson et al. In other words, the analyses supported Marsh and Shavelson's theory that self-concept is more multi-dimensional, than the Shavelson et al. model represents.

In general empirical evidence suggests that self-concept is both multidimensional and hierarchical in nature (Marsh & Shavelson, 1985; Song & Hattie, 1984; Shavelson et al., 1976). However, it must be noted that the majority of the empirical evidence to support the multidimensional and

hierarchical nature of self-concept has primarily focused on students' academic self-concept (Bracken, 1996; Byrne, 1996). Therefore, the measures of self-concept are often criticized for not being applicable to the larger public, especially at-risk populations (Bracken, 1996). However, the Tennessee Self-Concept Scale is the most widely used scale and continues to be accepted as a good measure of self-concept for all populations (Marsh & Richards, 1988).

Even though several extensions, modifications, and refinements have been proposed in the literature regarding the definition of self-concept, there is a general consensus about the nature of the self-concept as a construct. For the purpose of the present study, self-concept will refer to a multidimensional construct through which individuals define themselves. This construct is largely based on the reflected appraisals a person receives from others (e.g., peers, and family members) (Burns, 1979, 1982; Gecas & Mortimer, 1987; Harter, 1983; Rosenberg, 1986). From this perspective, self-concept includes both structure dimensions (i.e., academic, family, etc.) and self-evaluation dimensions. Self-evaluations include an individual's self-esteem, which refers to the positive or negative regard one has toward the self.

The literature also suggests that self-concept plays a potent role in the behavior that individuals express in different situations. Thus, researchers are increasingly beginning to study factors that influence the development of self-concept. Bracken (1996) and Hattie (1992) found that factors external to the individual are being increasingly studied as a way of understanding their effects on self-concept. For example, the family is being studied as it relates to and influences the development of an individual's self-concept.

Family process theories often address self-concept embedded within a base of family interaction and individual psychosocial adjustment (Milgram, 1989). For example, Levant (1984) noted that the general link between family functioning and psychosocial adjustment is well established, both from an empirical and theoretical standpoint. For example, elevated levels of family dysfunction are related to higher incidence of individual psychopathology for all members of the family (Levant, 1984). Although high self-concept can help a person cope with stressors, stress can also reduce coping capacity and alter cognitive appraisal, including self-concept (Milgram, 1989). Furthermore, Wolfe and St. Pierre (1989), in their review of the literature on psychological consequences

of child maltreatment, noted that lowered self-concept is consistently reported for the perpetrators and victims of child maltreatment. Therefore, several hypotheses point to self-concept as a contributing factor to abusive and neglectful parental behaviors toward children.

Early attempts to study child abuse and neglect have focused on the offender's psychopathology. For example, Kempe and Kempe (1976) identified several psychiatric symptoms such as poor self-image as explanations for such inhumane parenting behavior. This research led to the identification of several predominant diagnostic indicators of maltreating parents. These indicators included factors such as aggressive behavior, isolation from family, and problems rooted in marital difficulties (Wolfe & Wekerle, 1993).

Research has supported the notion that psychosocial adjustment and the personality of the parents have a direct influence on quality of parenting (Kempe & Kempe, 1976; Tracy, 1990; Wolfe & Wekerle, 1993). For example, earlier studies suggest that parental characteristics such as interpersonal problems (Milner & Wimberly, 1980), lack of empathy for children (Kempe & Kempe, 1976), and role reversal (Steel & Pollack, 1974), are characteristics of abusive and neglectful parents. Of these factors, interpersonal problems

with family and friends have showed the strongest relationship to child abuse and neglect potential.

Rather than continuing to examine static personality characteristics as potential risk factors for maltreatment, more recent research has begun to focus more on process-oriented variables, such as the way caretakers feel about their role as parents (Culbertson & Schellenbach, 1992) and other affective and cognitive constructs (Willis, Holden, & Rosenberg, 1992). According to Pianta et al. (1989), the literature consistently demonstrates that among abusive and neglectful parents, there is a lack of understanding by these parents about meeting the needs of their children. Main and Hesse (1990) suggest that parents' unresolved personal conflicts related to traumatic events or developmental issues of nurturance in their own childhoods may place them at greater risk for problems in the ability to parent effectively and may lead to a dysfunctional parent-child attachment relationship. For example, Culbertson and Schellenbach (1992) reported that 70 percent of parents who had experienced abuse as children maltreated or provided borderline care for their own children. A striking contrast was reported for the sample of mothers, who had positive experiences with their own parents. Most of these mothers

provided adequate care for their children. In addition, twenty-six percent of the parents who had been maltreated as children also provided adequate care to their children (Culbertson & Schellenbach, 1992). However, these parents were involved in psychotherapy, and had stable marriages (Culbertson & Schellenbach, 1992). In addition to focusing on process-oriented variables of the caretakers, researchers increasingly focus on risk factors for child abuse and neglect.

Risk factors of child abuse and neglect

Poverty, single parenthood, substance abuse, and teen parenthood have been confirmed as risk factors contributing to child abuse and neglect (Bath & Haapala, 1993; Held, 1981; Holden, Willis, & Corcoran, 1992). There is empirical evidence to suggest that housing, financial stress, marital relationship, parent-child relationship, and parent's mental health are prominent social stressors associated with multi-problem families, such as those families seen in foster care (Milner, 1991; Whipple & Webster-Stratton, 1991). Researchers have also identified age (Murphy, Orkow, & Nicola, 1985), history of or current use of alcohol or drugs (Daro & Mitchell, 1989), intergenerational abuse (Altemeier, O' Connor, Sherrod, Tucker, & Vietze, 1986), low self-concept

(Christensen et al., 1994), and single parenthood (Slaght, 1993), as primary problems that place families at risk for dissolution. For example, sixty-eight percent of state welfare agencies surveyed across the country reported substance abuse to be the major issue in their caseloads (Daro & Mitchell, 1989). Based on this survey, these researchers estimate that substance-abusing caretakers annually maltreat 675,000 children, a figure that seems to be rising at a dramatic rate (Curtis & McCullough, 1993; Daro & Mitchell, 1989).

Furthermore, the number of risk factors seems to be an important element with regard to the maltreatment of children. In other words, the more risk factors a parent has the more vulnerable that parent is to displaying maltreating behaviors.

The literature suggests that parents are influenced by both proximal and distal risk factors (Daro & Mitchell, 1989; Milner, 1991; Sameroff & Feil, 1984; Slaght, 1993). Proximal risk factors are current individual and environmental factors that have direct and indirect effects on parents and children, for example, a substance abuse problem. Distal risk factors are historical and background variables that might have a more indirect influence on child-

rearing practices, for example, history of childhood maltreatment. Even though, distal risk factors may occur earlier in life, a developmentally cumulative perspective suggests these factors may play an important role in future behaviors and feelings (Cicchetti, 1989; Cicchetti & Rizley, 1981).

The literature continues to examine the role that risk factors play in child abuse and neglect (Wolfe & Wekerle, 1993; Slaght, 1993). However, less attention is given to examining why parents exhibit one type of maltreatment over another. In other words, why do some parents physically abuse their children while others physically neglect their children? The literature does suggest that differences may exist between parents who physically abuse their children and parents who physically neglect their children (Steel & Pollock, 1974; Wolfe & Wekerle, 1993); but empirical evidence is sparse. Before following this line of inquiry, it is imperative to further understand the characteristics of abusive and neglectful parents.

Characteristics of abusive and neglectful parents

According to Kempe and Kempe (1976) the typical abusive and neglectful parent is (1) abused or deprived as a child, (2) has inadequate emotional relationships, (3) copes poorly

with many crises, (4) shows role reversal, expecting the children to meet her or his needs rather than vice versa, and (5) has a poor self-image. Although a gap exists in the literature in terms of differentiating the self-concept of abusive and neglectful mothers, clinical evidence suggests that there are important qualitative differences between abusive and neglectful parents.

Characteristics of abusive parents

Abusive parents are described as being emotionally immature and show low frustration tolerance (Kempe & Kempe, 1976). They are also considered to have difficulties expressing anger and have inappropriately high expectations for their children (Tracy, 1990). In addition, they possess deep-rooted problems in personality adjustment that are related to problems in their family of origin (Hemenway et al., 1991; Tracy, 1990).

