A Community Sample's Knowledge Of, Judgment Of, and Attitudes Toward Childrearing and Child Abuse.

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A community sample's knowledge of, judgment of, and attitudes toward childrearing and child abuse

Williams, Harriet Schoenberg, Ph.D.
The Louisiana State University and Agricultural and Mechanical Col., 1988
A Community Sample's Knowledge of, Judgment of, and Attitudes Toward Childrearing and Child Abuse

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy in The Department in Psychology

by

Harriet Schoenberg Williams
B.A., Smith College, 1982
M.A., Louisiana State University, 1985
December, 1988
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Abstract

The present study addressed an important void in the literature of child abuse prevention. The challenge in empirical development of preventive education in child abuse to the public lies in the identification of specific target behaviors which are (1.) related to potential child abuse, and (2.) amenable to education. This investigation examined individual's expectations, attitudes and beliefs toward childrearing, as well as individual's knowledge of childrearing and behavioral child management techniques. Data generated in this study also evaluated the presence of differential judgments of child abuse in a community sample. Two hundred and eighty-two community volunteers participated in this study. Subjects were recruited from the East Baton Rouge Parish community. Participants were administered a packet of assessment devices that included: the Child Abuse Potential Inventory, the Parental Expectations, Attitudes and Belief Inventory, the Knowledge of Behavioral Principles Inventory, the Child Abuse Sensitivity Questionnaire and a demographic data form. Results indicated significant differences between the high and low median split groups as to
their level of knowledge of behavioral principles as applied to child management techniques. The data demonstrated that there was not a significant difference between the two median split groups with regard to their judgments as to what constitutes psychological and physical child abuse. Finally, results showed that high scorers on the Child Abuse Potential Inventory did not exhibit more deviant attitudes, expectations and beliefs toward parenting than did low scorers on the Child Abuse Potential Inventory. These results suggested that potentially abusive individuals possess a degree of awareness and judgment as to what constitutes psychological and physical child abuse, their weakness appears to lie in their knowledge base of parenting techniques and child management techniques. These findings have important implications for preventative educational training programs, and for parent training programs for the potentially abuse individual, as well as for the community at large.
Attitudes Toward Childrearing

Child abuse affects as many as 1.5 million children each year (Fontana, 1973; Williams, 1983). Approximately 2,000 children die and an additional 60,000 suffer significant injuries (Kempe, 1976; Newberger, 1983). Demographic data indicate that parents who abuse their children were often abused or neglected themselves (Helfer, 1982; Steele & Pollock, 1968). Thus, researchers have concluded that many of today's abused children will become abusive parents unless the cycle of violence can be broken (Crozier & Katz, 1979; Egan, 1983; Kempe, 1976).

Historical Overview

Children can be damaged both physically and emotionally by parents and other caretakers (Gil, 1983). This damage may be quite apparent or be limited solely to the family's scope. Parental abuse may involve acts of commission or omission (Gil, 1983). Children may be subjected to emotional as well as material deprivation, which may result in intellectual and developmental impairment. Moreover, these episodes of abuse may be a constant pattern of events in the household or they may be isolated incidents (Gil, 1983).

Historically, children have been denied many of societies most basic rights and privileges, such as food
and shelter. The phenomenon of child abuse was overlooked for centuries for several reasons. First, society and the general public believed in the myth of maternal instinct and the widespread notion that everyone loves and protects innocent, young children. Furthermore, belief in the will of a deity and the overwhelming rights of parents to completely control their children perpetuated these acts. Thus, children were viewed as the exclusive property or chattels of their parents. All parents were given complete control over their children, and to discipline as they saw fit; however, many parents abused these universal rights.

Traditionally, society and the legal institutions have been hesitant to interfere in the realm of the family except under the most dire circumstances. Presently, children are the only population in which socially sanctioned physical or emotional abuse or neglect may occur as a result of societies' hesitation to intervene in the familial domain (Gil, 1983). Although children have been neglected, abused and killed by ritual, accident and malicious intent from the beginning of time, it was not until 1961 at the meeting of the American Academy of Pediatrics that the concept of child abuse acquired "diagnostic status". At this time, C. Henry Kempe organized a symposium entitled "The Battered Child Syndrome". During the ensuing decade,
etiological analyses of the battered child syndrome proliferated.

Child Protection Fad in 1874

Public attention to the issue of child abuse first became apparent in 1874, as a result of the infamous Mary Ellen case in New York City (Kempe, 1976). Mary Ellen had been repeatedly beaten by her foster parents and had been kept chained to her bed for weeks. Since there were no laws that covered the protection of an abused child, Henry Bergh, president of the Society for the prevention of Cruelty to Animals (SPCA) initiated court action to protect this child. This case attracted widespread public attention and media regard. The time soon became ripe for social reforms for children.

Throughout the United States, social reforms and child protection laws were rapidly evolving. In the state of Michigan, public education was already free, in Massachusetts, the Board of State Charities began to subsidize foster homes for children, and a national system of education was being pursued (Gil, 1983). The arousal of public attention to child abuse, the sensational press coverage of the Mary Ellen case and the driving personal fervor of Henry Bergh were some of the contributing factors to the founding of the Society for the Prevention of Cruelty to Children (SPCC) in
1874. Several SPCC's created temporary homes for children separated from their parents and they proposed some of the earliest outlines of present child labor law.

Decline Of Public Attention

Unfortunately, public attention rapidly deflated from the various reform movements at the turn of the century. This disenchantment of both public attention and the media observation was due to several factors. World War I and the depression significantly decreased financial and media attention to private agencies as well as to the various SPCC's. Moreover, many state child protection societies had fundamental philosophical differences in their guiding functions; this served to splinter the groups into different factions. For example, the New York SPCC implemented a philosophy of active child rescuing supported by vigorous law enforcement, and its' members did not approve of the "placing out" system. Its' members were suspicious of the placing out system with its potential for continued abuse of children outside their custody. Thus, they usually placed children in institutions, rather than foster homes, in order to retain legal custody and continue their protective functions (Williams, 1983). The Massachusetts SPCC urged the placing out of children to insure more adoptions (Williams, 1983). Furthermore,
various schools of thought proposed that parents had the ultimate right to decide how to discipline and raise their children, and it was not within the scope of society to intervene in the sacred familial domain (Williams, 1983).

Re-establishment Of Child Protection

The tide of public sentiment once again shifted in the late 1930's. Child protection became legally established as a public responsibility with the passage of the Social Security Act of 1930. This act proposed child welfare services for neglected, dependent children, or children in danger of becoming delinquent (Williams, 1983).

However, it was not until the 1950's that medical recognition of child abuse gained any prominence. Advances in pediatric radiology allowed the accurate diagnosis of fractures in different stages of healing; thus, the next step was to correlate radiological findings with trauma, and trauma with parental abuse.

Medical Recognition

Caffey in 1946 was one of the first physicians to raise the idea of intentional ill treatment of children by their parents (Williams, 1983). Caffey, a professor of pediatric radiology at Columbia University, outlined
the existence in infants of unexplained fractures of the long bones accompanying subdural hematoma and the existence of new fractures after their return to their parents. Various physicians confirmed the idea of parent-inflicted injury in children (Williams, 1983). Researchers also raised the possibility that infants suffering from repeated fractures may live in harmful home environments in which the caretakers are aggressive, immature or emotionally ill (Gil, 1983). Finally, in 1957, Caffey acknowledged the unmistakable link between the radiological syndrome seen in many children and injuries inflicted by their parents. Caffey publicized his findings at the Annual Congress of the British Institute of Radiology, when he presented the topic of traumatic lesions in the bones of children (Williams, 1983). These physicians' work represented the initial professional awareness concerning the link between recurrent fractures and bodily damage in children and abuse by their caretakers. The essential task of publicizing these findings and alerting physicians to the widespread existence of child abuse remained.

Henry Kempe, chairman of the Department of Pediatrics at the University of Colorado School of Medicine, became the driving force behind the child protection movement of the sixties (Williams, 1983). In July, 1962, there appeared in the "Journal of the
American Medical Association" an article entitled 'The Battered Child Syndrome', by Kempe, Silverman, Steele, Droegemueller and Silver. This article presented findings on the incidence of child abuse based on a nationwide survey of hospitals. It further described the syndrome and characteristics of abusive parents and acknowledged the reluctance of physicians to report child abuse (Williams, 1983). This article by Kempe, et al. (1976) became a battlecry for the public to unite against the outrage of child abuse. The article, conferences and subsequent workshops chaired by Kempe elicited widespread media coverage, public attention and legislation.

Both public and professional responses to the re-discovery of child abuse was overwhelming. The United States Children's Bureau invited Kempe to participate in the drafting of legislation on child abuse. In 1963, the Children's Division of the American Humane Association drafted legislation proposing that child abuse cases be referred to child protection agencies; ironically, these agencies had been dealing with them since the 1930's. At the American Medical Association, the Council on State Governments and the Committee on the Infant and Preschool Child of the American Academy of Pediatrics presented their recommendations for child abuse (Kempe, 1976).
Legal Statutes

By 1963 eighteen bills to protect abused children had been introduced into the United States Congress and eleven of the bills had been passed during the same year. By 1967 all states in the United States, as well as the District of Columbia and the Virgin Islands had passed child abuse reporting laws. These mandatory reporting acts operated by imposing an affirmative obligation upon members of different populations of professionals to report suspected abuse or neglect. Moreover, in 1973, the United States Congress passed a "Child Abuse Prevention and Treatment Act" (Gil, 1983). This act established a National Center for Child Abuse and Neglect, and delegated twenty million dollars for research, professional conferences, training and demonstration programs (Gil, 1983).

Specific professions singled out for mandatory reporting differ from state-to-state, but the intent of all state laws was to include those occupational groups whose activities bring them into close and regular contact with children and their families (Williams, 1983). It is important to note, that most state statutes do not exclude the privilege of communication between all professionals and their clients, with the exception of attorney's and their clients. Consequently, physicians, psychologists and other
similar professionals are legally obligated to report suspected abuse or neglect, despite the fact that this information may have been presented within the context of confidential relationships.

Thus, the issue of child abuse has had a long and varied history. Throughout the centuries, the primary goal of physicians, protective agencies and the public has been to eliminate child abuse. The most effective method of combating child abuse is through prevention (Helfer, 1982; Kempe, 1976; Newberger, 1983; Egan, 1983; Ambrose, Hazzard & Haworth, 1980). As the long term and often irreversible consequences of child abuse become more evident, prevention assumes an even greater role in child abuse research (Baher, 1976; Egan, 1983; Gil, 1983; Heller & Monahan, 1977; Perry, Doran & Wells, 1983; Rosenberg & Hunt, 1984; Williams, 1983). Generally, there have been two approaches to child abuse. One approach has been to identify high risk families and expose them to preventive intervention (Couron, 1982; Haddock & McQueen, 1983; Milner, Gold, Ayoub & Jacewitz, 1984). Although this approach has met with considerable success, problems exist. Researchers have found that individuals differentially report child abuse as a function of the type of abuse, as well as of a function of demographic and socioeconomic characteristics of the perpetrator and victim.
Osborne et al. (1986) concluded that reporting statistics may reflect the observers' decision models as well as actual incidence rates. Thus, some populations may be at risk for over-identification, while the characteristics of other groups may place them at risk for false negative judgments.

The second approach to child abuse prevention has been to provide preventive education and training to the general population for the purpose of increasing parental competence and skills in the community at large. Although this strategy is acceptable and is supported by numerous child advocates, there is little empirical work in the area (Besharov, 1981; Garmezy, 1971; Helfer, 1982; Helfer & Kempe, 1974; Kavanagh, 1982; Osborne, 1985; Williams, 1983). Williams (1983) also noted that although the Child Abuse Prevention and Treatment Act specifies prevention as a main goal, preventative approaches to child abuse have received virtually no attention. Albee (1979) noted that efforts in preventative approaches to child abuse have not been utilized as they lack drama, sensationalism and concreteness; while treatment of child abuse produces specific and graphic images and rescue fantasies that produce public, political and professional aid. (p.
Williams (1983) further concluded that social agencies continue to struggle to implement a treatment versus a preventive policy, as a result of this misconception.

