THE RELATIONSHIP OF ABUSE IN CHILDHOOD TO MATERNAL MALTREATMENT OF CHILDREN

by

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The Relationship of Abuse in Childhood to Maternal Maltreatment of Children

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ABSTRACT

The study of child abuse has been a major research focus since the early 1960's. One prevailing assumption which has remained entrenched in the literature on abuse is the hypothesis of an intergenerational transmission of abuse which specifies that an experience of abuse in childhood is predictive of the adoption of abusive practices as a parent. Empirical and theoretical support for this hypothesis were reviewed. Although theoretical support was indicated, caution was advised with interpretation. Furthermore, empirical evidence appears to have been overstated.

The present study involved four groups of mothers: those with a history of physical and/or emotional abuse as children, who were either maltreating or not maltreating their own children; and mothers without a history of abuse who were either maltreating or not maltreating their own children. The first purpose of the study was to explore the validity of the intergenerational hypothesis of abuse. Results were consistent with predictions generated from the hypothesized cycle of abuse. Based on labeling theory, possible selection biases were proposed to explain this finding. Sampling abusing mothers from treatment programs and nonabusing mothers from volunteer groups may have respectively overrepresented and underrepresented abusive history. For a more representative sample, the cycle hypothesis might not have been supported. The second purpose of
the study was to examine the interaction of childhood experiences with current parenting status on five factors associated with child maltreatment. Specifically, the mothers were compared on their level of self-esteem, perception of their child, level of perceived negative stress, perceived social support, and on the child abuse potential inventory (CAPI). The results indicated that, compared to mothers without a history of abuse, the mothers who had a history of abuse had significantly lower self-esteem and higher purported potential for abuse as indicated by the CAPI. Therefore, self-esteem appeared to be more a function of childhood relationships with parents than a function of current parenting status. The validity of the CAPI for labeling parents at risk for abuse was questioned given that it differentiated the groups by history but not by parenting status.
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CHAPTER I
INTRODUCTION

Child abuse is not a new phenomenon. However, research in this area was virtually non-existent prior to 1960. Professionals generally acknowledged the problem when "The Battered Child Syndrome" was published in 1962 (Kempe, Silverman, Steele, Droegemueller & Silver). Initially, researchers were primarily faced with the issues of showing that child abuse did exist and of establishing the incidence rates (e.g., Gelles, 1978; Gil, 1969). Attention was also directed towards identifying factors associated with child abuse that could be used to explain its occurrence (e.g., Melnick & Hurley, 1969; Spinetta & Rigler, 1972; Steele & Pollock, 1968). The underlying assumption was that parents who abused their children were a homogeneous group. Consequently, a single etiological model was sought that could explain all forms of maltreatment by all adults. However, the growing body of research soon revealed that this was an untenable position. In the process of taking a more sophisticated approach to the problem, researchers developed a more encompassing, integrated orientation based on Bronfenbrenner's (1977) ecological model of human development (Belsky, 1980; Garbarino, 1977). This model focused on how the individual developed interactively with the social environment. Recognition that child abuse was not a unidimensional problem led to more specific questions concerning child abuse. Namely, how did acts of physical abuse, emotional abuse and neglect
differ? Were the developmental sequela different for children exposed to different forms of abuse? Were the predisposing factors different for various forms of abuse? It subsequently became apparent that although the actual act of physical abuse, for example, might be similar across situations, the underlying motivation of the parents varied. It could be that the parent was lashing out in anger to some frustration, or was being overzealous in the act of physical punishment, or was displaying an ongoing pathology (e.g., Kent, Weisberg, Lamar & Marx, 1983).

One prevailing assumption which has remained entrenched in the literature on abuse and in the minds of practitioners working in the area, is the idea of an intergenerational transmission of abuse that is based on the often reported finding that the majority of identified maltreating parents, especially those attending treatment programs, had a background of abusive experience in their own childhoods, it was assumed that being abused as a child would result in the adoption of abusive practices as a parent (Spinetta & Rigler, 1972). Further insight into the problem of child abuse suggested that this was too simple a notion (Potts & Herzberger, 1979), notwithstanding the strong theoretical support proposed for the existence of a cycle. Specifically, this support was based on learning theories of Bandura (1973) and Patterson (1976), and psychodynamic approaches (e.g., Green, 1976) of which attachment theory (Ainsworth, 1973; Bowlby, 1969) is a major component. Coupled with the realization that not all abused children became abusive
parents came the need to explain the dynamics involved in being an "exception". Likewise, when stress, for example, was identified as a predisposing factor for abuse, it became pertinent to explain why all parents experiencing high levels of stress did not resort to abuse of their children. Thus, research attention was focused on identifying the predisposing factors of abuse, and which variables acted as mediators. Consequently, researchers examined, for example, the role of self-esteem (e.g., Anderson & Lauderdale, 1982; Melnick & Hurley, 1969; Shorkey & Armendariz, 1985), parental expectations and perceptions of their child (e.g., Herrenkohl & Herrenkohl, 1979; Mash, Johnston & Kovitz, 1983; Wolfe & Mosk, 1983), social isolation and existence of support networks (e.g., Belsky, 1980; Cochran & Brassard, 1979; Garbarino & Gilliam, 1980) and stress (e.g., Egeland & Brunnquell, 1979; Straus, 1980) in the etiology of child abuse. The considerable body of literature concerning the issues of etiology, intergenerational transmission of abuse, definitions of abuse and predisposing factors will be discussed in the following sections.