Characteristics of neglectful parents

In contrast, neglectful parents have received far less attention than physically abusive parents have, primarily because omissions of proper care-taking behaviors are more difficult to describe and detect (Drotar, 1982; Holden et al., 1992). Based primarily on clinical analyses and very few empirical studies, descriptions of neglectful parents

describe them as having more pronounced personality disorders (than comparable non-maltreating parents), chronic patterns of social isolation, and inadequate knowledge of child development (Culbertson & Schellenbach, 1992; Gaines, Sandgrund, Green, & Power, 1978; Wolfe, 1985).

The data summarized thus far illuminate the potential for low self-concept to be a risk factor for abusive and neglectful parenting practices. The documented differences between abusive and neglectful mothers have also been discussed. In addition to parental characteristics, child characteristics are examined as they relate to child abuse and neglect.

Child abuse and neglect: Its effects on child development

Researchers have found abused and neglected children share marked characteristics. The literature suggests that both abuse and neglect may interfere with long-term development by virtue of the psychological dimensions that are impaired or disrupted by such parental treatment (Cicchetti, 1989; Wolfe, 1987). This explanation corresponds to findings indicating that maltreated children are more likely to be behaviorally or emotionally impaired than their non-maltreated counterparts in ways not attributed to physical injuries alone (Cicchetti & Rizley, 1981).

Physical maltreatment has often been associated with the child's aggressive, avoidant, and resistant behavior with adults and peers (Fantuzzo, 1990; Shaw-Lamphear, 1985; Wolfe, 1987). Studies of children identified as neglected confirm similar disruptions in major areas of socioemotional and behavioral development. Behavior problems, depression, lower intellectual functioning and social withdrawal have been documented among samples of neglected children (Ammerman, Cassissi, Hersen, & Van Hasselt, 1986; Gil & Bogart, 1982; Smetana, Kelly, & Twenyman, 1984). These findings suggest that child maltreatment represents the visible aspect of a major disrupting influence in the child's on-going psychological development.

The effects of maltreatment on childhood development are frequently used to support the notion of the intergenerational transmission of maltreatment (Christensen, et al., 1994). Starr and Wolfe (1991) argued that high probability of the transmission of child maltreatment across generations is unwarranted. However, Starr and Wolfe (1991) based their conclusion on a small body of research with several limitations. For example, the sample sizes were small ($N < 50$). Since, Starr and Wolfe's (1991) rejection is based on questionable research, intergenerational maltreatment must

not be ruled out as a potential factor in explaining child maltreatment. For example, Culbertson & Schellenbach (1992) reported that seventy percent of parents who had experienced abuse as children were observed to maltreat or provide borderline care for their own children. Other research suggest that the inability of parents to cope effectively with and understand the needs of young children plays an important role in the risk for child abuse and neglect (Pianta et al., 1989).

A developmental approach implies that the nature of the parenting task is shaped by the unique characteristics of the child. For the infant, effective parenting appears to be based upon the ability to understand the developmental needs of the infant and to respond empathetically to the infant (Culbertson & Schellenbach, 1992). As the infant begins to take a more active role in initiating and controlling interactions, the coordination and reciprocity of the relationship is a critical correlate of positive parenting. The degree to which the infant and parent are able to coordinate their behavior is known to be critical for the establishment of a successful and trusting relationship (Tronick & Cohn, 1989). Parents who abuse their children are unable to meet effectively these parental challenges. This

inability may affect the parents' perceptions about themselves (i.e., self-concept), cause the parents to question their parental competency (i.e., self-efficacy), and affect the parents' perceptions toward themselves and others.

The parental challenges during the toddler years include a movement from dependence to greater self-reliance, the beginning of compliance to social rules and values, and the psychological process of individuation and separation (Tronick & Cohn, 1989). All of these developmental tasks focus on establishing autonomy for the individual during the toddler years. Thus, the toddler's increasing psychological independence and physical mobility shift parenting issues to highlight a balance of control and appropriate limits for the toddler. Many parents find this task more challenging than providing care for the infant. In addition to the normative characteristics of early childhood, research suggests special characteristics of the child such as temperament or physical handicaps may influence the nature of the parenting task (Culbertson & Schellenbach, 1992; Tronick & Cohn, 1989).

Early research (Belsky, 1980; McCabe, 1984) suggests that the child's behavior exerts a powerful enough influence on the parent-child relationship to change parenting behaviors. Other researchers report that child

characteristics such as prematurity, influence parents to maltreat because the children are difficult to manage (Culbertson & Schellenbach, 1992; Tronick & Cohn, 1989). However, the parents' own resources, or the support system available to the parent seem to make the difference in whether or not these child characteristics result in child abuse or neglect (Oyserman, Benbenishty, & Ben-Rabi, 1992).

A major theme of this literature is that the antecedents of child maltreatment are multifactorial, involving factors at the community, cultural, family and individual levels. However, parents' own resources and readiness to parent, or the support system available to the parents in the larger social environment may make a difference in whether or not these characteristics create insurmountable stress and result in maltreatment.

Furthermore, self-concept is thought to be an important individual factor in explaining abusive and neglectful parenting behavior (Polansky et al., 1985; Wolfe & Wekerle, 1993). Although, both maternal and paternal self-concepts may be important in understanding maltreatment of children, based on this literature review only maternal self-concept has been studied.

Evidence of the relationship between maternal self-concept and child abuse and neglect

While numerous reports cite a low self-concept as a major discriminating factor of whether mothers abuse and/or neglect their children, there have been few empirical studies to support this notion. An analysis of the literature found fewer than fifteen empirical studies that examined the relationship between self-concept and child abuse and neglect.

Even though the research is limited, the evidence suggests that abusive and neglectful parents have a lower self-concept than non-maltreating parents do. Evans (1980) found that a group of twenty abusive mothers' self-concepts, measured by the California Test of Personality subscale: Sense of Personal Worth, were significantly lower than non-abusive mothers self-concepts. Likewise, Rosen and Stein (1980) found that a group of thirty abusive mothers, when compared to non-abusive mothers on the Weedman Self-Concept Incongruence Scale had lower self-concepts. In addition, by using the Janis-Field Feelings of Inadequacy Scale, Perry, et al. (1983) replicated the results of Evans (1980), and Rosen and Stein (1980) among fifty-seven "abusing" mothers. Through

interviews, Oates and Forrest (1985) also found that abusive mothers had lower self-concepts than comparison mothers did.

While the above studies seem to indicate a trend in the literature, several other studies have found little to no differences between abusive and/or neglectful mothers in comparison to a control group. For example, Anderson and Lauderdale (1982) found by using the Tennessee Self-Concept Scale that one hundred eleven abusive and neglectful mothers' self-concepts were weakly predictive of maternal abuse. Similarly, Shorkey and Armendariz (1985) found that a group of eighteen physically abusive mothers' self-concepts were low. However, the mothers' self-concepts were not significantly different from the non-abusive mothers' self-concepts. In addition, to inconsistent findings, very few studies have examined self-concept differences across abusive and neglectful mothers. This literature review found only two studies.

Culp et al. (1989) compared eighteen physically abusive and nineteen neglectful mothers with non-maltreating mothers. Using the Index of Self-Esteem Scale, Culp et al. (1989) found that physically abusive mothers' self-concepts were lower than the non-abusing mothers were. However, self-concept did not differentiate neglecting and non-neglecting

mothers. Christensen et al. (1994), using the Tennessee Self-Concept Scale, found that low self-concepts of pregnant women were not strong predictors for physical abuse but appeared to be a risk factor for neglect. Christensen et al. (1994) also found that the eleven neglectful mothers had lower self-concepts than twenty-two physically abusive mothers did (see Table 1 for summary of studies).

Methodological differences in these studies make it difficult to draw conclusions. For example, Christensen et al. (1994) collected their data prior to the maltreatment, while Anderson and Lauderdale (1982) collected data upon the discovery of maltreatment. The method of subject classification in terms of abuse and neglect also varies. Some researchers categorize all types of maltreatment as abuse (e.g., Anderson & Lauderdale, 1982; Oates & Forrest, 1985), while others differentiate types of maltreatment; for example physical abuse and physical neglect (e.g., Christensen et al., 1994; Culp et al., 1989). In addition, a variety of techniques were used to assess self-concept ranging from personal interviews (Oates & Forrest, 1985) to self-reporting instruments such as the Tennessee Self-Concept Scale (e.g., Christensen et al., 1994) and Weedman Self-concept Incongruence Scale (Rosen, 1980) (See Table 1).