Despite these limitations, the preventive educational approach is attractive and practical for several reasons. First, the mechanisms through which preventive education could be distributed in the community are already in place (e.g. high school and college courses in marriage and family living, parent-teacher organizations, parenting publications, etc.). Secondly, this approach avoids the privacy and labeling problems associated with the high risk identification approach. Thirdly, by using parents as the principal change agents, treatment is provided on a continuous basis at home where problems primarily occur. Finally, researchers have noted the cost effectiveness of such programs (Crozier & Katz, 1979). Crozier and Katz (1979) found that approximately twelve hours of training time were required per family before childrearing attitudes and techniques began to change.

The following sections will review the research on child abuse prevention. Social learning theory has come to play an important role in child abuse research. This theory has proposed specific processes which occur between the abusive caretaker and child. There has also
been a great deal of attention devoted to parent training for all types of children's behavior. Most recently, parent training techniques have begun to be applied to abusive caretakers (Garbarino, Guttman & Seeley, 1986; Williams, 1983). Thus, preventive education for potentially abusive individuals has been a major topic of interest; however, empirical studies in this area have been scarce (Garbarino, Guttman & Seeley, 1986; Williams, 1983).
Overview of Literature

Social Learning Theory

Recently, social learning or social interactional principles have been applied to the analysis of child abuse (Burgess, 1979; Dubanoski, Evans & Higuchi, 1978; Parke, 1977; Patterson, 1982; Reid & Taplin, 1976; Sandler, Dercar & Milhoan, 1978; Williams, 1983). This theory examines symbolic and self-regulatory events, as well as external events, such as feedback given by significant others (Bandura, 1977). Specifically, social interactional theory emphasizes the reciprocal influence between individuals and their environments.

The largest amount of work on social learning theory has been conducted by Patterson and his colleagues (e.g. Patterson, 1982). Patterson's theory of coercive family interactions is based on observations of over two-hundred fifty families referred for treatment and several hundred families with normal children. The majority of families were from welfare, blue-collar, and working class families; one-third of the antisocial children referred were abused.

The formulation of social learning theory concerning family process and structure assumes that child maltreatment is "rooted in day to day transactions between parents and their children" (Reid, Patterson &
Loeber, 1982, p. 49), and "that the analysis of processes comprised of innocuous, garden-variety aversive events will lead to an understanding of physical violence among family members" (Patterson, 1982, p. 155). Moreover, Patterson's research suggests that many families drift into a habitual mode of aversive interactions.

Social learning theory proposes that a major factor involved in child abuse is the limited and ineffectual parenting techniques employed by abusive caretakers; that is, abusive caretakers may use atypical or ineffective childrearing techniques. Specifically, caretakers who use aggressive behavior with their children are more likely to use ineffective childrearing techniques such as yelling or nagging; abusive caretakers tend to ignore or avoid prosocial behaviors and provide reinforcement for inappropriate behaviors (Patterson, 1982; Ambrose, Hazzard & Haworth, 1980).

Social learning theory suggests that an escalation cycle takes place in which higher levels of aggression occur if lower levels are ineffective in disciplining children. The end result is that abusive parents employ ineffective childrearing techniques, the discipline fails, the parent becomes increasingly frustrated in his/her attempts to control the child, and severe
punishment is likely to result. The probability of high intensity attacks is increased by a history of reinforcement for such attacks, by low self-esteem of the caretaker, by anger and by attribution of hostile intention to others (Gambrill, 1983). Moreover, the type of behavior produced by a family member whether positive or negative is then reciprocated by other family members (Patterson, 1982).

Lack of effective parenting skills, together with a child who produces a high rate of aversive behaviors results in an increase in "irritability" (a tendency to react with aversive behavior). Patterson (1982) found support for this idea in observations between abusive caretakers and children of high rates of unprovoked attacks on other family members, by counterattacks, by an increase in the level of punitive reactions, and by the continuation of negative exchanges. In addition, "nattering" by parents (the expressions of irritation with no intention of taking effective action) significantly encouraged counterattacks by children (Patterson, 1982). An increase in parental aversive reactions also increased the occurrence of antisocial child behaviors (Garbarino, Guttman & Seeley, 1986).

Thus, according to social learning theory, atypical parenting behaviors and attitudes, as well as atypical child behaviors contribute to abusive
episodes. The child's aversive behaviors can become discriminative stimuli for parental attempts to control them by counteraversive means. Researchers reported data suggesting that this sequence of behavior is a predictable antecedent for abuse (Garbarino et al, 1986; Gil, 1983; Patterson, 1982; Ambrose, Hazzard & Haworth, 1980; Egan, 1983).

High rates of aversive behaviors exchanged among family members have a number of additional negative effects. These include: reduced family interactions, increased family isolation, fewer shared recreational activities, loss of self esteem, increased negative attributions toward other family members, and decreased responsiveness to influence attempts (Patterson, 1982; Perry, Doran & Wells; 1983). The frequency and quality of exchanges between the caretaker and child that result in discipline confrontation and the effectiveness of the parent in ending confrontation are influenced by both personal and environmental conditions (Patterson, 1982; Reid & Taplin, 1976).

This analysis indicates that child abuse typically results as an interaction of atypical parent and child behaviors. As a result, the atypical attitudes and behaviors need to be changed. One way to accomplish this goal is to teach parents more positive and effective means of childrearing and discipline
techniques.

**Historical Overview of Parent Training**

The training of parents in child management techniques has had a long and diverse history. Childrearing manuals and advise columns in newspapers have been published for many years, although these approaches have been criticized for being unsystematic and unscientific (Graziano, 1977).

In 1896, Lightner Witmer became the first clinician to train nonprofessional staff, including adult patients as trainers, teachers and therapists (Levine & Levine, 1970; Sarason, 1972; Sarason, Levine, Goldenberg, Cherlin & Bennett, 1966). Freud was the first to use parents as a psychoanalytic agent (Graziano, 1977). In Freud's famous case, "Little Hans", the child's father was a primary analytic agent (Freud, 1909). In 1937, Kubie conducted psychoanalytic therapy with a phobic child, again using the father as the principal therapeutic agent. Additional therapists in psychoanalysis have used mothers as principal change agents (e.g. Elkisch, 1935; Kolansky, 1960; Schwarz, 1950). Parent training approaches have also been used in client-centered therapy (e.g. Baruch, 1949; Fuchs, 1957; Guerney, 1969; Pechey, 1955). In one very famous case, Carl Rogers supervised his daughter in treating
her infant's serious medical problem (Fuchs, 1957). Finally, family therapy has consistently used parents as the active therapeutic agents (Jackson, 1968; Levine, 1964; Love, 1966; Minuchin, 1965).

Thus, it appears that long before the re-emergence of behavior therapy in the 1960's, various theoretical schools had noted the importance and value of using parents as therapeutic agents (Graziano, 1977); however, past methods were often unsystematic and were applied haphazardly (Patterson, 1982; Graziano, 1977; Egan, 1983). Behavior therapy has provided the majority of research on parent training approaches. The idea of training parents in systematic behavior management techniques to alter deviant behaviors in their own children has emerged as one of the most important developments in the field of child psychotherapy (Egan, 1983; Garbarino et al., 1986; Graziano, 1977; Williams, 1983).

With the concept of selecting significant members of a child's environment for training in behavior modification techniques, parents are the obvious choices, as children spend the majority of their first few years with their parents (Green, Budd, Johnson, Lang, Pinkston & Rudd, 1974). Sulzer-Azaroff & Pollack (1982) note that parent training should teach parents how their behavior influences their children's behavior,
and how specific changes may be accomplished. Further, parents are the primary dispensers of reinforcers and punishers for their children (Patterson, 1982). Graziano (1977) states that parent behavioral training programs are composed of three major parts: "1. the therapist directly and actively trains parents; 2. in behavior therapy; 3. which they are to implement in the child's natural environment" (p. 254).

Parent Behavior Training

The first descriptions of parental training in behavior therapy were conducted by Weber (1936) and Williams (1959). Weber (1936) successfully treated a nineteen-month-old child with a strong fear of her shadow. This study used the father as the active therapeutic agent. Williams (1959) educated the parents of a young boy in the simple extinction processes to eliminate the boy's crying behavior. The majority of parent training literature has been conducted since 1965, with the area showing increased methodological sophistication (Graziano, 1977).

To date, parent training approaches have been applied to virtually all child behavior problems and across various settings (Berkowitz & Graziano, 1972; Sulzer-Azaroff & Pollack, 1982; Williams, 1983). A convincing body of research has shown that parents can
apply treatment techniques in clinical settings, in school settings and in home environments (Green et al., 1974; Sulzer-Azaroff & Reese, 1982). Parents have been trained individually, as well as in groups, through lectures, assigned readings, programmed texts, modeling and coaching procedures (Graziano, 1977; Sulzer-Azaroff & Reese, 1982). Sulzer-Azaroff & Pollack (1982) point out that sometimes the child or other family members are present during the sessions, sometimes they are not. In the majority of cases, the children in parent training programs have been boys. Typically, mothers were the primary therapeutic agent, and training is usually composed of operant approaches with contingency management procedures (Graziano, 1977; Sulzer-Azaroff & Reese, 1982). Sulzer-Azaroff & Pollack (1982) found that if caretakers were to learn effective behavior skills, it was important to teach them general, as well as specific parenting techniques. Sulzer-Azaroff & Pollack (1982) reported that additional significant factors in the efficacy of parent training techniques included the history and background of the parents, the amount of consultation time they received, and the type and number of examples they were provided within the training session. Finally, home based parent training programs have attempted to reduce excessive maladaptive behaviors, such as aggressive and hyperactive behavior
(Graziano, 1977). O'Dell (1974) in his literature review concluded, "There does not appear to be any class of overt child behavior that parents cannot be trained to modify" (p. 421.)

Parent Training Of Specific Behaviors

Problems Involving Somatic Systems

Recently, respondent and operant conditioning models have been used to treat somatogenic and psychophysiological problems in children (Graziano, 1977; Williams, 1983). For example, operant conditioning and parent training techniques have been successfully used to treat asthma in children (Neisworth & Moore, 1972). Conditioning approaches implemented by the parents at home seem to be a very useful approach to modify asthmatic behavior in children (Graziano, 1977).

Various somatic-related disorders have been successfully treated when parents received behavioral training in child management techniques to be implemented in the home. These problems have included: seizures (Zlutnick, 1972); self-injurious behavior (Graziano, 1977); eating problems (Bernal, 1973); and dental related problems (Hall, Axelrod, Tyler, Grief, Jones & Robertson, 1972). Childhood obesity has been given little attention in parent behavior training;
however, various researchers have noted that parent training techniques would be most appropriate and effective for this childhood problem (Graziano, 1977; Guerney, 1969).

Encopresis, enuresis and functional constipation have been treated successfully by direct conditioning methods, most of which have been carried out at home by parents (Graziano, 1977; Sulzer-Azaroff & Pollack, 1982). Lovibond (1964) reviewed studies in this area and concluded that direct conditioning methods are very effective. An additional benefit of conditioning methods is that no evidence of symptom substitution is present following treatment. DeLeon and Mandell (1966) used visiting nurses to supervise mothers' use of a conditioning pad to treat their enuretic children. This treatment was significantly more effective than traditional psychotherapy or no treatment control conditions. A further development by Foxx and Azrin (1973) has been the rapid toilet training procedure. This treatment is applied at home by the parent. Foxx and Azrin (1972) produced data that showed training can be completed successfully in one day.

Complex Behavior Problems

Since the early work of Anthony (1958) and Ferster and DeMyer (1962), a large amount of behavioral
programming has been conducted with children labeled psychotic, schizophrenic and autistic. Behavioral programs have been created in a variety of settings such as residential hospitals, day care and school environments and classroom settings (Egan, 1983; Graziano, 1977; Sulzer-Azaroff & Pollack, 1982). With all of these behavior problems, home involvement has been an essential part of the treatment. Most researchers included parent training, especially, in preparation for the child's return home. Various researchers have included home treatment programs for psychotic children (Graziano, 1977; Peine, 1969; Wolf, Risley, & Mees, 1964; Wetzel, Baker, Roney, & Martin, 1966; Wolf, Risley, Johnson, Harris, & Allen, 1967). Graziano (1977) found that autistic children whose parents had been trained in behavioral management skills maintained their gains, while those children whose parents had not been trained, did not maintain the gains. Graziano (1977) suggested that in severe pathology, a total twenty-four hour daily program might be appropriate. He also noted the importance of training parents for home programming to maintain gains achieved in specific treatment settings.