Models of Etiology

Three general theoretical models were initially proposed to explain the etiology of child abuse: the psychiatric, the sociological and the effect of the child on the caregiver (see Belsky, 1978; Parke & Collmer, 1975 for reviews). There existed little consensus among professionals as to which model was most
applicable. Moreover, this lack of consensus combined with the difficulties defining what constituted abusive acts resulted in singular and narrow theoretical and methodological approaches to the problem being adopted (Gelles, 1980).

In addition, a pervasive problem encountered in the study of child abuse, which is very pertinent to the etiology, concerns the biases that are present in the samples of abusing parents studied. That is, because child abuse is social deviance all the cases studied are influenced by the social process by which the individuals are labeled and designated as deviants (Gelles, 1975). Certain biases in the individuals involved in the processes of identification, reporting and referral for treatment are important to consider if appropriate models of etiology, intervention, treatment and prevention are to be developed. Thus, Gelles proposed that the following issues need to be investigated along with the direct study of abusing and nonabusing families, who are the "gatekeepers" in the system, i.e., those individuals or agencies that do the public labeling of abuse; what definitions or standards are employed by the gatekeepers; under what conditions are labels applied, and what are the criteria to label some people abusers and others nonabusers keeping in mind that by investigating only identified populations of abusers researchers are restricted to studying the "less" successful deviants (i.e., those who were caught as opposed to those who get away with the same acts); and finally, what are the consequences of the labeling process. Therefore,
throughout the following discussion, the biases inherent in the populations studied should be considered. Any proposed model is only as good as the data used as support. Thus, when building models in the area of child abuse, a persistent problem arises because of the samples are non-representative. Models built from more representative samples might well be different.

With the above caveat in mind, the three models of etiology initially proposed will be reviewed and assessed in light of the recently proposed integrated ecological models of Belsky (1980) and Garbarino (1977).

The Psychiatric Model

Underlying this model is the basic assumption that factors within the individual abuser are responsible for child maltreatment. Although this implied that child abusers were psychologically disturbed, Kempe (1973) estimated that only 10% of child abusing adults can properly be labelled mentally ill. However, researchers continued to attempt to discover distinctive personality characteristics and attitudes. Abusers in comparison to nonabusing adults were found to have poor impulse control (Spinetta & Rigler, 1972); to have lower self-esteem along with inappropriate demands for love and care (Ebeling & Hill, 1983; Melnick & Hurley, 1969), to be more depressed (Elmer, 1967), to have unrealistic expectations of their children, to exhibit parent-child role reversals and to have poor knowledge of their child's developing competencies.
(e.g., DeLozier, 1982; Green, 1976; Helfer & Kempe, 1968; Spinetta & Rigler, 1972; Steele & Pollock, 1968; Vesterdal, 1978); and to be hostile, aggressive or angry, rigid, cold, compulsive or disciplinarian (Lamar, as cited in Kent et al., 1983) Overall, this approach has not been successful in identifying a reliable, comprehensive cluster of characteristics. Gelles (1973) found that of 19 traits identified by various researchers as characteristic of abusers, only four have been cited by two or more authors. The one characteristic that abusers repeatedly have been reported to share is a history of maltreatment in their own childhoods (Curtis, 1963; Hunter, Kilstrom, Kraybill & Loda, 1978; Hunter & Kilstrom, 1979; Kempe et al., 1962; Parke & Collmer, 1975; Spinetta & Rigler, 1972; Steele & Pollock, 1968). Such consensus, however, should not be considered to establish the fact of an intergenerational transmission of violence. Many researchers have questioned the validity of the implication that each abused child will grow up to be an abusing parent (Belsky, 1978; 1980; Cicchetti & Aber, 1980; Jayaratne, 1977; Potts & Hertzberger, 1979). (This issue will be discussed in more detail in the section on the cycle of violence.) Disillusionment with the failure to identify the cause of child maltreatment within the individual led researchers to explore a more sociological approach to the problem.
The Sociological Model