Table 1

Summary of empirical studies of maternal self-concept and maltreatment

First Author (Year)	Type of Maltreatment (sample size)	Measures	Level of self-concept
Anderson (1982)	Abuse [a](111)	TSCS[d]	Low
Christensen (1994)	PA[b](22); N[c](11)	TSCS	Low in N
Culp (1989)	PA(18); N(19)	Index of Self Esteem	Low in PA
Evans(1980)	PA(20)	Sense of Personal Worth	Low
Melnick (1969)	PA(10)	Sense of Personal Worth	Low
Oates (1985)	Abuse(36)	Interview questions	Low
Perry (1983)	Abuse(57)	Janis-Field Feelings of Inadequacy	Low
Rosen (1980)	PA(30)	Weedman Self-Concept Incongruence	Low
Shorkey (1980)	Abuse(14)	Sense of Personal Worth Rosenberg Self-Esteem	Low
Shorkey (1985)	PA(18)	Sense of Personal Worth Rosenberg Self-Esteem	Low

[a]This includes abuse and neglect.
[b]PA = physical abuse
[c]N = neglect
[d]TSCS = Tennessee Self-Concept Scale

Therefore, the differences in methodology may explain the inconsistent findings. However, the paucity of research in this area suggests that further exploration is needed.

To this point, this literature review has examined the definitions of self-concept, the personal characteristics of the perpetrators (e.g., mothers) and victims (i.e., children) of abuse and neglect, explored the risk factors, and reviewed the existing empirical studies. In addition, the context in which child abuse and neglect are treated must also be described. Since the foster care system is the context in which known perpetrators and victims typically receive services, a general description of the foster care system follows. The specific characteristics of the foster care system for the present study is discussed in chapter 2.

Foster care system

Foster care is viewed as either a time limited, or a permanent alternative living arrangement for children when their parents are unable to care for them (Bribitzer & Verdieck, 1988). Evidence suggests that for the overwhelming majority of children, entry into foster care is precipitated by a variety of 'parent based' rather than 'child based' problems and limitations (Oyserman, et al., 1992). Thus, reasons for entry into foster care are more likely to include

parental physical or mental illness, child abuse, or neglect, rather than child behavior problems, physical problems, or mental illness (Hubbel, 1981; Kadushin & Martin, 1988; Simms & Bolden, 1991).

However, this literature review was unable to discover any studies that specifically look at the potential role the foster care system may have on maternal characteristics such as self-concept. Nevertheless, the foster care systems is a salient variable that must be studied because foster care placements have become a permanent status for many abused and/or neglected children entering the system (Gray & Nybell, 1990). Since parents who were maltreated are at greater risk for maltreating their children, it is important the understand the foster systems role (Cicchetti, 1989).

Currently the foster care system is conceptualized as a comprehensive family support service. In addition, foster care systems are moving towards professionalization and therapeutic approaches to address the needs of foster care families (Pecora et al., 1992). In other words, foster care agencies are treating the entire family unit with the goal of finding permanent placement for children.

Thus, it is important to understand the foster care system because the foster care system is the usually one of

the first places families are offered some type of intervention program. The foster care system is widely criticized for a variety of things, for example, who is targeted for services (e.g., child, parent, or whole family unit), type of services provided (e.g., individual therapy, or family therapy), and not tailoring services based on type of maltreatment committed. Therefore based on the this literature review, more research is needed to better understand the relation between the foster care system and other factors which play a role in child abuse and neglect.

Summary of literature review

Based on this literature review, self-concept can be defined as a person's perceptions of self formed through experiences with and interpretation of the environment. Researchers have established that family structure, psychological processes, and home environments are correlates of self-concept (Polansky et al., 1985; Wolfe & Wekerle, 1993). Research also suggests that underlying characteristics of the parent impact relationships between the parent and the child and such traits may ultimately impact parenting behaviors. Thus, individual characteristics serve as independent variables that have both direct and indirect effects on parenting behaviors. Indirect effects originate

from parental perceptions, self-concept, and self-efficacy. Also at this level are individual characteristics such as childhood experiences with abuse and neglect, and mental health issues among others.

The literature also supports the notion that risk factors and stresses on the family are also major factors in explaining maternal parenting behavior. Mothers who possess several familial stressors may be at higher risk for exhibiting abusive and neglectful parenting behaviors (Daro & McCurdy, 1994). In addition, child abuse and neglect can be viewed from a developmental perspective in that a parent is socialized to respond to stressful situations. This socialization may influence the parent to develop a habitual pattern of abusive and/or neglectful parenting behavior.

It can also be concluded mothers who abuse and/or neglect their children have marked characteristics, such as low self-concept. Hence, a frequent assumption among researchers is that low self-concept is a contributing factor in child maltreatment. However, this assumption is based on studies that have been widely criticized. The most common criticisms are small sample sizes, no differentiation between abusive and neglectful parents, and questionable measures of self-concept. These methodological weaknesses suggest more

research is needed. Therefore, the major objective of the current study is to assess differences in self-concept, across abusive and neglectful mothers who have had at least one child legally removed from their care.

Purpose of study

The current study attempts to distinguish between abusive and neglectful mothers, use a valid measure of self-concept and assess the mothers' parental self-efficacy and general maternal self-perceptions across a variety of dimensions. In addition, it explores issues related to proximal and distal contributors of risk and maternal self-concept. For example, does intergenerational maltreatment of the mother predict low self-concept?

Specific hypotheses to be tested in this study are indicated below:

Hypotheses

1. Abusive and neglectful mothers will have poor self-concepts.
2. Neglectful mothers' self-concepts will be poorer than abusive mothers' self-concepts.
3. Neglectful mothers' perceived parental competence level, measured by the Maternal Self-efficacy Scale, will be

poorer that abusive mothers' perceived parental competence level.

4. Neglectful mothers will have more negative general self-perceptions, than abusive mothers will.
5. Mothers with a greater number of risk factors will have poorer self-concepts.
6. Abusive and neglectful mothers', with a history of intergenerational maltreatment and substance abuse, self-concepts will be poorer than abusive and neglectful mothers without a history of intergenerational maltreatment and substance abuse.

Chapter 2

Methodology

This chapter describes the foster care system of the organization where the sample was recruited, as well as the subjects in the study. This description is based on six months of field work spent at the agency prior to data collection. Also the chapter describes the methods and procedures for data collection.

Foster care agency

The agency provides services to a tri-county metropolitan area, with about ninety-five percent of their foster care clients coming from a major mid-western city. While the agency serves the entire family, nearly all the agency's clients are primarily low-income mothers and their children.

Subjects were investigated by the state's Family Independence Agency's (FIA), Protective Services Division, which resulted in the children being removed involuntarily from their biological parental home by the juvenile court system. The FIA's Protective Services Division places children in foster care through a statewide assignment system, whereby private foster care agencies rotate days when each agency will take a child from the state foster care system into its private foster care system.

This foster care agency receives about 18 percent of cases each month assigned through the statewide assignment system. All foster care placements are based on the state's assignment system except for emergency placements. When dealing with an emergency case, a state protective services worker will call the most appropriate agency to make the placement.

Once Protective Services makes it known that a placement is needed, the agency's staff gets background information from the protective services worker regarding the age and sex of the child, and the reason for placement. The staff then reviews the vacancy list of foster homes and calls the most appropriate home based on the child's demographic information.

Once the child has been placed into the agency's family foster care service, the assessment phase begins. The assessment phase consists of information being gathered by the caseworker from the birth parents, Protective Services, the Juvenile Court, the children placed in care, medical appraisals, schools, and foster parents. This information becomes the basis for the assessment, and subsequent external and internal referrals are made. Within 30 days, an Initial Service Plan (ISP) for the family is written which includes this assessment. During the assessment, it is determined whether the child requires specialized care. For example, the child may have medical problems resulting from intrauterine drug exposure or malnutrition. If so, then the agency makes a referral to the appropriate service provider.

Prior to the due date of the ISP, a case conference is held with the biological parents, the foster parents, the child, the referring protective service worker, and the foster care case manager to discuss the case plan and goals. Each participant is given specific goals to accomplish in order to reach a permanent living arrangement for the child or children. All the participants then meet quarterly to review the progress made on the goals.

While the primary client is the birth family (i.e., parents and children), the foster care system also services the foster family and extended birth family members. The following outline indicates the type of services that are provided:

1. Child

a. assessing the child's adjustment to the foster home through a minimum of weekly contact,

b. ensuring that the child's educational needs are being met through contact with the foster care parent and school personnel,

c. ensuring that the child's medical needs are being met through contact with the foster care parent and health professionals,

d. ensuring that the child's physical needs (i.e., clothing, adequate bedroom) are being met by the foster family, and

e. ensuring that the foster family is meeting the child's emotional needs.