Oppositional, Noncomplaint And Aggressive Behavior

A large percentage of parent training programs
have centered on the reduction of oppositional, noncompliant and aggressive behavior in children. Parent training programs have successfully dealt with problems of excessive crying (Williams, 1959); hyperactivity and extreme aggressive behavior (Bernal, 1973; Peine, 1969; Rickard, Graziano & Forehand, 1984; Russo, 1964; Garbarino et al. 1986); manipulative behavior (Wagner, 1968); and fire-setting (Holland, 1969). Research by Hanf (1969) and by Forehand and King (1974) addressed noncompliant behavior in young children. Noncompliance was defined as the child's failure to inhibit deviant behaviors such as fighting or screaming (Hanf, 1969; Forehand and King, 1974).

Juvenile delinquency, considered to be a more extreme form of oppositional behavior has also been treated with parent training programs (Graziano, 1977; Sulzer-Azaroff & Pollack, 1982). Many studies on family involvement employing parent training have been single or multiple case studies, and a majority used contracting procedures (Sulzer, 1962; Sulzer-Azaroff & Reese, 1982). Stuart (1971) used the technique of contracting in a case study with a sixteen-year-old delinquent girl; he reported a successful outcome with this technique. Alexander and Parsons (1973) conducted a controlled group comparison study of different therapeutic approaches to delinquents. The families
were assigned to short term behavior intervention programs, client-centered programs, psychodynamic family groups or a no treatment control condition. The authors found that the behavioral intervention group was most successful on process and outcome measures and this group had the lowest recidivism rate (twenty-five percent). This study provided evidence for the success of behavioral intervention programs with delinquents and their families.

**Reduction of Children's Fears**

The treatment of children's fearful behavior seems especially suited for parent administered home treatment programs (Graziano, 1977). This results from the fact that children who suffer from fear may have no other serious problems of communication, affect or relationships; thus, the treatment of fearful behavior may be relatively uncomplicated. Parents have been involved in treatment of school phobia. Hersen (1971) reviewed several studies in which parents were trained to various degrees in contingency management programs. Kennedy (1965) described the rapid treatment of fifty school phobics in which the parents were provided with the treatment rationale and were instructed on the necessity for firmness with the child. Graziano (1977) observed that the greatest common requirement on the
parents with school phobic children was to become firm and consistent in maintaining behavioral limits at home.

There are many studies concerning other fear treatments for children using parental involvement. Weber (1936) used the parents in treating a young child's fear of her shadow. Bentler (1982) reported a mother's successful treatment of her child's severe aquaphobia. Tasto (1969) described two studies in which parents conducted in vivo desensitization trials to treat a young boy's fear of loud noises. A number of studies have used live modeling and contact desensitization techniques for parent training programs (Egan, 1983; Graziano, 1977; Weber, 1936; Sulzer-Azaroff & Pollack, 1982). The majority of studies in this area have been case studies, and researchers recommend more highly controlled studies (Patterson et al., 1968; Graziano, 1977).

Language And Speech Disorders

There have been few reports of parent training with children's language disorders. Barron and Graziano (1968) reported their training of parents in clinical settings to conduct collateral speech training at home for their retarded children. Several researchers described single-case studies involving parents in some aspect of speech training with their children (Mathis, 1971); and with cases of elective mutism (Nolan & Pence,
1970). However, the skills needed to train language acquisition and to correct speech problems are quite complex and not well-researched (Graziano, 1977). The value of parent training programs for language and speech disorders still remains to be proven.

**Common Behavior Problems In The Home**

Several investigators have devised parent training programs to address more common issues with children at home. In 1974, Knight & McKenzie reported the elimination of bedtime thumb sucking for three children (Williams, 1983). The parents were advised to make bedtime reading to the children contingent on non-thumbsucking. The authors reported success with this technique. Other researchers have described training programs that target home behaviors such as cleaning the child's bedroom, whining and shouting, as well as dressing behavior (Rickard, Graziano & Forehand, 1984; O'Dell, 1974). These parent training programs appear especially useful in terms of prevention of home behavioral problems.
Parent Training Issues

Selection Of Parents For Training

In virtually all of the parent training studies, mothers have received most of the training and implemented the home treatment program. Furthermore, various researchers have provided detailed assessments of mother-child interactions (Bernal, 1973; Forehand & King, 1975; Graziano, 1977), but few have given equal attention to father-child interactions.

There are few data on the characteristics of mothers who are trained, and almost no empirical work relating parent characteristics to outcome (Gabarino et al, 1986; Graziano, 1977; Rickard, Graziano & Forehand, 1984). Moreover, there is little information on the effects of parents' emotional adjustment on outcome. Bernal (1973) proposed screening out families where there is extreme marital discord, and other researchers have suggested excluding psychotic parents. Graziano (1977) concluded that parent training programs will be extremely difficult to implement if more than one family member exhibits emotional or behavioral problems.

Levels Of Parental Involvement

For each parent training program, a decision must be reached concerning the degree of involvement and responsibility that parents should assume (Graziano, 1977; Sulzer-Azaroff & Pollack, 1982). The
parent-therapy relationships, must be a shared responsibility and their roles will depend on many facts (Graziano, 1977).

Berkowitz and Graziano (1972) classified the parent training literature along three dimensions. The studies were categorized according to: 1. the nature and complexity of parental involvement; 2. the level of knowledge required of parents, and 3. the level of sophistication of the techniques employed. Berkowitz and Graziano (1972) found a great range of parental involvement in parent training procedures.

**Training Settings And Methods**

Parent training has been conducted via individual consultations, through controlled learning settings and in educational groups (Garbarino, et al. 1986; Walder, 1969; Sulzer-Azaroff & Pullack, 1982). Hanf (1968) and Bernal (1973) described parent training programs in controlled learning settings. Hanf (1968) reported parent training programs in which specific interactions and behaviors between mothers and their noncompliant young children were altered. In this program, there was a high level of parental involvement and mothers were trained to observe their own behavior, as well as their children's. Berkowitz and Graziano (1972) criticized Hanf's program in that none of the training took place
in the home. Berkowitz and Graziano (1972) cited problems with the assumption that generalization to the home would occur, after training in a laboratory setting.

There have been numerous group programs which have attempted to train caretakers in parent training methods. Walder et al. (1969), Peine (1969), O'Dell (1974), Patterson and Gullion (1968) have reported success with the group training mode. Graziano (1977) observed that group training is more efficient, provides excellent research opportunities, and may provide essential peer support. Patterson et al., (1968), Wahler (1969) and Graziano (1977) combined group and individual training for their parent training program.

Additional developments in parent training methods have included the use of written contracts by parents. The written contract typically specify the target behavior and explicitly describe the responsibilities and roles of the parent and child. Walder et al., (1969) and Stuart (1971) used written contracts successfully in their parent training programs. Thus, a wide variety of settings, techniques and levels of parental involvement have been utilized in parent training programs. Ultimately, the goal of parent training programs is to teach the parent to identify problematic behaviors, learn new methods to change the targeted behaviors, and to achieve control over the
behavior (Graziano, 1977; Barbarino et al., 1986; Sulzer-Azaroff & Pollack; 1982).
Preventive Education

Williams (1983) examined the high recidivism rates among treated abusive parents. She concluded that "current treatment-centered child protection is failing to curb the ever burgeoning rates of child abuse..." (p. 317). Williams (1983) further stated that "child abuse will continue indefinitely unless urgently needed preventive measures are taken immediately" (p. 317). She noted that "primary prevention of child abuse would involve devising unsentimentalized courses in family life education... parenting courses would need to give equal time to non-parenting lifestyles, and would present youth with realistic expectations of children" (p. 317). Fraser (1979) agreed and concluded:

"The current child abuse system in America is destined to failure... If America is to be successful with the problem of child abuse, it must develop a new and different perspective. That perspective is prevention. To do anything less is to worship at the altar of futility (p. 42)".

Identification of the abusive caretaker's knowledge of child management techniques is the first step in working toward an empirically based prevention program for child abuse. Targeting skills deficits in potentially abusive populations would advance prevention..."
by providing parent training programs with specific relevant areas to focus instruction upon. Thus, one of the most promising areas in preventive research in child abuse in the identification of potentially abusive population's knowledge of child management strategies.

There have been studies using preventive education with nonabusive parents who express problems raising their children (Patterson, 1973; Wahler, 1979; Williams, 1983); however there is virtually no empirical research on the efficacy of this approach with potentially abusive parents (Besharov, 1981; Egan, 1983; Gramezy, 1971; Helfer, 1982; Helfer & Kempe, 1974; Kavanagh, 1982; Osborne, 1985; Rosenberg & Hunt, 1984; Rosenberg, Reppucci & Lenney, 1983; Williams, 1983). In addition, the literature contains few reports of parent training where the presenting problems was the parents' behavior toward their children (Crozier & Katz, 1979; Starr, 1979). Thus Wolfe, Sandler & Kaufman (1981) found that there is little empirical work in this area for several reasons. First, abusive caretakers are difficult subjects to study (e.g. poor attendance, denial of severity of problems, adherance to harsh punishment). Second, it is difficult to study and record low frequency behaviors (i.e., abuse) either directly or indirectly. The few studies using the preventive educational approach contain methodological flaws such as poorly controlled
conditions and confounding of variables that obscure the findings (Egan, 1983; Osborne et al., 1986).

Crozier and Katz (1979) applied social learning principles to the treatment of two families in which episodes of child abuse had occurred. This study focused on providing abusive parents with training in appropriate child management skills. Results showed significant decreases in aversive parent and child behaviors, as well as significant increases in the positive behavior of most family members. These results were maintained over an extended follow-up study and no new incidents of child abuse occurred during the following seven months. This promising study was limited by several factors. First, the study used a small sample size. Second, Crozier and Katz (1979) admitted that this study lacked the degree of experimental control typically found in such small sample designs. The researchers concluded that the usefulness of their findings should be interpreted cautiously until further studies with more stringent controls are conducted. A final limitation of this study was the selection of behaviors to be changed. Crozier and Katz (1979) noted that the relation between the behaviors observed in the family members and the actual episodes of abusive behavior was unmeasurable. Once again, the researchers called for clarification and replication of their study.
Ambrose, Hazzard and Haworth (1980) developed and piloted a cognitive behavioral group curriculum for 23 abusive parents. This program was based on the idea that treatment for abusive parents should "1. promote the development of more healthy parental attitudes toward their children and their parental roles and 2. teach more positive and effective childrearing skills". (p. 119). Ambrose et al. (1980) concluded that their program differed from more traditional therapeutic groups in that group meetings were perceived of and presented to parents as educational. Thus, the roles of the groups was perceived to be an educational one. These researchers found that their "parenting/educational group" did produce some short-term changes in abusive parents' cognitions and behaviors. However, the authors strongly urged that "a more comprehensive, empirical evaluation of program effects is certainly necessary" (p. 124).

Wolfe, Edwards, Manion and Koverola (1988) conducted a preliminary investigation of early intervention techniques for parents at risk for child abuse and neglect. The researchers randomly assigned 30 mother and child dyads to one of two conditions: (1.) an information group offered by the child protection agency (2.) a behavioral parent training program. Wolfe et al. (1988) used the self report measures of the Child Abuse Potential Inventory (Milner, 1984); and the Beck
Depression Inventory (Beck, Ward, Mendelson, Mock and Erbaugh, 1961), to assess the impact of the programs. They found that both groups showed improvements in their childrearing environments and in their children's adaptive behaviors at follow-up times. In addition, the clinical significance of both intervention programs was highly endorsed by parent ratings of their satisfaction and increased confidence in their parenting roles. These researchers thus stated that families at risk of maltreatment are best helped through assistance in effective child management skill. Wolfe et al. (1988) pointed out that their conclusions merit further study, in view of a major methodological limitation. This limitation involved an inability to include a no treatment control group. The researchers called for clarification and replication of their study.

Wolfe, Sandler and Kaufman (1981) developed an intervention program for eight abusive families and eight control families. This program was based on group educational parent training, as well as competency-based training and behavioral rehearsal at home. Results from this study illustrated that training abusive parents in child-management techniques and self-control skills resulted in significant improvement in parenting skills. This study used multiple outcome measures, such as home observation, parental reports of child behavior problems
and case worker reports of family problems (Wolfe et al., 1981). In a one year follow-up study, no evidence of child abuse among the treatment families had been reported or suspected by the investigators. This study is one of the only studies to use control groups and multiple outcome measures to evaluate the efficacy of the treatment programs. The authors suggested that future efforts be directed toward developing and clarifying parenting and educational programs for at risk parents, at an earlier stage in order to ensure effective and appropriate child-management techniques, and to decrease parents' inappropriate child-rearing techniques (Wolfe et al., 1981).