Proponents of this model proposed that it is forces within society that are primarily responsible for the occurrence of child abuse. Under the auspices of this model, cultural sanctions of violence (e.g., Gil, 1970), community influences (e.g., Elmer, 1967; Garbarino, 1976; Spinetta & Rigler, 1972), and familial interactions were examined (e.g., Burgess & Conger, 1978; Parke & Collmer, 1975; Patterson, 1982). The underlying assumption of this model is that when families are subjected to stress, violence is likely to result, one form of which may be abuse of a child (Belsky, 1978). Sources of stress identified and hence found to be characteristic of abusing families were low socioeconomic status (e.g., Elmer, 1967; Gil, 1969; Pelton, 1978; Spinetta & Rigler, 1972); poor social networks and social isolation (e.g., Cochran & Brassard, 1979; Elmer, 1967; Garbarino, 1976; 1977; Garbarino & Sherman, 1980; Gaudin & Pollane, 1983; Salzinger, Kaplan & Artemyeff, 1983; Young, 1964); greater unemployment (Gelles, 1973; Gil, 1971; Light, 1973; Spinetta & Rigler, 1972) and larger family size with closer spacing of children (Gil, 1969; Hunter et al., 1978; Light, 1973; Parke & Collmer, 1975). Furthermore, studies examining interaction patterns in abusive compared to nonabusive families have found that parents who abuse use excessive punishment with their children (Burgess & Conger, 1978; Kent et al., 1983; Parke, 1978; Parke & Collmer, 1975) and display patterns of aversive behaviour (i.e., behaviours which belong to
the same response class as aggression) which serve to maintain cycles of coercion (i.e., control-by-pain) within the family (Patterson, 1982; Wolfe, 1985).

Although the preceding conditions are commonly associated with child abuse, they do not, in and of themselves, produce abusive behaviour. Individual coping strategies and styles are important to consider; many poor, unemployed parents with large families experiencing considerable stress do not resort to abuse. Thus, it became apparent that although the sociological model was helpful in isolating predisposing factors in accounting for abuse, it was not sufficient as a model for etiology. Therefore, it was necessary to identify other parameters of influence in the abuse process, one of which was the child's role in his/her own maltreatment.

*The Effect of the Child on the Caregiver Model*

The premise of this causal model recognized that children can influence the behaviour of their parents, and that the process of socialization is not unidirectional (Bell, 1974). This recognition, combined with the research and clinical findings that often a single child within a family is the target for abuse (Milowe & Lourie, 1964) led investigators to examine what factors might implicate the child as a causative agent in the abuse process.

A preponderance of certain child characteristics have commonly been associated with being abused. Many of these
represent factors over which the child has no control. For example, being an unwanted child, resulting from an unplanned pregnancy (Blumberg, 1974); being the "wrong" sex (Martin, 1976); or being physically unattractive (Dion, 1974). Premature infants, with low birth weights and early gestational age, also appear to be overrepresented in abuse statistics (Elmer & Gregg, 1967; Hunter et al, 1978; Lynch, 1976). These are characteristics of infants who are difficult to care for. Some infants might also possess attributes which do not match the expectations of the caregiver, such as mismatches in temperament and activity level (Parke & Collmer, 1975; Thomas, Chess & Birch, 1970) and need for physical contact (i.e., "cuddly" versus "non-cuddly" babies) (Schaffer & Emerson, 1964), which potentially place the infant at increased risk for abuse. Factors such as infant illness or birth complications, which result in prolonged separation of the parent and child during the first months after birth have also been implicated in the etiology of abuse (Ounsted & Lynch, 1976; Ounsted, Oppenheimer & Lindsay, 1974). It is hypothesized that this separation will interfere with the healthy development of attachment between the parent and child, thus rendering the child potentially more at risk for abuse (Ainsworth, 1980; Bowlby, 1969; Egeland & Sroufe, 1981a; Klaus & Kennell, 1976).

Researchers have also investigated characteristics of the child that might cause abuse which are under the control of the child. These include the child's response to parental discipline
As is apparent from this brief review of the role of the child in an abusive situation, the child must be considered as an integral part of the system in which maltreatment occurs. However, the child alone does not cause the abuse. Child maltreatment must be considered an interactive process. Therefore, any model that is narrow in scope, focusing upon a single element (that is, the parent, the child, or environmental factors) in the overall constellation must inevitably fail in its attempt to account for the child abuse phenomenon.