2. Biological parent

a. home assessments,

b. birth family visitation: weekly to biweekly visitation is arranged and supervised by the case manager at the agency's central office,

c. clinical services: the treatment plan is court ordered to include parenting classes, drug assessment/treatment, alcohol treatment, therapy, etc., and

d. reunification of child with extended family members.

3. Foster parent:

a. monthly foster home visits,

b. reporting of licensing/clinical concerns, and

c. supportive services (i.e., referrals).

As of April 1998, the agency's foster care system included 453 children. About half of the children live with relatives and are treated as in-home services: case managers visit the homes where the children live. The mothers whose children are in in-home services are not mandated to visit their children at the agency, thus access to these mothers is limited. Hence, about half of the agency's population of mothers were unavailable to be recruited for this study.

The average length of time for a child in the foster care system is about twelve months. About 60% of the children in care are African American boys, under the age of five. Nearly 70% of the parents have a history of substance abuse.

According to the agency, about 56% percent of the children return home to their biological parent, 28% percent are adopted by a relative or by a foster parent, and the other sixteen percent are recruited adoptions (2%), independent living (3%), system transfer (4%), or hospitalized (7%).

Subjects

The sample consists of 65 mothers. Based on the information gathered from the mothers' case records, 78.5% of the mothers were African American and 21.5% were Caucasian with a mean age = 29.2(7.19); and mean number of children = 2.12(1.52). Most of the mothers were single (81.5%), unemployed (75.4%), had a history with protective services (60.0%), had a history of substance abuse (60.9%), and were victims of domestic violence (60.3%). See Table 2 for descriptive information on the mothers. Information was also gathered from the case records on the mothers' one hundred thirty-five children. Most of the children were African American males (64.8%), and under the age of four (61.5%). See Table 3 for descriptive information on the children.

Table 2

Descriptive Characteristics of Mothers of Children Living in Foster Care

Name	Percentage
Type of maltreatment committed	
Physical Abuse	38.5
Physical Neglect	61.5
Marital status	
Single	81.5
Married	18.5
Race	
African American	78.5
Caucasian	21.5
Education	
Dropout	44.6
At least high school	55.4
Employment status	
Employed	24.6
Unemployed	75.4
History of substance abuse	
Yes	60.9
No	39.1
Mental illness	
Yes	52.0
No	48.0
Mother maltreated as child	
Yes	32.3
No	67.7
Victim of domestic violence	
Yes	60.3
No	39.7

Table 3

Descriptive Characteristics of Children in Foster Care

Name	Percentage
Age	
Infancy (0-3)	48.2
Preschool (3-4)	13.3
School-age (5-11)	25.9
Adolescence (≥12)	12.6
Sex	
Male	64.8
Female	35.2
Prenatal exposure to drugs	
Yes	42.6
No	57.4
Specialized Care	
Yes	45.8
No	54.2

Instruments

Four instruments were used in this study. The instruments measured self-concept, general self-perceptions, maternal self-efficacy, and individual and familial characteristics.

Tennessee Self-Concept Scale: 2nd Edition

Self-concept is operationally defined as the person's self-perceptions formed through experiences with and interpretations of the environment (Cicchetti & Beeghly, 1991; Harter, 1996). In this study, the Tennessee Self-

Concept Scale 2nd Edition (TSCS:2nd) was used to measure self-concept (Fitts & Warren, 1996).

The TSCS:2nd is a standardized scale, composed of 82 self-descriptive statements. Items are structured on a 5-point Likert-type scale ranging from 1 (always false) to 5 (always true), with 38 of the items being worded in the negative direction. Eight of the items are used to measure self-criticism, a factor that serves the purpose of a lie scale and 7 are used to measure what Fitts and Warren (1996) refer to as 'faking good'. The remaining items tap perceptions of the self from two-vantage points—an internal frame of reference and an external frame of reference.

Items constituting the TSCS:2nd internal frame of reference component are designed to assess three facets of an individual's personal perception of self; identity, satisfaction, and behavior. The identity facet represents the private, internal self-concept that essentially measures the 'what I am' aspect of the self. The satisfaction facet is derived from items that measure the extent to which the individual feels satisfied with his or her self-image, or the 'how acceptable I am' facet; as such, scores on this facet reflect an actual-ideal discrepancy. Finally, the behavior facet measures the 'what I do' and 'how I act' aspect of the

self-concept, thereby representing the manifestation of the self that is observable to others.

The TSCS:2nd external frame of reference component reflects how an individual uses outside sources in forming his or her perceptions of self across six dimensions. The dimensions are (a) physical, (b) moral, (c) personal, (d) family, (e) social, and (f) academic/work.

Administration and scoring

The TSCS:2nd was administered to subjects before or after a weekly family visit. The subject received verbal and written instructions on how to fill out the scale. In addition, the researcher administering the scale remained available during the testing session. It took the average subject 20 to 30 minutes to complete the TSCS:2nd. Once the participants completed the scale, the researcher visually scanned it for items left blank or marked more than once. Participants were then encouraged to answer all items and to clarify any double-marked responses.

The TSCS:2nd yielded the following scores:

1. Four validity scores - Inconsistent Responding, Self-Criticism, Faking Good, and Response Distribution.
2. Two summary scores - Total Self-concept and Conflict.

3. Six self-concept scales - Physical, Moral, Personal, Family, Social, and Academic/Work.

4. Three supplementary scores - Identity, Satisfaction, and Behavior.

The hand scoring procedures of the TSCS:2nd described in the manual were used in this study. Based on the standardized sample (N = 5000), the TSCS:2nd total self-concept standardized scores (T-scores) for most individuals tend to fall between 40T and 60T. These relatively flat profiles indicate no disturbance or only mild disturbances in self-concept. Scores between 60T and 70T indicate areas of particular individual strength. Scores below 40T indicate specific disturbances in self-concept. Individuals with primarily low or very low (below 30T) scores may have extreme disturbances in self-concept. Each of the scores yielded by the TSCS:2nd follow the pattern described above.

Psychometric properties of TSCS:2nd

Reported psychometric properties for the TSCS:2nd are both extensive and complete (Fitts & Warren, 1996). Although Fitts and Warren (1996) report several internal consistency results, two studies are of particular interest. Based on one clinical sample of first offenders in a pre-trial diversion program (N = 132) and two college samples (n = 132; n = 138),

Tzeng, Maxey, Fortier, and Landis (1985) reported internal consistency reliability coefficients ranging from .89 to .94. More recently, Roid and Fitts (1994) reported internal consistency reliability findings based on a sample of 453 individuals. The coefficient alpha values ranged from .70 to .87.

Based on the nationwide sample of 5000 people ranging in age from 8 to 90, the TSCS has been found to produce reliable and valid results (Fitts & Warren, 1996). It has been shown to be reliable across items, have internally consistent scales, and reflect coherent personal attributes. It is valid both when compared to other accepted psychological instruments (construct validity) and when distinguishing among various groups (discriminant validity).

For the present sample, the internal consistency of the scale was satisfactory, with a standardized Cronbach's alpha of .90. In addition, the validity of the scale was also satisfactory. Based on the four validity scores (faking good, inconsistent responding, response distribution, and the self-criticism scores), no subjects' scores suggested problems with validity. However, fifteen subjects (23%) had self-criticism scores that suggested they responded in a defensive matter and were making a deliberate attempt to present

favorable pictures of themselves. Nevertheless, their scores were not low enough to warrant concern for validity problems.

Maternal Self-Efficacy Scale

For the purpose of this study, the Maternal Self-Efficacy Scale (Teti & Gelfand, 1991) was used to measure maternal self-efficacy. However, the scale was adapted to measure maternal self-efficacy toward more than one child, whereas, the original scale was designed to only measure self-efficacy toward one child.

This measure of maternal self-efficacy was developed to be consistent with Bandura's (1995) definition of self-efficacy, in that it is highly situation- or domain-specific. Nine of 10 items address maternal feelings of efficacy in relation to specific, delimited domains of child care, such as understanding what the child wants, engaging the child, and performing daily routine tasks. The 10th item assesses global feelings of efficacy in mothering.