In a comparison between parent training and multisystemic therapy with 43 abusive and/or neglectful families, Brunk, Hengeller and Whelan (1987) also found significant results for the educational training program. Brunk et al., (1987) randomly assigned the 43 families to one of two treatment conditions. Self-report and observational measures were used to assess the effects of each treatment modality. Overall, treated families evidenced decreased parental psychiatric symptomology, reduced overall stress, and a reduction in the severity of the identified problems (Brunk et al., 1987). Specifically, multisystemic therapy was more successful at restructuring parent-child relations;
parent training was more effective at reducing identified behavioral and social problems. (Brunk et al., 1987). However, this study did not include any control groups. Furthermore, the authors pointed out that the present investigation did not control for expectancy effects or demand characteristics in the therapeutic context (Brunk et al., 1987). The authors called for replication studies to address these deficits and to confirm their findings.

Thus, there have been few empirical investigations assessing individuals' specific deficits in childrearing knowledge and parental attitudes in potential abusive individuals. The few studies that have addressed deficits in childrearing knowledge in potentially abusive individuals have shown significant effects.

Osborne, Williams and Rappaport's (1986) study provided one of the few empirical demonstrations of assessing individual's knowledge and attitudes toward parenting techniques and childrearing practices. Osborne et al. (1986) administered the Child Abuse Potential Inventory (Milner, 1986) to 236 undergraduate volunteers, the sample was then divided into low and high risk groups via median split on the Child Abuse Potential Inventory (CAP). Dependent measures were the Knowledge of Behavioral Principles Inventory and the Parental Expectations, Attitudes and Belief Inventory. Findings
from this study indicated that persons who score high on a predictor of child abuse evidenced deficits in the following specific areas: decreased knowledge of child management techniques, increased need to be liked, and increased rigidity in their beliefs about appropriate childhood behaviors. Therefore, should the results of this study withstand replication with a community sample, it would identify specific areas of need which might be alleviated via preventive education. The next step would be to utilize existing parent education techniques in an attempt to modify the identified knowledge deficits and atypical attitudes.

Research On The Child Abuse Potential Inventory

Milner and Williams (1978) developed the Child Abuse Potential Inventory (CAPI) after completing a survey of over 700 articles and books concerning child abuse and neglect. Milner and Williams (1978) isolated various traits and problem characteristics of individuals who abuse children. They conducted these analysis using a factor analytic approach. The researchers found that the most common areas of factors included: unrealistic childrearing attitudes and expectations, anxiety over child's behavior, problems in interpersonal relationships, feelings of inadequacy, feelings of isolation and loneliness, depression, vulnerability,
insecurity, inability to handle stress, rigid attitudes, impulsivity, dependency, immaturity, negative childhood experiences including abuse and neglect, and finally problems in parental relationships (Milner and Williams, 1978). Milner and Wimberley (1979) also concluded that variables such as poverty, lack of education, drug abuse and psychosis were related to child abuse and neglect. Based on these factors, items for the preliminary Child Abuse Potential Inventory were constructed (Milner, 1982).

Milner and Wimberley (1979) revised the Child Abuse Potential Inventory based on the findings of an initial validity study. The new Child Abuse Potential Inventory was composed of 160 items. A second validity study (Milner and Wimberley, 1980) was completed to provide substantiation of the items in the Child Abuse Potential Inventory that differentiated child abusers from control subjects in a large, heterogeneous community sample. A third validity study (Milner and Robertson, 1985) involved a cross validation of the 77 item abuse scale constructed in the second validity study. A factor analysis was performed at this time to establish factors in the 77 item abuse scale (Milner, et al., 1985). Several Promax rotations were conducted to discover what number of factors would give the most meaningful and interpretable results (Milner, 1982).
Six significant factors were identified in this study. The first three of the six rotated dimensions were labeled: distress, rigidity and unhappiness. The remaining three dimensions referred to types of problems experienced by the respondents. These dimensions included: problems from others, problems with child and self, and problems with family (Milner, Gold and Wimberley, 1985). Milner and Gold (1985) concluded that the six-factor solution established in the cross-validation study provided the most meaningful description of the Child Abuse Potential abuse scale. Furthermore, the cross validation study provided additional data supporting the ability of the Child Abuse Potential Inventory abuse scale to discriminate physical child abusers from control subjects (Milner, 1982).

Judgment Of Abusive Situations

Recently, research has demonstrated that the reporting rates for suspected child abuse differ according to type of abuse and on such variables as demographic and socioeconomic characteristics of the perpetrator and victim (Newberger, 1983; Osborne et al., 1986; Williams, et al., 1986). Osborne et al., (1986) manipulated four characteristics of families (parent sex, parent social attractiveness, child temperament, and socioeconomic status) in an effort to differentiate the
influence of these factors on tendency to report a situation as one of suspected child abuse. Results showed that subjects rated the socially unattractive parent as significantly more likely to be involved in an abusive situation than the socially attractive parent. Subjects were more likely to report a case of suspected child abuse involving the mother versus the father. Finally, the condition involving the "easy" child and the attractive father was significantly less likely to be reported than any other condition. This study seemed to illustrate that circumstances other than the facts of the case influence the judgments about abuse. Differential reporting of abuse and judgment of abusive conditions may have implications for the interpretation of reporting statistics which are frequently used to identify high risk groups for prevention programs. Research indicates that based on social characteristics, some groups of perpetrators and victims of child abuse may be at risk for false negative evaluations (Osborne et al., 1986). Thus, researchers have cited the need for extensive research as to the general population's judgment of what constitutes an abusive situation (Osborne et al., 1986; Williams et al., 1986).

Furthermore, public attitudes toward reporting of and judgment of suspected child abuse situations are crucial variables in evaluating the impact of child
protection laws. Previous studies have examined professional's judgments and attitudes toward child abuse reporting laws. Two published studies have identified problems with knowledge and compliance among mental health professionals (Muehleman & Kimmons, 1981; Swoboda, Elwork, Sales & Levine, 1979). Swoboda et al. (1979) found that 87% of the psychologists surveyed indicated that they would not report abuse in a hypothetical situation. Muehleman & Kimmons (1981) reported that 49% of their sample of 39 psychologists would not report the same case. More recently, Williams et al. (1986) surveyed six groups of professionals to determine the extent to which mandatory reporting had been integrated into their daily practice. Results indicated that all participants differentially judged and reported the hypothetical cases as a function of the type of abuse in the cases. Across all professional groups, participants were more inclined to report physical abuse than psychological abuse.

Thus, previous research has demonstrated that individual's judgment of what constitutes abuse varies as a function of type of abuse, as well as demographic and social characteristics of the perpetrator and victim (Newberger, 1983; Osborne et al., 1986; Williams et al., 1986). Researchers have also found that various professionals differentially report and judge abusive
situations as a function of type of abuse (Swoboda et al., 1979; Muehleman & Kimmons, 1981; Williams et al., 1986). However, there have been no studies that assess a community sample's judgment of what constitutes child abuse. It is essential to determine if the general community differentially judges abusive situations as a function of the type of abuse. Differential judgment of abusive conditions has important implications for interpretation of child abuse reporting statistics, as well as for identification of high and low risk groups. Thus, it is important to discover if parents at risk for child abuse make different judgments than non-abusive parents as to the parameters of child abuse.

It is also clear that social learning theory has played an important role in child abuse research. This theory has proposed that a major factor involved in child abuse is the limited and ineffectual parenting techniques employed by abusive caretakers (Crozier & Katz, 1979). One way to address these childrearing deficits is to teach parents more positive and effective methods of parenting. There have been many studies using preventive education with nonabusive parents who express problems raising their children; however, there is virtually no empirical work with potentially abusive parents (Besharov, 1981; Garmezy, 1971; Williams, 1983). The few
studies which addressed this area contained methodological flaws such as poorly controlled conditions, no control groups, confounding of variables and unrepresentative subject sample pools (Egan, 1983; Crozier & Katz, 1979; Wolfe, et al, 1981; Wolfe, et al., 1988).
Rationale

The present study addressed an important void in the literature of child abuse prevention. The challenge in empirical development of preventive education in child abuse to the public lies in the identification of specific target behaviors which are (1) related to potential child abuse; and (2) amenable to education. This study assessed specific parenting behaviors and attitudes, as well as judgments of abusive situations to identify specific areas of deficits in potentially abusive caretakers.

Osborne et al.'s (1986) study was one of the first studies to examine deficits in childrearing knowledge and parental attitudes which correlate with high scores on a measure of child abuse potential. However, the generalizations and implications one can draw from this study are restricted by the homogeneity of the sample. Their study used undergraduate volunteers who were young, primarily childless, and demographically similar. This type of population presents limitations in generalization of the findings to the general population. The proposed study replicated and expanded Osborne et al.'s (1986) study with a representative community sample. It attempted to confirm Osborne et al.'s (1986) findings that persons who score high on a predictor of child abuse evidenced deficits in the areas of: decreased knowledge
of child management techniques, increased need to be liked and increased rigidity in their beliefs about appropriate childhood behavior. The community sample provided a representative view of the general population's attitudes and values toward parenting and childrearing approaches. The present study also evaluated the presence of differential judgments of child abuse in the general population by using the child abuse sensitivity questionnaire. This study expanded the Williams et al. (1986) study and sought to determine whether the general population differentially judges abuse as a function of the type of abuse, as well as a function of scores on the Child Abuse Potential Inventory.

In addition to assessing atypical attitudes, values, and knowledge of childrearing techniques by potentially abusive individuals in order to facilitate and improve parent training, researchers have cited the need to design studies to measure the positive and negative attitudes, and values of the parent toward childrearing and child management techniques (Egan, 1983; Elmer, 1977; Johnson & Morse, 1968). The present investigation assessed the individual's expectations, attitudes and beliefs toward childrearing and parenting techniques.

The present study provided a unique opportunity to examine knowledge and attitudes toward childrearing as
well as judgments concerning what constitutes abuse in hypothetical situations within the context of a single study. This study also examined and compared high and low scorers on the Child Abuse Potential Inventory. Results of this study may have important implications for the general area of child abuse and the specific area of preventive education to the general public.
Implications

The proposed study identified specific childrearing attitudes and skills deficits of potentially abusive individuals from a community sample. This type of empirical investigation is one of the essential steps in improving parent training programs. This study assessed specific target behaviors which are (1) related to potential child abuse; and (2) amenable to education. The few parent training programs for abusive parents have reported dramatic decreases in the frequency and severity of subsequent abuse, improved parent-child relationships, and improved psychological functioning of parents (Ambrose & Hazzard, 1980; Crozier & Katz, 1979; Egan, 1983; Justice & Justice, 1976; Wofe, et al. 1981; Wofe, et al.,1988). Therefore, the importance of targeting specific deficits in childrearing knowledge and atypical attitudes toward parenting in potentially abusive individuals will directly improve the quality and impact of parent training programs for the general public. To the extent that specific deficits in childrearing knowledge and parenting techniques can be identified and specific educational programs for potentially abusive individuals implemented, the most effective intervention for child abuse-prevention will be facilitated.

Moreover, this study examined the extent to which intervening variables such as type of abuse influence the
public's tendency to judge a case as abusive. Differential judgment of abuse according to type of abuse may have important implications for the interpretation of reporting statistics. Results may suggest that reporting statistics may reflect the observers' decision model as well as actual incidence rates. Thus, some populations may be at risk for over-identification, while the characteristics of other groups may place them at risk for false negative judgments. The risk of over or under-identification may be increased when specific types of abuse are involved.

Thus, the purpose of this investigation was to identify deficits in childrearing knowledge, atypical parental attitudes, and judgments of abusive situations that correlate with high scores on a measure of child abuse potential.

Hypotheses

The following results were expected:

1. There will be a significant difference between high and low scorers on the CAP with regard to judgments of abusive situations.
2. High scorers on a measure of child abuse potential will evidence more deficits in childrearing knowledge than will low scorers on the child abuse potential measure.
3. Low scorers on the Child Abuse Potential Inventory
will give judgments of abuse that are more consistent with legal definitions of child abuse than will high scorers.