Administration and scoring

The scale was administered in the same manner as the TSCS:2nd scale. Item scores were summed to yield a maternal self-efficacy score. The scores could range from 10 to 40. The higher the score the higher the self-efficacy. Scores ranging from 10 to 20 are considered low; scores ranging from

21 to 30 are considered moderate; and scores ranging from 31 to 40 are considered high. The means from previous samples (Teti & Gelfand, 1991) ranged from 29.63 to 33.05. However, this scale has not been standardized on a large representative sample.

Psychometric characteristics

Teti and Gelfand (1991) established an internal consistency of the scale with a sample of twenty-nine mothers with standardized Cronbach's item alpha of .79. For the present sample, the standardized Cronbach's item alpha was .91. The alpha is high because there was relatively little variability across subjects. Given its lack of standardization, findings related to this measure must be interpreted with caution.

Sentence Completion Scale

The Sentence Completion Scale was constructed for this study based on the Rotter and Rafferty (1950) sentence completion test technique. This scale consists of thirteen items, which assess perceptions toward the self, children, parents, and the future (See Appendix A). Subjects are asked to complete incomplete sentences, using their first thoughts.

Administration and scoring

This instrument was administered in the same manner as the rest of the instruments. The responses to the items are scored 0 for a negative response, 1 for a neutral response, and 2 for a positive response. One score was derived from this scale: a general self-perception score. This score expresses mothers perceptions about themselves, children, parents, etc. The scores can range from 0 to 26. A score ranging from 0 to 8 is considered low; a score ranging from 9 to 18 is considered moderate; and a score ranging from 19 to 26 is considered high. In other words, the higher the score the more positive the person feels about her life.

Before this instrument was administered for this study, it was pilot tested on a sample of undergraduate women. The scale mean for the pilot population was 22(4.08).

Psychometric properties

The internal consistency of the measure was established with the pilot sample. The standardized Cronbach's item alpha of the pilot sample was .70. For the current study's sample, with the assistance of a senior-level experienced professional, Cronbach's alpha and the inter-scorer reliability were established. The Cronbach's alpha was established to be .63, and the inter-scorer reliability was

.95. Rotter and Rafferty (1950) established a Cronbach's standardized item alpha of .64 and an inter-scorer reliability of .96.

The Screening Tool for Case Review of Records

The Screening Tool for Case Review of Records is a 37-item instrument that was adapted from Whipple (1996). The structure of this screening tool is very similar to Whipple's tool, however, question content varies. The screening tool was used to summarize key familial characteristics, treatment objectives, and case manager information. The demographic data and other background information on the family were obtained from case files (see Appendix B).

The screening tool was also used to identify risk factors that may influence child abuse and neglect. This study specifically looks at ten risk factors, including criminal history, educational status, employment status, father involvement, history of childhood maltreatment, history with protective services, history of substance abuse, marital status, mental illness, and victim of domestic violence. The tool also identified the type of maltreatment (i.e., physical abuse and physical neglect).

Procedures

Eligible subjects were biological mothers whose children were under the age of twelve, and who had been in foster care for less than three months. The manager of the agency's client database identified the eligible mothers. The list of eligible mothers was regularly updated to include new cases in the agency's foster care system. Thus, this study utilized a non-probability, convenience sample of mothers who had abused or neglected their children.

Once the mothers were identified, they were asked to participate in the study by the researcher before or after one of their weekly family visits. However, 15.4% of the case managers requested to talk with the mothers about the study before the researcher approached the mother. In these ten cases, the case manager felt that the mother's hostility might be a barrier for open discussion with the researcher. On the other hand, the researcher was able to independently approach fifty-five mothers.

The study was explained to each mother using the consent form as a guide for discussion (see Appendix C). If the subject agreed to participate in the study a time was set up to administer the instruments. In about 10% of the cases the mother agreed to fill out the instruments the same day the

study was explained to her. About 30% of the mothers agreed to fill out the instruments before or after their next family visit. For the other 60% of the sample, it was much more challenging to collect data. For instance, several mothers were "no shows" for their family visits; therefore first contacts with the mothers took several weeks. On average, three attempts were needed to make initial contact with over half the sample.

In order to control for order effect, the instruments were administered to the subjects in a random order. On average, one half-hour was required to complete the instruments. The researcher filled out the Screening Tool after the subjects completed the TSCS:2nd, Sentence Completion and Maternal Self-efficacy scales. The Screening Tool was filled out afterward to control for the researcher drawing conclusions about the subjects based on information in the case files. These conclusions may have affected the interaction between the researcher and subjects. Data collection occurred over eleven months.

About eight percent of the sample did not fill out the Sentence Completion Scale. The reason for non-response was refusal to answer questions because the subjects either felt the questions were too personal or too painful to answer.

Therefore, while the eligible sample was larger, the final sample size available was n = 56 for the Sentence Completion Scale and 65 for the TSCS:2nd and Maternal Self-efficacy Scale.

Participation in the study was confidential with the exception that the participants' names and code numbers were used to identify the case files. Each participant was assigned a code number. The instruments contained only the code numbers. The master lists of participants and code numbers were handled in compliance with the agency's confidentiality procedures. The master list was held in a locked file at the agency during data collection. Currently, the master list is being held in a locked file by the researcher for six years, after which it will be destroyed. The six-year limit is the American Psychological Association's recommended span for preserving original data from psychological research.

Chapter 3

Results

Since this research focuses on differences between abusive and neglectful mothers, the data were analyzed using several techniques for testing mean differences as well as proportional differences across the groups. T-tests for independent samples and chi-square tests were used to assess the differences.

The independent sample t-test considers both sample size and within group variation (standard deviation of groups) in testing for difference. This is necessary because the abusive group consisted of 25 cases and the neglectful group consisted of 40 cases.

A chi-square statistic assesses significant differences between proportions. The chi-square test assumes that at least 20% of the cells have expected values of 5 or less. Due

to the small sample this assumption is often violated. In those cases, Fisher's exact test was used to adjusts for the small sample size.

Differences between abusive and neglectful mothers

An analysis of the subjects' background characteristics revealed significant differences between the abusive and neglectful mothers on five variables: education level, χ^2 (1, N = 65) = 4.57, $p < .05$, employment status, χ^2 (1, N = 65) = 12.36, $p < .00$, number of risk factors, t = 3.05 (65), $p < .01$, father involvement, χ^2 (1, N = 65) = 3.82, $p < .05$, and mothers maltreated as a child with a history of substance abuse, χ^2 (1, N = 65) = 5.64, $p < .05$. Abusive mothers have fewer risk factors (M = 4.16) than neglectful mothers (M = 6.30), and are more likely to have the father involved in their children's lives. In addition, abusive mothers are more likely to have a high school education, be employed, and less likely to have been maltreated as children. However, the abusive and neglectful mothers were comparable in terms of background characteristics such as age, number of children, and marital status. See Table 4 for descriptive information.

Table 4

Summary of Descriptive Differences between Abusive and Neglectful Mothers

Name	Mean (SD)
Mother's Age	
Physical abuse	28.80 (8.28)
Physical neglect	29.46 (6.49)
Number of children	
Physical abuse	1.68 (0.99)
Physical neglect	2.42 (1.72)
	Percentage
Marital Status	
Physical abuse	
Single	68.0
Married	32.0
Physical neglect	
Single	82.5
Married	17.5
Education*	
Physical abuse	
At least high school	75.0
Dropout	25.0
Physical neglect	
At least high school	46.2
Drop out	53.8
Employment Status*	
Physical abuse	
Employed	44.0
Unemployed	56.0
Physical neglect	
Employed	20.4
Unemployed	79.6

*$p < .05$

In addition to examining descriptive statistical differences, six hypotheses were proposed and tested. The following section reports these analyses.

Hypotheses

Hypothesis one, that abusive and neglectful mothers will have poor self-concepts, was accepted. As predicted, the mothers' general self-concepts (M = 39.62T, SD = 8.89) were significantly lower than the standardized general self-concept (M = 49.2T, SD = 10), t (65) = -8.69, p = .001). In addition, most of the self-concept subscales, summary, and supplementary scores were also significantly different from the standardized scores on The TSCS:2nd.

The following subscales scores for the mothers were significantly lower than the standardized scores: family subscale (t(65)= -14.95, p < .001); moral subscale t(65) = -13.73, p < .001); personal subscale (t(65) = -8.65, p < .001); and social subscale (t(65)= -5.23, p < .001). Abusive and neglectful mothers have low family, moral, personal, and social self-concepts based on the TSCS:2nd standardized scores. In other words, abusive and neglectful mothers subscale scores indicate that the mothers (1) feel a sense of alienation or disappointment from their families, (2) have difficulty exercising an adequate level of impulse control,

(3) are very reactive to the opinions and behaviors of others, and (4) may behave in a socially awkward manner. These findings are based on clinical interpretations of low self-concept subscale scores (Fitts & Warren, 1996).