4. High scorers on a measure of child abuse potential will exhibit more deviant attitudes and expectations toward parenting than will low scorers on the child abuse potential measure.
Method

Description Of Sample

Two hundred and eighty-two subjects participated in this investigation. The demographic data are presented in Table 1. The sample was predominantly female (67%), single (71%), white (76%), and childless (76%). Of the subjects with children, 5% had one child, 11% had two children, 4% had three children, and less than 1% had seven or more children. The sample was mostly Catholic (49%) and Protestant (38%). The majority of the sample reported total family income over $40,000.00 and only 15% of subjects reported total family income of less than $20,000.00. The sample was relatively young, with 39% between the ages of 17 and 19, and 31% of the participants were between the age of 20 and 29.

Materials

Demographic Data Form (see Appendix E)

The demographic data form was composed of seven items. Participants were asked to write their age and sex. Subjects then chose the appropriate demographic category for the areas of: marital status, parental status, race, religion, and total family income.
Child Abuse Potential Inventory (see Appendix A)

The Child Abuse Potential Inventory (CAPI) (Milner, 1982) is composed of 160 items that was developed to select individuals who are potentially abusive to children. Each item on the CAPI is answered in a forced choice, agree-disagree format.

In scoring the CAPI, transparent scoring templates are used to score the clinical and validity scales. The inventory has seven clinical scales. The main clinical scale is the 77 item child abuse scale. The child abuse scale ranges from 0 to 488 points. The additional clinical scales are labeled: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems with others (Milner, 1982).

For each scale, the weighted score for each item is printed on the scoring template. These values are summed across the items to obtain the scale scores. For the validity scales, no weighted score values are used; instead, each of the 18 items are simply scored one point if answered in the scoreable direction (Milner, 1982).

Milner (1982) noted that the three clinical scales describe psychological difficulties (distress, rigidity, and unhappiness). The remaining three scales imply interactional problems experienced by the respondent (problems with child and self, problems with family, and problems with others). The distress factor measures
feelings of personal distress, such as feelings of sadness, anxiety, depression, confusion, and frustration (Milner, 1982). The unhappiness dimension measures a general satisfaction/dissatisfaction with relationships. The fourth clinical scale, problems with child and self, seeks to identify subjects who describe their children in a negative fashion. Moreover, this factor measures respondent's perceptions of their competence and ability with their children. The problems with family scale focuses on a variety of difficulties in the respondent's familial relationships. The problems with others dimension measures general difficulties in social relationships.

In addition to the clinical scales, 18 items compose a "Lie Scale". The lie scale items were developed to help eliminate those persons who are confused or who attempt to "fake good" responses (Milner, 1982). The CAPI also contains an 18 item "Random Response Scale". This scale was designed to measure the random response patterns given by individuals who are unable or unwilling to read the items, who do not comprehend the items, or who are responding randomly for other reasons (e.g., psychoses). If none of the validity scores are elevated, it can be assumed that the CAPI is not being significantly influenced by response distortions.
The CAPI has a readability level of grade three. There is no time limit for completing the test. The inventory usually takes the high school educated person fifteen to twenty minutes to complete.

Normative data on the CAPI was gathered on 836 individuals. For the general population normative subgroup, the mean abuse score was 91.0, (SD = 75.0). The normative group was composed of 23% males and 77% females. The mean age of the normative group was 32 years old (SD = 8.1). The mean educational level was 14 years (SD = 2.6). Seventy-six percent of the normative group was married, 8% were single, and 16% were separated, divorced, or widowed. Thirteen percent of the normative group was black, 83% were white, and 4% were of other ethnic backgrounds.

Six of the studies that provided the normative data are presented in the following section. Milner (1982) administered the CAPI to 59 parents in Florida. The mean for the abuse score was 50.0 (SD = 31.0). Fourteen percent of the sample was male and 84% were female. The average age was 36.7 years old and 97% of the subjects were married. Milner and Robertson (1985) studied 31 individuals in North Carolina. In this investigation, the mean abuse score was 75.4 (SD = 55.0); 42% of the subjects were males, 58% were females, the average age was 34.2 years old. Seventy-four percent of the subjects
were married, and 96% of the group was white. Couron (1981, 1982) assessed 31 subjects on the CAPI. These studies were conducted in California, the mean abuse score was 80.5 (SD = 51.7); the mean age for these subjects was 33.3 years old. Ninety percent of the participants in this study were married. Burge (1982) studied 87 parents in the military in West Germany. The mean abuse score for these parents was 112.8 (SD = 82.0). Seventy-four percent of the subjects were males, 26% were females. The average age was 29.3 years old. Eighty-four percent of this population was white, 16% were non-white.

In Milner's normative subgroup of child abusers, the mean abuse score was 166 (SD = 86.3), the mean age of the abusers was 26.8 years old, (SD = 7.6). The mean educational level of the abusers was 11.2 (SD = 1.9). Sixty-one percent of the abusers were married, while the remaining 39% of the group were either single, separated, divorced, or widowed. Finally, the abusers had a mean of 2.3 children, (SD = 1.2).

The following studies provided some of the normative data for the CAPI with abusive populations. Milner and Robertson (1985) conducted a study with the CAPI on 15 identified child abusers and pedophiles in North Carolina and Oklahoma. The mean abuse score for these populations was 179.1 (SD = 112.9). In this study,
all of the subjects were males, the mean age was 30.7 years old. Seventy-three percent of this population was married, and 87% of the men were white. Couron (1981, 1982) examined 31 "abusers" and "neglectors" in California. Their mean abuse score was 183.3 (SD = 90.0). The mean age was 28.7 years old and 52% of this sample was married. No further demographic data was gathered in this study. Gold and Milner (1984) studied 87 spouse abusers in the military in North Carolina. These individuals had a mean abuse score of 151.7 (SD = 102.6). 91% of the sample were males. The average age of the respondents was 25.3 years old. Eight-four percent of the participants were married and 48% of the sample identified themselves as white. Milner (1982) assessed 82 neglectful and/or abusive individuals. These subjects had a mean abuse score of 197.2 (SD = 98.3). Twenty percent of the subjects were male, 80% were female. The mean age was 27.8 years old, 56% of these individuals were married and 70% were white.

Thus, the CAPI has been extensively examined in both laboratory and clinical trials. Concurrent validity data reveal that the CAPI correctly identified 87 known active abusers with 94% accuracy (6% false negatives and zero percent false positives). Reliability coefficients (KR-20) range from .92 to .96, and split half coefficients range from .93 to .98 (Milner, 1982).
The dependent measures included: the Knowledge of Behavioral Principles Inventory (O'Dell, Tarler, Benlolo, & Flynn, 1977); the Parental Expectations, Attitudes and Belief Inventory (Rickard, Graziano, & Forehand, 1984), and the Child Abuse Sensitivity Questionnaire (Williams & Osborne, 1986).

Knowledge of Behavioral Principles Inventory (see Appendix B)

The Knowledge of Behavioral Principles Inventory (KBP) (O'Dell, Tarler, Benlolo, Flynn, 1977) is a 50 item multiple choice instrument that assesses verbal understanding of behavioral principles as they relate to childrearing practices and child management techniques. This instrument is scored by either correct or incorrect answers according to a master answer sheet.

The questions on the KBP were initially based on a tally of 60 behavioral principles found in four texts: Parents Are Teachers (Becker, 1971); Managing Behavior (Hall, 1971); Living with Children (Patterson & Guilhon, 1968); and Families (Patterson, 1971). An initial set of 105 questions was written and each was rated on a five-point Likert scale by four Ph.D. level behavioral psychologists (Tarler, Benlolo, & Flynn, 1979). The items were assessed for clarity and were assessed for how well each question represented the behavioral
principles. The 70 most highly rated questions were selected to be administered to experimental subjects. The responses of the subjects were used to select 41 of the 70 items which had the highest point-biserial correlations with the overall test (all over 0.30), and the highest overall rating (O'Dell et al., 1979). The distribution of responses to incorrect items was analyzed and also used to improve the scale by writing better distractors (O'Dell et al., 1979).

Consequently, a new set of 64 items was developed and rated by psychologists, the 29 most highly rated of these items were added to the original 41 items. This set of 70 items was given to a new sample of 147 persons who were targeted as having had various amounts of experience with behavior modification (O'Dell et al., 1979). This sample included: parents from a local school, parents receiving parent training, members of a civic organization, teachers, graduate students in psychology and mental health professionals (O'Dell et al., 1979).

The 50 items with the highest point-biserial correlations with the total score (all greater than 0.30, mean = 0.49) were used in the final instrument (O'Dell et al., 1979). The normative data from this study produced a mean of 24.4, (SD = 11.8) (O'Dell et al., 1979). The Kuder-Richardson reliability coefficient was 0.94, and
the odd-even split-half correlation was .093 (O'Dell et al., 1979).

O'Dell et al. (1979) stated that the content validity of the KBP is based on the assumption that the texts from which the concepts were derived represent the set of behavioral principles most frequently required of people who will work on behavioral programs with children.

O'Dell, Flynn, and Benlolo (1979) conducted further research on this instrument. O'Dell et al., (1977) administered the KBP Inventory to 25 parents who volunteered for a child management workshop. The mean age of the subjects was thirty-five years, the model educational level was completion of high school and mean intelligence level was 102 (SD = 18.0) (O'Dell et al., 1977). The parents were given five hours of training in behavioral principles using lectures, films, discussion groups, and reading assignments. Subjects mean percent correct on odd-even split-halves of the KBP Inventory increased pre-post test from 48% to 85% (O'Dell et al., 1977). Four additional samples of undergraduate university students (n = 91) were given similar training. Their mean percent correct on split halves on this inventory increased pre-post from 57% to 85% (O'Dell et al., 1977).

O'Dell et al. (1979) state that no normative data are available on individuals who request specific
training. Moreover, these researchers note that no data are available as to what score on the KBP Inventory reflects an "acceptable" score (O'Dell et al., 1979).

**Parental Expectations, Attitudes, and Belief Inventory** (see Appendix C)

The Parental Expectations, Attitudes, and Belief Inventory (PEABI) (Rickard, Graziano, & Forehand, 1984) was developed to measure parental knowledge and expectations about the behavior and development of children. The inventory has 67 items which are presented and scored in a Likert-type format. This instrument contains the following five scales:

1. Parental Knowledge of Child Development Norms
2. Need to be Liked
3. Shoulds and Should Nots
4. Parental Reactions to Child's Deviant Behavior
5. Beliefs about Child Management and Guidance

The first major scale of PEABI is the Knowledge of Child Development Norms. This scale is composed of 20 items. These items were selected from the following developmental scales: The Boyd Developmental Progress Scale (Boyd, 1974); the Denver Developmental Screening Test (Frankenburg & Dodds, 1967); the Gessell Developmental Schedule (Gessell & Amatruda, 1958); the Stanford-Binet Intelligence Scale (Terman & Merrill,
1962), and the Vineland Social Maturity Scale (Doll, 1947). In addition, items with corresponding age norms were sampled to include motor, cognitive/intellectual, self-help, moral, and behavioral domains (Rickard et al., 1984).

The second major scale of this inventory, the Need to be Liked Scale, is composed of seven items. This scale assessed beliefs that a child's behavior reflects favorably or unfavorably on the parents of the child (Rickard et al., 1984). The third scale, Parental Reactions to Child's Deviant Behavior consists of 23 items. The fourth major scale evaluated the rigidity of parental beliefs about the appropriateness of specific behaviors for children. This scale has 12 items and is labeled "Shoulds and Should Nots" (Rickard et al., 1984). The final scale, Beliefs About Child Management and Guidance Scale, assesses parental beliefs about the optimal level of parental intervention necessary to enhance child development. This scale consists of five items.

The authors report test-retest correlations of .70 (Rickard et al., 1984). Cronbach's alpha technique (Cronbach, 1951) was used to obtain an index of internal consistency for each scale. The median alpha value was .67. Convergent and discriminant validity was evaluated via behavioral observations of parental management. The
correlations were significant at the .01 level of probability (Rickard et al., 1984). The authors report that additional normative data is not yet available (Rickard et al., 1984).

Child Abuse Sensitivity Questionnaire (see Appendix F)

The Child Abuse Sensitivity Questionnaire (CASQ) was developed by Williams and Osborne (1986) to assess knowledge of reportable child abuse. This questionnaire is composed of 20 vignettes concerning an adult's observation of particular abused children that are scored in a Likert-type format. The scores range from 0 to 100 with higher scores indicating insensitivity. Participants were asked to rate the abusive nature of each vignette: 1) definitely abusive, 2) probably abusive, 3) probably not abusive, 4) definitely not abusive, 5) may or may not be abusive; insufficient information. As defined by Louisiana legal statutes, all of the 20 vignettes were considered cases of child abuse.