Plus, both abusive and neglectful mothers showed a high conflict score (M = 80.0T, SD = .00). This indicates that all mothers showed strong evidence for a low self-acceptance. All of the mothers' raw conflict scores were greater than 41. Therefore when the raw scores were converted to standardized T-scores all the mothers had the same T-score, which explains the standard deviation of zero. In addition, the supplementary scores—behavior, identity, and satisfaction—indicate that the mothers have an active negative self-view, and low opinion about themselves. This information is summarized in Table 5.

Hypothesis two predicted that neglectful mothers' self-concepts would be poorer than abusive mothers' self-concepts. This hypothesis was not accepted. The abusive mothers self concept scores ranged from 28T to 50T ($\underline{M}$ = 41.72T, $\underline{SD}$ = 6.71) and the neglectful mothers self-concept scores ranged from 20T to 58T($\underline{M}$ = 38.3T, $\underline{SD}$ = 9.87). In addition, neither group had any mothers with a high self-concept (T-scores greater than 60T).

Seventy percent (N = 24) of the neglectful mothers had a low self-concept (T-Scores less than 40T), whereas thirty-six percent (N = 9) of the abusive mothers had a low self-concept. The rest of the mothers (N = 32) had self-concepts that fall within the very low end of the standardized normal range. However, the abusive and neglectful mothers did significantly differ on one subscale, personal. The abusive mothers' personal self-concepts (M = 45.08T, SD = 7.02) were significantly higher than the neglectful mothers' personal self-concepts (M = 39.9T, SD = 6.45), $t(65) = -3.04$, p = .00). In other words, the abusive mothers felt better about their personal worth, and had more feelings of adequacy when compared to the neglectful mothers. However, the abusive mothers' personal self-concepts were still considered low.

Though the groups were only significantly different on the personal subscale, the other subscale scores did reveal many interesting findings. Table 6 presents the subscale scores for abusive and neglectful mothers. Thirty percent of the mothers have academic self-concepts that suggest they have difficulty in performing in work and/or school. Eighty-seven percent of the mothers have family self-concepts that suggest they have a sense of alienation from or disappointment in their families. Sixty-seven percent of the

Table 5

Mean T-Scores for TSCS:2nd of the standardized sample and present sample

	Present Sample	Standardized Sample
	Mean (SD)	Mean (SD)
Validity Scores		
Inconsistent Responding*	43.3(11.0)	50.9 (9.6)
Self-Criticism	50.1(13.0)	50.6(10.1)
Faking Good*	78.2 (4.0)	49.7(10.0)
Response Distribution	50.2(11.8)	49.8(10.0)
Summary Scores		
Total Self-Concept*	39.6(8.9)	49.2(10.0)
Conflict*	80.0(0.0)	50.9(10.0)
Self-Concept Scales		
Physical	50.8(9.0)	49.9 (9.8)
Moral*	36.8(7.1)	48.9 (9.7)
Personal*	41.9(7.1)	49.5(10.0)
Family*	32.1(8.8)	49.4(10.0)
Social*	42.5(10.8)	49.5(10.0)
Academic/Work	48.2(13.1)	49.3(10.1)
Supplementary Scores		
Identity*	40.3(10.0)	49.6(10.1)
Satisfaction*	39.7 (5.6)	49.2(10.0)
Behavior*	39.9 (9.2)	49.3(10.0)

*$p < .001$.

mothers have moral self-concepts that suggest impulsivity overrides moral consideration. Forty-one percent of the mothers have personal self-concepts that suggest that self-hatred may be present. In addition, fourteen percent of the mothers' physical self-concepts suggest the mothers have dissatisfaction with their physical appearance.

In addition, 5% of the mothers had self-concepts that suggest evidence of disturbances such as delinquency, adult antisocial behavior, dyssocial behavior, or substance abuse. This conclusion is based on the pattern of low moral and family self-concepts with high physical, personal, and social self-concepts. Based on clinical work (Fitts & Warren, 1996) this type of scoring pattern on the TSCS:2nd is associated with externalizing clinical disturbances such as substance abuse. It is interesting that only 5% of the sample showed this pattern since 60% of the subjects have a history of substance abuse. This may be explained by the fact that many of the mothers are currently receiving or seeking out help for their substance abuse problem.

On the other hand, none of the subjects' self-concepts suggested feelings of personal inadequacy, depression, anxiety disorders, somaticizing disorders, or other internalizing clinical syndromes. This conclusion is based on

Table 6

Mean T-Scores for TSCS:2nd of abusive versus neglectful mothers

	Abusive Mothers M (SD)	Neglectful Mothers M (SD)
Validity Scores		
Inconsistent Responding	42.8(11.4)	43.6(10.9)
Self-Criticism	50.1(13.0)	50.6(10.1)
Faking Good	78.7 (3.1)	77.8 (4.5)
Response Distribution	50.9(10.2)	49.8(12.8)
Summary Scores		
Total Self-Concept	41.7(6.7)	38.3(9.9)
Conflict	80.0(0.0)	80.0(0.0)
Self-Concept Scales		
Physical	51.9(8.5)	50.1 (9.4)
Moral	38.3(7.3)	35.9 (6.9)
Personal*	45.1(7.0)	39.9 (6.5)
Family	31.8(8.8)	32.2 (8.9)
Social	42.9(8.2)	42.2(12.3)
Academic/Work	50.7(10.0)	46.6(14.6)
Supplementary Scores		
Identity	41.9(9.2)	39.4(10.5)
Satisfaction	39.8(4.9)	39.6 (6.1)
Behavior	42.5(6.9)	38.3(10.1)

*$p < .001$.

the fact that none of the mothers had personal and physical self-concepts that were lower than the other self-concept subscale scores. This is also interesting because according to the subjects' case records, 52% of the mothers suffer from some type of internalizing clinical syndrome, the most common being depression. Since the mothers' moral and family self-concepts were not higher than the rest of the subscales self-concept scores, none of the mothers have a positive view of their conduct. In addition, 46% of the mothers' social self-concepts suggest social awkwardness.

Eleven percent of the subjects expressed feelings that personal adequacy is likely to be a strength upon which the mothers can rely when coping with difficulties in other self-concept areas. This is based on the fact that their personal and physical self-concept scores were both higher than the other self-concepts. On the other hand, all of the mothers showed high levels of conflict (> 60T, measured by the conflict score). Twenty-three percent of the mothers' scores suggest that they were being defensive and guarded when answering the questions and giving stereotypical responses (< 40T, measured by the response distribution score).

Hypothesis three, neglectful mothers' perceived parental competence level, measured by the Maternal Self-efficacy

Scale, will be poorer that abusive mothers' perceived parental competence level and hypothesis four, neglectful mothers will have more negative general self-perceptions, than abusive mothers, were not accepted. Overall the scores for the maternal self-efficacy and sentence completion scales fall within the normal range as defined by previous studies (Rotter & Rafferty, 1950; Teti & Gelfand, 1991). However, the maternal self-efficacy was high for both group: abusive ($\underline{M}$ = 32.2, $\underline{SD}$ = 3.74) and neglectful ($\underline{M}$ = 32.74, $\underline{SD}$ = 3.85). The means from previous samples (Teti & Gelfand, 1991) have ranged from 29.63 to 33.05. In this study the overall mean was $\underline{M}$ = 32.53, $\underline{SD}$ = 3.79. (See Chapter 4 for a discussion on why the mothers scored so high on the maternal self-efficacy.) See Table 7 for a summary of means for all the instruments.

Hypothesis five, mothers with a greater number of risk factors will have poorer self-concepts, was not accepted. Though the relationship is not significant, the correlation coefficient ($\underline{r}$ = - .04) suggests that the relationship between number of risk factors and self-concept scores is negative. In other words, as the number of risk factors increase, self-concept decreases. On the other hand, a more

interesting explanation is that the number of risk factors and self-concept are not related.

Table 7

The Sample sizes (N), Means (M), and Standard Deviations (SD) for the Instruments

Instrument	Abusive Mothers			Neglectful Mothers			Total		
	N	M	SD	N	M	SD	N	M	SD
TSCS:2nd	25	41.7	6.7	40	38.3	9.9	65	39.6	8.9
Efficacy Scale	25	32.2	3.7	40	32.7	3.9	65	32.5	3.8
Sentence Completion	22	14.7	5.5	34	13.9	5.8	56	14.23	5.6

Hypothesis six, abusive and neglectful mothers', with a history of intergenerational maltreatment and substance abuse, self-concepts (M = 39, SD = 11.91) will be poorer than abusive and neglectful mothers without a history of intergenerational maltreatment and substance abuse (M = 38.24, SD = 8.06), was not accepted. However, other significant differences were found between abusive and neglectful mothers with a history of maltreatment and

substance abuse versus abusive and neglectful mothers without a history of maltreatment and substance.

Statistical analyses showed significant differences among four background characteristics: father involvement, history with protective services, marital status, previous children removed from care, and race. Mothers with a history of maltreatment and substance abuse were more likely to be black, χ^2 (1, $\underline{N}$ = 65) = 7.05, $\underline{p}$ < .05, and married, χ^2 (1, $\underline{N}$ = 65) = 3.84, $\underline{p}$ < .05. These mothers were also more likely to have a history with protective services, χ^2 (1, $\underline{N}$ = 65) = 10.11, $\underline{p}$ < .01; to have had a child previously removed from their care, χ^2 (1, $\underline{N}$ = 65) = 5.05, $\underline{p}$ < .05; and the father is more likely to be involved in the child's life, χ^2 (1, $\underline{N}$ = 65) = 23.56, $\underline{p}$ < .01.

Chapter 4

Discussion

Over the past two decades, practice and research have helped to advance the understanding of child abuse and neglect. However, the literature examining the relation between abusive and neglectful parenting behavior, and self-concept is inconclusive. Some studies (Anderson & Lauderdale, 1982; Shorkey & Armendariz, 1985) have found that self-concept plays a minor role in parental behavior, while others (Christensen et al., 1994; Culp et al., 1989) have found that self-concept is an important component for understanding differences between abusive and neglectful parenting behavior. The current study found that self-concept does not explain differences between abusive and neglectful mothers.

While abusive and neglectful mothers were found to have equal levels of self-concept, they differed across several

background characteristics. Abusive mothers were more likely to be employed, more likely to have a high school education, more likely to have the father involved, and less likely to have been maltreated as children. In addition, abusive mothers had fewer risk factors, felt better about their personal worth, and had greater feelings of adequacy. These results imply at least two things. First, abusive mothers seem to possess more protective factors than neglectful mothers; and secondly, there may be some alternative factors, other than self-concept, explaining differences in parental abusive and neglectful behavior. These findings may also possibly indicate that self-concept is irrelevant to the explanation of child maltreatment.

Studies have shown that parental maltreatment can be influenced by ecological factors. Bath and Haapala (1993), and Holden et al. (1992) both found that child abuse and neglect were a function of poverty, single parenthood, and substance abuse. Milner (1991) found that financial stressors and marital relationship stress have led to parents being more frustrated, affecting their behavior toward their children. Other research (Culbertson & Schellenbach, 1992) suggests that parents who abuse and/or neglect their children are more likely to have been maltreated in their childhood,

and empirical evidence supports the notion that maltreatment effects the perpetrator's self-concept (Christensen et al., 1994). Thus, these alternative explanations may explain some variation among abusive and neglectful mothers. However, it seems unlikely that any of these forces work independently of self-concept.

Research suggest that the above mentioned ecological factors are related to self-perceptions. Also consistent with previous studies (Christensen et al., 1994; Culp et al., 1989; Daro & Mitchell, 1989; Oates & Forrest, 1985; Perry et al., 1983; Rosen & Stein, 1980; Shorkey & Armendariz, 1985; Shorkey, 1980; Slaght, 1993), the subjects in this study, on average, had poor self-concepts and numerous risk factors, such as a history of substance abuse and being reared by single parents. Therefore, self-concept must still be included as an explanatory variable when investigating differences between abusive and neglectful parents, as well as causal mechanisms underlying abuse and neglect.

One potential explanation for the results of this study lies in the fact that self-concept was treated as the dependent variable. Abusive and neglectful parental behaviors were hypothesized to be predictors of levels of self-concept. Yet, self-concept may actually be predicting one's

maltreating status, rather than explaining differences in status. Few studies have examined this issue. Both Christensen et al. (1994) and Culp et al. (1989) examined differences in abusive and neglectful parenting behavior based on self-concept. However, as stated earlier, their findings were conflicting. Inherent methodological issues such as sampling and point of data collection (e.g., measuring self-concept after abuse or neglect has occurred), makes it difficult to draw a conclusion on the direction and nature of the relation between child abuse and neglect, and self-concept. This question of whether self-concept belongs as an explanatory variable or as a dependent variable needs further exploration, especially when studying dysfunctional behavior.

Similar to previous studies (Christensen et al., 1994; Culp et al., 1989) on self-concept and parental maltreatment, this study's findings may be the result of methodological limitations. First, the sample was non-random. The subjects were a convenient group of potential participants, and thus a convenience sample. The lack of a random sample may bring about a bias sample group. Most importantly, inferences from the research can only be applied to the population from which participants were selected. Thus, while convenience samples

have the advantages of easier, more cooperative subjects, they are not representative of the larger population. On the one hand, sampling issues in this study seem to be common to this body of research. On the other hand, a sampling strength is the fact that this study's sample size was larger than half of the previous studies.

A second methodological consideration has to do with the nature in which mothers were classified into abusive and neglectful categories. The subjects were sampled from a protective service population that had already been legally classified as either abusive or neglectful. However, the abuse and neglect classifications are not mutually exclusive. Whereas, the mothers were categorized into two separate groups for administrative purposes, it does not signify that the classification system is very meaningful or definitive. This is especially true when trying to understand dysfunctional parenting behavior, and when designing intervention or prevention programs. A parent may be classified as abusive, and still demonstrate neglectful behavior, and vice versa. This ambiguous classification system does create a weak variable that demonstrates the categories of interest: abusive and neglectful mothers. Thus a more accurate classification system is needed to categorize

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the different types of maltreatment. Even though the classification system was ambiguous for this study, abusive and neglectful mothers were treated as separate groups. Results imply, however, that abusive and neglectful mothers are not qualitatively different. Since, clinical evidence strongly supports the notion that abusive and neglectful mothers are qualitatively different (Kempe & Kempe, 1976; Tracy 1990), this finding seems to support the position that a better classification system is needed. Thus, future research is needed to establish a more accurate classification system, and to explore the question of whether abuse and neglect are distinct typologies.

The question of validity also exists in the literature regarding the measurement of self-concept. Even though the study of self-concept has existed for over a century, its operational definition is still questioned. Furthermore, very few studies have attempted to link self-concept with outcome variables in at-risk populations (Byrne, 1996). Studies of self-concept, as with many other psychological phenomena, have focused on normal populations. Therefore instruments used to assess self-concept are not well standardized on non-normative samples. Thus, self-concept measures need further

testing to insure validity. Also different measures of self-concept should be considered and created.

Another important methodological consideration is the exclusion of fathers from this study. In approximately half of this study's cases a father was living in the household when the maltreatment took place. This may be evidence of the father playing a role in the maltreating behavior. Moreover, the case records were not always clear regarding who actually committed the abuse or neglect. This is an issue that seems to haunt this body of research. A review of the literature on maltreatment and self-concept did not identify one study that included fathers. This falls in line with the classic assumption that holds maternal figures solely responsible for child welfare and rearing. This assumption is flawed and should be addressed by researchers. Future exploration needs to include both parents when exploring issues of child abuse and neglect.

Future research should explore the etiology of abusive and neglectful parenting (for both mothers and fathers) behavior. Families vulnerable to child abuse and neglect are complex and demand research that reflects the complexity.

Perhaps it is best to consider maternal characteristics such as poor self-concept, as one of many risk factors that

indicate a family at-risk for child abuse and neglect. As documented by this study and others, there are several reasons to believe that parental self-concept plays a potent role in explaining child maltreatment. This paper has been an attempt to explain differences between abusive and neglectful parenting behaviors. Although no differences were found, more research needs to be conducted on larger samples, including mothers, fathers, children, and those parents who have not yet had their children taken away. In addition a thorough understanding of the causes of child abuse and neglect is required to design and implement effective prevention efforts.