Procedure

Participants were individually recruited through personal contact from the East Baton Rouge Parish community. A few naturally-formed groups (e.g., Louisiana State University undergraduates, Sunday school
classes) were also recruited. An effort was made to draw from a wide variety of settings to approximate the composition of the East Baton Rouge Parish community. Fifteen subjects were eliminated because they failed to complete the assessment devices correctly.

Subjects were given a brief description of the study that was described as a study concerning childrearing attitudes. When agreement to participate was received, subjects were given consent forms to sign (see Appendix D). They were given verbal instructions to read specific directions for each assessment device and to follow those directions. Subjects were informed that the study would require 45 to 50 minutes to complete. They were administered a packet of assessment devices that included: the Child Abuse Potential Inventory, the Parental Expectations, Attitudes, and Belief Inventory, the Knowledge of Behavioral Principles Inventory, the Child Abuse Sensitivity Questionnaire, and the Demographic Data Form. Some participants completed the form in the presence of the experimenter; others elected to take the materials home for completion. Those participants who took the assessment packet home were given an appointment to return the packet to the experimenter. All participants were debriefed when the packet was returned. All subjects were instructed to work individually and not to collaborate with others.
Results

The design of this study was a 2 x 7 multivariate analysis of variance. The independent variable was the score of the child abuse scale of the CAPI. The dependent measures included: the KBP Inventory, the PEABI, and the CASQ.

To test the experimental hypotheses, comparisons between Low CAPI scores and High CAPI Scores and the dependent measures were conducted via a MANOVA. The two levels of the independent variable were represented by the high and low scores on the CAPI. The dependent measures were the KBP Inventory, the five scales of the PEABI: Parental Knowledge of Child Development Norms, Need to Be Like, Shoulds and Should Nots, Parental Reactions to Child's Deviant Behavior, and Beliefs about Child Management and Guidance. The final dependent measure was the score from the CASQ.

Experimental groups were created by the median split on the CAPI. The cut-off score for the two experimental groups was 108. The high and low CAPI groups were examined for differences on demographic variables. Table 2 presents the demographic data and binomial tests for normal approximations for the data.
Binomial Tests on Demographic Data

Binomial tests with normal approximations (Siegel, 1956) were calculated to determine if significant differences existed between the high and low groups on the CAPI with regard to demographic variables (see Table 2). No significant differences were noted between the two groups according to sex, marital status, parental status, race, religion, or number of children. The only significant difference occurred with the variable of total family income. For subjects earning less than $20,000, there was a significant difference between the two median split groups. 18.6% of subjects were in the above-the-median group while 12.0% of subjects were in the below-the-median split group. The two other levels of total family income did not show significant differences between the two groups.

Descriptive Statistics on Experimental Variables

The means and standard deviations for each variable on each experimental condition are presented in Table 3. The means and standard deviations were calculated for each level of the experimental groups, as well as for the total sample for each variable.

For the KBP the low group had a mean of 18.4 (SD = 6.1). The high group had a mean of 16.6 (SD = 6.3). For the entire sample on the KBP, the mean was 17.5 (SD
The normative data gathered on the KBP was based on 147 subjects with varying amounts of experience with behavior modification (O'Dell et al., 1979). The normative data produced a mean of 24.4 (SD = 11.7). The normative population achieved higher scores on this inventory than either of the experimental groups in the present investigation (i.e., the below and above median split groups). Thus, it appears that both experimental groups in the present study possessed less knowledge of behavioral childrearing and child management techniques than the normative population.

The PEABI contains five scales. For the first scale, the Parental Knowledge of Child Development Norms, the mean for the low experimental group was 98.1 (SD = 8.3). For the high median experimental group, the mean was 96.1 (SD = 10.1). The entire sample of the Parental Knowledge of Child Development Norms had a mean of 97.1 (SD = 9.3).

The second major scale on the PEABI is the Need to Be Liked Scale. On this scale, the low CAPI group had a mean of 33.2 (SD = 8.3). The high experimental group had a mean of 33.2 (SD = 5.7). The entire sample on the Need to be Liked Scale had a mean of 33.2 (SD = 5.0).

On the third subscale on the Parental Expectations, Attitudes and Belief Inventory, the Shoulds and Should Not Scale, the low experimental group
had a mean of 59.1 (SD = 8.4). The high group had a mean of 57.9 (SD = 9.1). The entire sample had a mean of 58.5 (SD = 8.8).

The fourth major scale on the PEABI has been identified as Parental Reactions to Child's Deviant Behavior. For the low group the mean was 104.3 (SD = 10.9). The high group had a mean of 106.1 (SD = 13.2). The entire sample on this subscale had a mean of 105.1 (SD = 12.1).

The final scale on the PEABI is the scale labeled Beliefs about Child Management and Guidance. The mean for the low experimental group was 22.2 (SD = 4.8). The mean for the high experimental group was 23.2 (SD = 4.2). The entire sample had a mean of 22.7 (SD = 4.5).

On the Child Abuse Sensitivity Questionnaire, the low experimental group had a mean of 48.7 (SD = 12.8). The high experimental group had a mean of 50.0 (SD = 13.6). For the entire sample on the questionnaire, the means was 49.3 (SD = 13.2).

For the CAPI the low experimental group had a mean of 56.9 (SD = 26.3). The high experimental had a mean of 170.8 (SD = 87.8) The entire sample had a mean of 113.9 (SD = 84.6).

The low experimental group obtained a mean CAPI abuse score (M = 56.9) lower than Milner's general population normative subgroup (M = 91.0) (Milner,
1982). The high experimental group in the present investigation, obtained a mean CAPI abuse score of 170.8; these results are consistent with and slightly higher than the normative data reported by Milner (1982) on his normative population's scores (M = 166).

These mean abuse scores provide conceptual clarity and significance to the concept of the median split groups. The experimental group below-the-median-split had a mean abuse score that was higher than the abuse score collected on the general population in Milner's normative data. The experimental group identified in this study as the above-the-median-split group had a mean abuse score that was lower than the abuse score collected on the general population in Milner's normative data. The experimental group identified in this study as the above-the-median-split group had a mean abuse score that was consistent with the normative data produced by abusive subjects in Milner's validation and reliability studies (Milner, 1982). Thus, the two-median split groups yielded great differences in the mean abuse scores on the CAPI.

Multivariate Analysis of Variance

The results of the Multivariate Analysis of Variance (MANOVA) are presented in Table 4. Results of the overall $2 \times 7$ MANOVA were significant using the
Pillais multivariate test of significance, $E(1,280) = 2.02 \, p < .05$. Subsequent, univariate $F$ tests revealed a significant main effect for the KBP $F(1,280) = 5.92 \, p < .016$. Thus, the high and low median split groups differed significantly on their knowledge of behavioral childrearing and child management principles. The univariate $F$ tests did not demonstrate any significant main effects for the PEABI or the CASQ.
Discussion

The present study examined individual's expectations, attitudes, and beliefs toward childrearing and child management techniques. Additionally, this investigation assessed individual's knowledge of parenting and behavioral child management techniques. Data generated in this investigation also evaluated the presence of differential judgment of child abuse in a community sample. Specifically, this study sought to determine whether subjects who score high on a predictor of child abuse (the Child Abuse Potential Inventory) differ significantly from subjects who score low on this inventory in their attitudes, expectations, and beliefs toward childrearing and in their knowledge of behavioral child management techniques.

Knowledge of Behavioral Childrearing Practices

As hypothesized, the data revealed that there was a significant difference between high and low scorers on the CAPI as a function of the individual's level of knowledge of behavioral principles as applied to child management techniques. High scorers on the CAPI measure evidenced more deficits in childrearing knowledge

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as compared to low scorers on the CAPI. Subjects identified as being at risk for child abuse, thus differed significantly from those subjects identified as being at low or no risk for child abuse on the KBP Inventory.

It is interesting to note that O'Dell et al.'s (1979) normative population achieved higher mean scores on the KBP Inventory than either of the two experimental groups in the present investigation (i.e., low CAP group and the high CAP group). Thus, the data suggests that both experimental groups in the current study possess less knowledge of behavioral childrearing practices and child management techniques than the normative population. This difference may be partly attributed to differences on demographic variables. However, as O'Dell et al. (1979) indicated, there are no data available as to what score on the KBP Inventory reflects an "acceptable" score. Thus, it is difficult to interpret and account for these differences between the groups.

There have been few empirical investigations regarding deficits in childrearing knowledge and parental attitudes in potentially abusive individuals. Osborne et al.'s study has been the
only prior investigation to assess this issue. Results from this study showed that subjects who score high on a predictor of child abuse evidence deficits in their knowledge of child management techniques. Findings from the current study confirmed Osborne et al.'s (1986) conclusions that persons who score high on the CAPI evidenced decreased knowledge of behavioral childrearing principles and child management techniques.

However, the present study did not confirm previous findings (Osborne et al., 1986) that subjects who score high on a predictor of child abuse differ significantly from persons who score low on a predictor of child abuse in their rigidity of beliefs about appropriate child behaviors, in their need to be liked by others, and in their beliefs that a child's behavior reflects favorably or unfavorably on the parent.

Thus, although the present investigation did confirm one conclusion from the Osborne et al. (1986) study, it failed to confirm all of the conclusions. This difference may be partly attributed to the different populations that were studied in the two investigations. As Osborne et al. (1986) used undergraduate volunteers who were
young (M = 18.0 years old) and demographically similar, this homogeneous sample may have provided an unrealistic portrait of the potentially abusive individual. Various studies have found that child abusers are present in every socioeconomic level of society (Garbarino et al., 1986; Gill, 1983; Egan, 1983; Williams, 1983; Wolfe et al., 1988). Moreover, child abusers do not fit any specific social or demographic pattern or portrait (Garbarino et al., 1986; Newberger, 1983; Osborne, 1985; Williams, 1983). Thus, in studying such a homogeneous population, the generalizations and implications one can draw are severely restricted. As the current investigation used a community sample, these subjects may have provided a more realistic and representative picture of the areas of weakness, as well as strengths of potential child abusers.

Judgments of Abusive Situations

The results from this investigation revealed no significant differentiation between high and low scorers on a predictor of child abuse with regard to judgments of abusive situations. Thus, individuals at risk for child abuse (M = 50.0; SD = 13.6) did not differ from those at low risk for
child abuse (M = 48.7; SD = 12.8) in judgments concerning what constitutes psychological and physical child abuse. Furthermore, no differences were found between the two groups in providing judgments consistent with legal definitions of child abuse. Thus, both groups judged abusive situations at an average level and gave judgments that were equally consistent with the law. Many factors influence judgments about child abuse, and have important implications for reporting rates and statistics for prevention programs, as well as for training and treatment for parents and other potential child abusers.

Research has shown that the reporting rates for suspected child abuse differ according to type of abuse (psychological versus physical), and on such variables as demographic and socioeconomic characteristics of the perpetrator and victim (Newberger, 1986; Osborne et al., 1986; Williams et al., 1986). Osborne et al. (1986) found that subjects differentially reported child abuse according to their perceptions of the attractiveness and sex of the caretaker. Osborne et al. (1986) concluded that circumstances other than the facts of the case influence the judgments
about abuse. The differential reporting of abuse and judgment of abusive conditions has important implications for the interpretation of reporting statistics which are frequently used to identify high risk groups for prevention programs. These researchers concluded that, based on social characteristics, some groups of perpetrators and victims of child abuse may be at risk for false negative evaluations (Osborne et al., 1986).

Previous studies have also examined professional's judgment and attitudes toward child abuse reporting laws. Swoboda et al. (1979) found that 87% of psychologists surveyed indicated that they would not report abuse in a hypothetical situation. Muehleman and Kimmons (1981) in a similar study, reported that 49% of their sample of 39 psychologists would not report the case. More recently, Williams et al. (1986) surveyed six groups of professionals to determine the extent to which mandatory reporting had been integrated into the professional's daily practice. Data revealed that all participants differentially judged and reported the hypothetical cases as a function of the type of abuse in the cases. Across all professional groups, participants were more
inclined to report physical than psychological abuse. These studies have important implications for the field of child abuse; however, there have been no studies that assess potential child abuser's judgment of what constitutes abuse. The present study addressed this void in the literature of child abuse.