Belsky (1989), in extending the work of Garbarino (1987), has proposed one of the most comprehensive models for dealing with child maltreatment. He integrated Bronfenbrenner's (1979) conceptualization of the contexts in which development occurs with Tinbergen's (1951) ethnological analysis of ontogenetic development. Belsky organized the factors associated with the etiology of maltreatment into a framework consisting of four ecological levels: ontogenetic (e.g., history of abuse), microsystem (e.g., unhealthy child), exosystem (e.g., acceptance of corporal punishment), and macrosystem (e.g., unemployment). These levels interact

in complex ways.

Programs designed to prevent and treat child maltreatment, such as the foster care system, should be as diverse as the etiologic factors associated with its occurrence.

Just as factors that influence the likelihood of maltreatment can be organized in an ecological framework, so too, can existing prevention and treatment programs. For example, primary and secondary prevention at each of the ecological levels include, on the ontogenetic level, stress management skills training (Egan, 1983). On the microsystem level there have been efforts to improve the interactions between the mother-infant dyad (O' Connor, et al., 1980). On the exosystem level, programs to facilitate informal community supports, and to develop social and health services in communities have been implemented. On the macrosystem level, national campaigns have been conducted to effect public awareness about the problem of child maltreatment (Kaufman & Zigler, 1992). Thus there are documented approaches that seem to have some effect on decreasing the likelihood of child maltreatment occurring, however, more research, and intervention and prevention programs are needed, if the goal is to minimize child maltreatment.

Conclusion

Extant research suggests that there are issues with classifying types of maltreatment, identifying who is the actual perpetrator of maltreatment, and measuring self-concept. Thus, further research is needed to better understand the relationship between parental background characteristics, ecological variables, and child maltreatment. Developing a more sound body of literature on the causal mechanisms underlying child abuse and neglect, will effectively contribute to the information used by policymakers, practitioners, and researchers.

APPENDICES

APPENDIX A

Sentence Completion Scale

Sentence Completion Form

Complete the following sentences as rapidly as possible.

1. When I compare myself to others,

2. As a parent, I

3. I think I am

4. I feel

5. When other people see me, they

6. My friends

7. Usually I

8. My mother

9. My childhood

10. My father

11. Tomorrow,

12. In two years, my child(ren)

13. In ten years, I expect

APPENDIX B

Screening Tool for Case Review of Records

Screening Tool for Case Review of Records

From Orchards Service Plan

1. Date entered care: _____

2. County of referral:

1 = Wayne
2 = Macomb
3 = Oakland

3. Presenting Problem(s): (Why was out of home placement necessary?)

1 = Neighbor complaint
2 = Police referral
3 = Child complaint
4 = Hospital referral
5 = Parents
6 = Other: _____

4. Type of abuse (*legal documentation*)

1 = Physical Abuse
2 = Physical Neglect
3 = Sexual Abuse
4 = Psychological or Emotional Maltreatment
5 = Abandonment

Maternal Demographic Information

5. Parent's marital status:
1 = single
2 = married
3 = divorced
4 = widow

6. Parent's ethnicity/race
1 = African American
2 = Caucasian
3 = Asian American/Pacific Islander
4 = Latino
5 = Native American

7. Parent's age _____

8. Parent's Level of Education

1 = GED
2 = High school
3 = Some college
4 = College graduate
5 = Drop out
6 = Unknown

9. Parent's Employment Status
1 = Employed
2 = Unemployed
3 = Unknown

10. History of Substance abuse? 0 = no 1 = yes If yes, what type of drugs?

1= cocaine/crack
2= alcohol
3= marijuana
4= heroine
5= prescription drugs
6= over-the-counter drugs
7= nicotine
8= caffeine

Is the mother being screening for drugs now? 0=no 1=yes

11. History with Protective Services? 0= no 1 = yes

12. Family constellation (including number, ages and gender of children in household):

13. Have any other children been removed from home? 0=no1=yes
If yes, how many and how many times?

14. Treatment Plan (i.e., objectives for parent)

a._____
b._____
c._____
d._____

15. Mode of Treatment (check all that apply)

_____ Parent-child counseling or therapy
_____ Parenting classes
_____ Individual counseling or therapy
_____ Drug counseling or therapy

16. Strengths of family

17. History of Mental Health problems? 0 = no 1 = yes
If yes, what:
1=schizophrenia
2=depression
3=mental retardation
4= other _____

18. Does the mother have a criminal history? 0 = no 1 = yes
If yes, what:
1= have been incarnated
2= arrested, no incarnation
3= on probation
4= unknown

19. Was the mother abused as a child? 0 = no 1 = yes
If yes, what type?
1 = Physical Abuse
2 = Physical Neglect
3 = Sexual Abuse
4 = Psychological or Emotional Maltreatment

20. Does the mother have a confidante? 0 = no 1 = yes

21. Has the mother been a victim of domestic violence?
0=no 1=yes

22. How is the overall health of the mother?
1 = good 2 = fair 3 = poor

23. How many times has the mother missed _____ and attended _____ a scheduled visited with child?

24. How many times has the mother missed an appointment regarding her treatment plan?

25. Is the father involved in the treatment? 0 = no 1 = yes

Demographics on Child(ren)

(Answer these questions for each child in current foster care with agency)

26. Age of child(ren) the parent(s) were accused of abusing or neglecting

27. Was the child(ren) full term? 0 = no 1 = yes Premature? 0 = no 1 = yes If premature, how many months was the pregnancy?

28. Did mother receive adequate prenatal care? 0 = no 1 =yes

29. Intrauterine drug exposure? 0 = no 1 = yes
If yes, what type of drugs?
1= cocaine/crack
2= alcohol
3= marijuana
4= heroine
5= prescription drugs
6= over-the-counter drugs
7= nicotine
8= caffeine

30. How is the overall health of child? 1 = good 2 = fair 3 = poor

31. Is the child in specialized foster care? 0 = no 1 = yes

32. What type of foster care placement is the child(ren) presently in?

1 = Out-of-Home paid care (licensed)
2 = Unpaid relative placement (unlicensed)
3 = Residential care

33. How is child(ren) adjusting to foster care?

1 = well
2 = fair
3 = poorly

Information regarding caseworker

34. Level of education of caseworker

1 = BA
2 = BSW
3 = BS
4 = MSW
5 = MA

35. Date caseworker hired: _____.

36. Ethnicity/race of caseworker
1 = African American
2 = Caucasian
3 = Asian American
4 = Latino
5 = Native American

37. Has this been the only case manager assigned to this

case? 0 = no 1 = yes

APPENDIX C

Informed Consent Form

Informed Consent Form

Rosalind Johnson, a graduate student at Michigan State University, is conducting a study of mothers who have a child or children currently in foster care. Rosalind Johnson is conducting this research under the guidance of Dr. Hiram E. Fitzgerald and Orchards Children's Services (Orchards).

The purpose of the study is to learn about the self-concept of the mothers whose children are in foster care.

If you agree to participate in this study, you will be asked to fill out three questionnaires during the first three months of your child's foster care stay with Orchards. Participation in this study also means that you will allow information to be collected from your case records at Orchards. All information will be used for research purposes and with respect for your rights of confidentiality.

Your signature on this consent form indicates that you understand the following:

1. I understand that Orchards Children's Services is allowing Rosalind Johnson to conduct a research project to study the self-concept of mothers whose children are in foster care.

2. I understand that participation in this project also means that I allow information to be collected from my case files.

3. I understand that all information collected will be coded by number to insure confidentiality.

4. I understand that I have the right to withdraw from the study at any time without penalty and that my decision to withdraw will not affect my relationship with Orchards Children's Services, Juvenile Court or the Family Independence Agency.

5. I understand that my decision to participate in this project will not affect my relationship to Orchards Children's Services, Juvenile Court, or the Family Independence Agency.

6. I understand that I will not be able to obtain any individual results of this study; however group results are available upon request.

7. I understand that results of the study may be presented at scientific meetings or submitted for publication as long as results are in group (summary) format and do not disclose my identity.

8. I understand that I may contact my case worker at (810) 258-0440 if I have questions about my rights or about the details of this research. If I have any additional questions I understand that I may contact Dr. Hiram E. Fitzgerald or Rosalind Johnson at Michigan State University at (517) 432-2500.

9. I recognize that by signing this Consent Form I do not waive any of my legal rights.

If you agree to participate in this study, you will be given a signed copy of this consent form. Your signature indicates you have voluntarily agreed to participate in this project and have had all your questions answered.

Participant's Signature: _____

Date: _____

Case Manager/Witness: _____

Date: _____

Rosalind B. Johnson: _____

Date: _____

Dr. Hiram E. Fitzgerald: _____

Date: _____

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