Generally, it appears that potential child abusers have as much difficulty identifying an abusive relationship with a child as do the professionals required by law to report them, and ethically, to treat them and eventually to prevent child abuse entirely.

Parenting Techniques and Child Abuse

Social learning theory posits a relation between parent-child relationships, child management techniques, and child abuse. Data from the present investigation support the formulation put forth by social learning theory concerning family processes and child maltreatment. Social learning theory proposes that child maltreatment is "rooted in day to day transactions between parents and their children" (Reid, Patterson, & Loeber, 1982, p. 49) Social learning theory suggests that
a major factor involved in child abuse is the limited and ineffectual parenting techniques and childrearing practices employed by the abusive caretakers. Data from the present study confirm that potentially abusive individuals do exhibit greater deficits in their knowledge of childrearing practices and child management techniques than individuals at low risk for child abuse.

Furthermore, social learning theory provides a logical framework for the findings of this study. Thus, abusive caretakers tend to ignore, misinterpret, or avoid prosocial child behaviors, and instead provide reinforcement for inappropriate child behaviors (Ambrose et al., 1980; Patterson, 1982). The hypothesis set forth in the present study that abusive caretakers are more likely to use ineffective childrearing and child management techniques, such as yelling or nagging, corresponds to tenets of social learning theory (Patterson, 1982; Reid et al., 1982).

Social learning theory posits an escalation cycle in which higher levels of aggression are used if lower levels are ineffective in child-parent interactions. Social learning theory suggests the end result that was found in the present study:
that abusive parents employ ineffective childrearing techniques, the discipline fails, the parent becomes increasingly frustrated in his/her attempts to control the child and severe punishment is likely to result. These findings were obtained in an earlier study as well (Gambrill, 1983). As the caretaker feels limited in his/her child management options, aggression and physical punishment are likely to become the primary child care tools. Moreover, according to social learning theory, this type of behavior is then reciprocated and imitated by other family members (Patterson, 1982). It is thus essential to provide potentially abusive caretakers with a variety of childrearing approaches and child management techniques so that they do not have to resort to physical or emotional abuse.

Training of Abusive Parents

Subjects at risk for child abuse appear to exhibit the same degree of awareness and judgment as to what constitutes physical as well as psychological abuse, as do individuals at low risk for child abuse. This finding suggests that not only do we need educational programs for
professionals responsible for treating these individuals, but we also need to train parents to be sensitive to proper treatment of their children.

These results have especially important implications for treatment programs. As it appears that potentially abusive individuals possess some awareness and judgment as to what constitutes child abuse, their primary weakness lies in their knowledge base of childrearing practices and childrearing techniques. Thus, treatment programs for child abuse should provide preventative education programs for high risk individuals, as well as for the general community. These programs should emphasize comprehensive informational and educational programs on childrearing and child management skills as advocated by Williams (1983). Williams (1983) proposes that child abuse prevention may be effectively implemented by providing parenting courses and family life education classes to the community. Some programs have been designed specifically for use with abusive families. Ambrose, Hazzard, and Haworth (1980), for example, devised a cognitive/behavioral/educational group curriculum for 23 abusive parents. Ambrose et al. (1980)
found that their group provided some short term changes in abusive parents' cognitions and behaviors. The authors cited the need for additional studies to be conducted.

Early intervention techniques for potential abusive parents have also been proposed. Wolfe, Edwards, Manon and Kaverola (1988) conducted a preliminary investigation of early intervention techniques for parents at risk for child abuse and neglect. In this study, the researchers randomly assigned 30 mother and child dyads to either (1) an information group or (2) behavioral parent training group. Results illustrated that both groups showed improvements in their child-rearing environments and in their children's adaptive behaviors at follow-up times. Furthermore, the clinical significance of both intervention programs was highly endorsed by the parents. Wolfe et al. (1988) maintain that families at risk for maltreatment are best helped through assistance in effective child management skills.

Wolfe, Sandler and Kaufman's (1981) study also illustrated the importance of educational programs as a primary preventative method for child abuse. These researchers developed an educational
intervention program for eight abusive families. Results from this study showed that training abusive parents in child management techniques and self-control skills resulted in significant improvements in parenting skills. In a one year follow-up study, no evidence of child abuse among the treatment families had been reported or suspected by the investigators.

Furthermore, in a comparison between parent/educational training and multi-systematic therapy with 43 abusive and/or neglectful families, Brunk, Hengeller, and Whelan (1987) found significant results for the training program. Overall, the treated families evidenced decreased psychiatric symptomatology, reduced overall stress, and a reduction in the severity of the identified problems. Thus, intervention programs that have targeted deficits in potentially abusive individual's knowledge of childrearing techniques have had a significant and positive impact on the individual and his/her family.

Attitudes Toward Childrearing Practices

The present study failed to find differences between high and low scorers on the CAPI on attitudes toward childrearing practices.
Specifically, those individuals who scored high on the predictor of child abuse did not differ from low scoring individuals on their reactions to children's deviant behavior, their rigidity of beliefs about the appropriateness of certain behaviors for children, their beliefs that a child's behavior reflects favorably or unfavorably on the parents (need to be liked), and in their beliefs about child management and child guidance principles.

This finding did not confirm Osborne et al.'s (1986) results that individuals who score high on a predictor of child abuse show a greater need to be liked and are more rigid in their beliefs about the appropriateness of certain behaviors for children than are low scorers. It is possible that conducting the present investigation on a community sample versus a homogeneous group of undergraduate college volunteers (Osborne et al. 1986) accounted for the differences in the two studies' results. However, the relationship is unclear and calls for further studies to clarify these findings.

Limitations of the Investigation

Extrapolations from the findings of this
investigation are limited by several methodological compromises. First, the participants in the study were more homogeneous demographically than originally estimated. Thus, subjects in the study may not be totally representative of more broadly based community samples. Although the present sample represents a broader occupational, racial, religious, and socioeconomic base than the Osborne et al. (1986) sample, it is still overly represented by single, young, white, and childless individuals. Thus, subjects in the study may not be totally representative of more broadly based community samples. Consequently, the extent to which this short-coming affects the limit of the applicability of the findings is unknown. Furthermore, it is possible that the hypotheses proposed for this study would be better investigated in a more heterogeneous sample.

The second methodological constraint involves one of the dependent variables: The Knowledge of Behavioral Principiles Inventory (O'Dell, Tarler, Benlolo & Flynn, 1979). This inventory specifically measures the individual's knowledge of childrearing techniques and child management approaches according to a behavioral school of
thought. Thus, the subject's knowledge of childrearing techniques was interpreted solely in light of behavioral childrearing and child management techniques. Future studies should assess the knowledge of childrearing techniques in potentially abusive individuals in light of alternate schools of thought (i.e. cognitive, family systems, cognitive-behavioral, etc.).

Perhaps most limiting in this study is the compromised power of defining high and low risk child abuse groups on the basis of a median split of scores on the CAPI. However, this approach was used in order to replicate Osborne et al.'s study (1986) as closely as possible. The population is already an undefined, normal group and the effect of using scores of subjects along the entire continuum of scores fails to create comparison groups at the extreme ends of the risk factors. Further studies should choose subjects who indeed place themselves at the extreme dimensions of the risk factor.

Implications

The present study addressed an important void in the literature of child abuse prevention and parent training. This study was designed to
illustrate a connection between child abuse potential and deficient parenting knowledge and skills. If indeed it is true, as found in this study, that knowledge about child management techniques from the behavioral perspective is related to potential child abuse, then appropriate prevention and treatment programs can be applied to at risk groups. While there have been numerous studies using preventive education with non-abusive parents who express difficulties raising their children (Patterson, 1973; Waler, 1979; Williams, 1983; Wolfe et al., 1981), there is virtually no empirical research on the efficacy of this approach with potentially abusive parents (Bescharov, 1981; Egan, 1983; Osborne et al., 1986; Williams, 1983). This study points to the need for providing education to potentially abusive caretakers as a primary method of prevention of physical and psychological child abuse.

This study revealed that potentially abusive individuals do not lack the awareness of judgments as to what constitutes child abuse; instead they seem to evidence deficits in their knowledge base of childrearing and child management techniques. This finding carries important implications for the field of preventive education as a primary method
of combating child abuse. Basic childrearing skills and child management techniques seem to be the most appropriate target to focus attention upon with potentially abusive caretakers.

The few parent training programs for abusive parents have reported significant decreases in the frequency and severity of subsequent abuse, improved parent-child relationships, and improved psychological functioning of parents and children (Ambrose & Hazzard, 1980; Brunk et al., 1987; Katz, 1979; Wolfe et al., 1988). Consequently, this study re-affirmed the importance of identifying specific deficits in the caretaker's knowledge of childrearing and child management techniques. Once these deficits have been appropriately identified, educational programs can be designed to address these weaknesses.

Identification of the potentially abusive caretaker's knowledge of child management techniques is the first step in working toward an empirically based prevention program for child abuse. Targeting knowledge deficits advances prevention by providing parents with specific and relevant areas to focus instruction upon. Thus, the most effective intervention for child abuse, prevention, will be facilitated. This study
illustrated the importance of this type of approach for potentially abusive individuals for therapeutic as well as preventive measures. In isolating specific deficits in childrearing knowledge, professionals can intervene more rapidly and effectively with potentially abusive caretakers.

In addition, early preventive education might best be applied to general populations prior to any actual child care experiences of their own. (Williams, 1983; Wolfe et al., 1988). Both high school students and expectant parents can be targeted. Specifically, parenting, educational and child management techniques might be taught as part of high school curriculum. Thus, youngsters would be provided with a broad knowledge base concerning child care and child management techniques prior to becoming caretakers themselves. Moreover, a course in child management techniques for adolescents would serve several purposes. First, such a course would aid students in clarifying their future goals. Second, this type of non-intrusive education would prepare youngsters for their eventual role as caretakers, if they pursue this type of lifestyle. Finally, an educational class in parenting/child management techniques would provide appropriate problem solving models to young
adolescents as they make the difficult transition to young adulthood. Finally, information brochures providing education on childrearing practices might be provided to new and expectant parents by various human service agencies.

Future Research

While the findings of the present study are not conclusive, the results suggest that knowledge of child management techniques is related to elevated scores on an instrument designed to identify potential child abusers. Future research should attempt to replicate and expand upon these findings. In addition, further research should further specify and clarify the areas of childrearing practice, child management techniques, and childrearing knowledge in which potential child abusers evidence the greatest weaknesses.

Prior studies have examined individual's expectations, attitudes, and beliefs toward childrearing in an undergraduate, volunteer student population (Osborne et al., 1986), as well as in a community sample (Williams, 1988). It would be important to examine these variables in a clinical population and to observe the differences/similarities among these three
different populations. Specifically, this study should be replicated with physical and psychological child abusers to determine if the findings from the previous studies are confirmed.

The implications for further study suggested by the present investigation are strongest in the area of preventive education with potentially abusive individuals. Various researchers have cited the importance of administering preventive education to non-abusive parents. This study also illustrates the importance of providing preventive education to individuals at high risk for child abuse.

Data generated in this investigation indicated a significant difference between the high and low median split groups as to their level of knowledge of behavioral principles as applied to childrearing practices and child management techniques. These results suggested that potentially abusive individuals possess a degree of awareness and judgment as to what constitutes physical and psychological child abuse; their weakness appears to lie in their knowledge base of parenting techniques. These findings have important implications for parent training programs as well as for preventive educational programs.
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Table 1

Demographic Data of Subjects

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<td>Yes</td>
<td>24%</td>
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<td>No</td>
<td>76%</td>
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<tr>
<td>White</td>
<td>76%</td>
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<tr>
<td>Black</td>
<td>22%</td>
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<tr>
<td>Other</td>
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<table>
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<th>Religious Preference:</th>
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<tr>
<td>Protestant</td>
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</tr>
<tr>
<td>Pentecostal</td>
<td>22%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>49%</td>
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<tr>
<td>Jewish</td>
<td>1%</td>
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<tr>
<td>Other</td>
<td>3%</td>
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<tr>
<td>Atheists</td>
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<tr>
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<td>Over $40,000</td>
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<tr>
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<tr>
<td>7</td>
<td>1%</td>
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<td>17 - 19</td>
<td>39.3%</td>
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<td>20 - 29</td>
<td>32.8%</td>
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<tr>
<td>30 - 39</td>
<td>16.7%</td>
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<td>40 - 49</td>
<td>9.0%</td>
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<td>50 - 59</td>
<td>3.3%</td>
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<td>60 - 69</td>
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Binomial Tests on Demographic Data

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<tr>
<td>Male</td>
<td>Below-The-Median</td>
<td>Above-The-Median</td>
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<td>33.8</td>
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<td>Marital Status:</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
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<td>Other</td>
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<td>Total Family Income:</td>
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<tr>
<td>Below $20,000</td>
<td>12.0</td>
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<td>$20,000 to $40,000</td>
<td>39.4</td>
<td>35.7</td>
<td>.75</td>
<td>.2266</td>
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</tr>
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<td>Over $40,000</td>
<td>48.6</td>
<td>45.7</td>
<td>.54</td>
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<tr>
<td>Number of Children</td>
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<td></td>
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</tr>
<tr>
<td>0</td>
<td>73.9</td>
<td>77.9</td>
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<td>1</td>
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Table 3

Means and Standard Deviations of Experimental Community Sample and Normative Group

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<th>COMMUNITY SAMPLE</th>
<th>NORMATIVE GROUP</th>
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<tr>
<td></td>
<td>LOW GROUP</td>
<td>HIGH GROUP</td>
</tr>
<tr>
<td>Child Abuse Potential Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Below the Median)</td>
<td>56.9 (26.3)**</td>
<td>170.8 (87.8)</td>
</tr>
<tr>
<td>(Above the Median)</td>
<td>113.9 (84.6)</td>
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<tr>
<td>Total</td>
<td>267.4 (91.4)</td>
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</tr>
<tr>
<td>General Population</td>
<td>91.0 (75.0)</td>
<td></td>
</tr>
<tr>
<td>Abusive Group</td>
<td>166.0 (86.3)</td>
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</tr>
<tr>
<td>Knowledge of Behavioral Principles Inventory</td>
<td>17.5 (6.3)</td>
<td>24.4 (11.8)</td>
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<tr>
<td>Parental Knowledge of Child Norms</td>
<td>98.1 (8.3)</td>
<td>97.1 (9.3)</td>
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<tr>
<td>Need to be Liked</td>
<td>33.2 (4.3)</td>
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<tr>
<td>Parental Reaction to Deviant Behavior</td>
<td>104.3 (10.9)</td>
<td>105.1 (12.1)</td>
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<tr>
<td>Should and Should Nots</td>
<td>59.1 (8.4)</td>
<td>58.5 (8.8)</td>
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<tr>
<td>Parental Beliefs</td>
<td>22.2 (4.8)</td>
<td>22.7 (4.5)</td>
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<tr>
<td>Child Abuse Sensitivity Questionnaire</td>
<td>48.7 (12.8)</td>
<td>49.3 (13.2)</td>
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* = Mean  
** = Standard Deviation
Table 4

Multivariate and Univariate Test of Significance: CAPI and Dependent Variables

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<th>Test</th>
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<th>F</th>
<th>Probability</th>
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<td>MANOVA:</td>
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<td>Pillias</td>
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<td>.052</td>
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Univariate F Tests

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<td>KBPI</td>
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<td>5.92066</td>
<td>.016</td>
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<td>PEABI</td>
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<tr>
<td>PKN</td>
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<td>3.5536</td>
<td>.068</td>
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<tr>
<td>N to Like</td>
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<td>.01287</td>
<td>.910</td>
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<tr>
<td>Par. Reaction</td>
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<td>1.44075</td>
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<td>Shd/Shd Not</td>
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<td>Belief</td>
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<td>CASQ</td>
<td>1,280</td>
<td>.74407</td>
<td>.389</td>
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</table>
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These consist of pages:

112-117, CAP Inventory Form
118-129, Knowledge of Behavioral Principles Inventory
130-137, Appendix C
Appendix D

ATTITUDES TOWARD CHILDREARING

NAME:

__________________________________________________________________________

MY SIGNATURE ON THIS SHEET, by which I volunteer to participate in this study signifies that I understand that all subjects in the project are volunteers, that I can withdraw at any time from the experiment, that I have been or will be informed as to the nature of the experiment, that the data I provide will be anonymous and my identity will not be revealed without my permission, and that my performance in this experiment may be used for additional approved projects, that I shall be given an opportunity to ask questions prior to the start of the experiment, and after my participation is complete my questions will be answered to my satisfaction.

INVESTIGATOR: DR. JUNE TUMA, Ph. D.
PROFESSOR OF PSYCHOLOGY
LOUISIANA STATE UNIVERSITY
Appendix E
Demographic Sheet

INSTRUCTIONS - Please circle the appropriate answer.

1. Age:

2. Sex:

3. What is your marital status:
   Married
   Divorced
   Widowed
   Single
   Seperated

4. Are you a parent?

5. Race:
   White
   Black
   Asian American
   Native American
   Other

6. Religion:
   Protestant (Episcopal, Baptist, Methodist)
   Protestant "Pentecostal"
   Protestant (Other: Unitarian, Mormon)
   Catholic - Orthodox (Greek, Russian)
   Catholic - Roman
   Jewish
   Other
   No stated religious preference

7. Approximate total family income
   Under $20,000
   $20,000 - $40,000
   Over $40,000
Appendix F

Child Abuse Sensitivity Questionnaire

Please use the following scale to express your judgment of the situations described below:

1. Definitely abusive
2. Probably abusive
3. Probably not abusive
4. Definitely not abusive
5. May or may not be abusive; insufficient information

1. Parent is negative and excessively critical toward child.
2. Neighbor notices small round burn on eight-year-old boys back.
3. A pre-schooler is rarely bathed and has irregular meals.
4. A six-year-old boy in a first grade Gifted and Talented class, draws a picture of a man performing oral sex on a little boy, the teacher asked who the people are and the little boy says it was him and his uncle.
5. Child witnesses recreational use of illegal drugs by parents.
6. An eight-year-old-girl comes to school twice a week with black and blue marks on her arms and legs.
7. Child is totally ignored by one parent.
8. A student returns from college and notices an unusual amount of scar tissue on their six-year-old-sister's back.
9. Child is exposed to violent arguments with parents.
10. Mother notices her eight-year-old-son has bruises and swelling on his arms after returning from his weekly visits with his father and stepmother.
11. Parent is overly permissive and offers minimal disciplinary control over child's behavior.
12. A twelve-year-old-girl explains her recurring welts to other children by saying she is clumsy and fell out of bed.
13. Parents use offensive language and profanity to correct child.
14. A three-year-old-girl is found to have gonorrhea.
15. A three-year-old-boy spends 10 hours per day in a day care center.
16. Mother notices that every time she leaves her eleven-year-old-daughter with the stepfather, the child sustains bruises, burns and cuts.
17. A seven-year-old-boy suddenly becomes fearful, withdrawn and apathetic in school following his mother's remarriage.
18. An eleven-year-old-boy hesitates to get undressed in front of grandmother, when grandmother insists, she sees child's back is red, swollen and covered with welts.
19. An only child of a single mother is constantly reminded that he was her one big mistake in life.
20. An emergency room worker notices suspicious bruises on a seven-year-old-girl, the parents refused to tell the worker how their daughter's leg was broken.
CURRICULUM VITA

BIOGRAPHICAL DATA

NAME: Harriet Schoenberg Williams

OFFICE ADDRESS: DEPARTMENT OF PSYCHOLOGY
Louisiana State University
Baton Rouge, Louisiana 70803
Telephone: (504) 388-8745

HOME ADDRESS: 5514 Moorstone Drive
Baton Rouge, Louisiana 70801
Telephone: (504) 769-6001

EDUCATION

1988 Ph.D
Expected: Clinical Psychology
Louisiana State University
Baton Rouge, Louisiana 70803

1985 MA
Psychology
Louisiana State University
Baton Rouge, Louisiana 70803

1982 BA
Psychology
Smith College
Northampton, Massachusetts 01063

TEACHING EXPERIENCES

August, 1987 to Present Instructor
Department of Psychology
Louisiana State University
Baton Rouge, Louisiana 70803
CLINICAL EXPERIENCES

August, 1988 to Present
Psychological Assistant
Center for Psychological Resources
Baton Rouge, Louisiana
Supervisor: Dr. Karen Sobotka Speier

September, 1986 to August, 1987
Child, Adolescent and Adult
Assessor and Diagnostician
Hall - Brooke Hospital
Westport, Connecticut
Supervisor: Dr. Richard Shapiro

October, 1986 to July, 1987
Adult Outpatient Psychotherapy
Greater Bridgeport Mental Health Center
Bridgeport, Connecticut
Supervisor: Dr. Ellen Nasper

June, 1987 to August, 1987
Primary Supervisor and Co-Family Therapy to Psychology Extern
Supervised: Individual, Group, and Family Therapy cases
Partial Hospitalization Program
Hall - Brooke Hospital
Westport, Connecticut

March, 1987 to August, 1987
Adolescent, Adult and Family Psychotherapy
Partial Hospitalization Program
Hall - Brooke Hospital
Westport, Connecticut
Supervisor: Dr. John Pioli

March, 1987 to August, 1987
Adolescent Group Therapy
Partial Hospitalization Program
Hall - Brooke Hospital
Westport, Connecticut
Supervisor: Dr. John Pioli
VITA, Williams, H.S.

August, 1986 to March, 1987
Child, Adolescent and Adult Individual Psychotherapy
Main I: Inpatient Psychiatric Unit
Hall - Brooke Hospital
Supervisors: Dr. Herbert Barrett
Dr. Robert Jacobs

August, 1986 to March, 1987
Family and Marriage Therapy
Hall - Brooke Hospital
Main I: Inpatient Psychiatric Unit
Westport, Connecticut
Supervisor: Dr. Herbert Barrett

April, 1985 to August, 1986
Assessor, Diagnostician and Individual Forensic Consultation
Baton Rouge Family Court
Baton Rouge, Louisiana 70807
Supervisor: Dr. Yvonne Osborne

March, 1985 to August, 1985
Adult and Family Therapy and Diagnostician
The Marriage/Counseling and Mediation Clinic
Baton Rouge, Louisiana 70806
Supervisor: Dr. Yvonne Osborne

March, 1985 to July, 1985
Assessor
Zimmerman Psychology Clinic
4848 North Boulevard
Baton Rouge, Louisiana 70806

September, 1982 to August, 1986
Research Assistant
Department of Psychology
Louisiana State University
Baton Rouge, Louisiana 70803

September, 1980 to May, 1982
Research Assistant
Department of Psychology
Smith College
Northampton, Massachusetts 01063

May, 1981 to September, 1981
Volunteer Intern
Saint Elizabeth's Hospital
Washington, D.C. 20036
**VITA, Williams, H.S.**

September, 1979 to May, 1980  
Big Buddy Program  
Smith College  
Northampton, Massachusetts 01063

**PRACTICUM EXPERIENCE**

<table>
<thead>
<tr>
<th>Date Range</th>
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| April, 1985 to August, 1986 | Forensic and Child Diagnostics  
Baton Rouge Family Court Center  
Baton Rouge, Louisiana 70807 |
| September, 1983 to May, 1985 | Adult Diagnostics and Therapy  
Psychological Services Center  
Louisiana State University  
Baton Rouge, Louisiana 70803 |
| August, 1983 to May, 1984   | Child and Adult Diagnostics  
Department of Psychology  
Baton Rouge, Louisiana 70803 |
| August, 1982 to September, 1983 | Child and Family Diagnostics and Therapy  
Louisiana State University  
Baton Rouge, Louisiana 70803 |

**MASTERS THESIS**


**PAPERS AND PUBLICATION**


VITA, Williams, H.S.


PRESENTATIONS AND WORKSHOPS


CONTINUING EDUCATION AND PROFESSIONAL WORKSHOPS

April 29, 1987

Affective Disorders in Adolescence: Assessment and Treatment.
Clarice J. Kesterbaum, Ph.D
Hall - Brooke Hospital
Westport, Connecticut

May 20, 1987

Major Depression: Diagnosis and New Therapeutic Approaches.
Myrna M. Weissman, Ph.D
Hall - Brooke Hospital
Westport, Connecticut

June 5, 1987

Modern Pharmacological Treatment of Major Affective Disorders.
Ross J. Baldessarini, M.D.
Hall - Brooke Hospital
Westport, Connecticut

References Available Upon Request
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Harriet S. Williams

Major Field: Psychology

Title of Dissertation: A Community Sample's Knowledge of Judgment and Attitudes Toward Child Abuse and Child-rearing

Approved:

[Signature]
Major Professor and Chairman

[Signature]
Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

November 9, 1988