The Integrative Approach—The Ecological Model

Kempe & Kempe (1978) recognized that isolating single causes of child abuse was not sufficient. They proposed that an interaction of 4 factors was necessary for an abusive incident to occur. Specifically, parents must have a background of emotional or physical deprivation, the child is seen as unloving or disappointing, there must be a precipitating crisis and no lifeline exists in order to get help. Although abuse is highly likely to occur with these 4 factors present, this framework does not encompass other situations where abuse occurs and the parent does not have a deprived background, or no crisis is
Moreover, the accumulation of research findings over the last 10 years specifying those factors prevalent in abusing families has suggested that Kempe & Kempe's guidelines for necessary conditions for abusive interactions were too limited. Hence a more encompassing ecological integration was proposed independently by two researchers (Belsky, 1980; Garbarino, 1977). Their models were remarkably similar, though the terminology varied somewhat. Both models drew heavily on Bronfenbrenner's (1977) model of the ecology of human development, which focused on how the individual developed interactively with the social environment, defined as a network of interrelated systems.

Belsky (1980) stated that his ecological integration:

conceptualizes child maltreatment as a social-psychological phenomenon that is multiply determined by forces at work in the individual (ontogenic development), and the family (the microsystem), as well as in the community (the exosystem) and the culture (the macrosystem) in which both the individual and the family are embedded. (p. 1)

Belsky was not proposing the existence of different predisposing factors for abuse than those identified previously. He was suggesting that instead of looking at these factors individually and in isolation, they be seen as ecologically nested within one another, and by definition interactive. At this point of conceptualization, Belsky did not detail the necessary and
sufficient conditions for child maltreatment. He believed that further data were required to identify such conditions, for example, must predisposing factors be present at each of the four levels of analysis for child maltreatment to occur?

In contrast, Garbarino (1977) hypothesized in his ecological model two necessary, though not sufficient conditions for child maltreatment to occur. The first condition concerned the social definition of children in relation to parents, which involved the cultural support for violence against children. That is, children are defined as the property of their parents and the use of physical force against children is sanctioned by society. Both conditions are met in American Society (Gil, 1970; Parke & Collmer, 1975; Zigler, 1979). The second necessary condition involved the relationship of the family to the social environment. That is, it was necessary that the parent-child relationship be socially isolated from possible support systems. Garbarino further posited that there were multiple sufficient conditions for child maltreatment, namely those predisposing factors discussed previously. Thus, if any one or combination of these factors occurred together with the two necessary conditions previously specified, child maltreatment would likely be the outcome.

Garbarino outlined in his model 4 different levels of predisposing factors, and other than the labels assigned, the structure was identical to Belsky's (1980) model. The first level, individual, included the personal characteristics of the
parent and child that are brought to bear on the parent-child relationship (Belsky's ontogenic development). The second level, familial, included factors dealing with family interaction patterns and relationships (Belsky's microsystem). For the factors in the third level, social, Garbarino recognized that the individual and the family are embedded within larger social units. Thus, factors such as social networks, support systems and socioeconomic determinants (e.g., income, unemployment) are examined within this level (Belsky's exosystem). Finally, the fourth level, cultural, included factors that reflect the prevalence and acceptance of violence as a cultural attitude (Belsky's macrosystem).

Central to Garbarino's model is the assumption that stress is subjective, an internal state. Thus, a certain life event may be perceived as stressful by one person but not by another. Furthermore, whether an event is perceived as stressful is mediated by the individual's social support system. As mentioned previously, Garbarino maintained that child maltreatment can occur only when a family is isolated from social supports. In their representation of Garbarino's model, Howze & Kotch (1984) proposed that circumstances leading to abuse are the result of the interaction of life events and those factors grouped into the four levels of the ecological model, mediated by the social support system. The predisposing factors and social support intervene between life events and stress and thus are integral as to whether an event is perceived as stressful or not.
Employing an integrated ecological model permits explanations as to why many parents experiencing stressful circumstances do not resort to child maltreatment. This is because the framework recognizes the interactive nature of causal factors. In order to obtain a more complete understanding of the etiology of child maltreatment, the complexities of the phenomenon need to be recognized. Moreover, it may be important to view child maltreatment as a point along a more general continuum of caregiver-child relations. Abusive relationships, in general, may only be quantitatively different from nonabusive relationships and not qualitatively deviant (Garbarino & Gilliam, 1980). Because nonabusive parents are not a homogeneous group identifiable by a distinct set of characteristics, the range of individual differences among parents who abuse their children should be recognized as well. Thus it is suggested that focusing on any one characteristic of abusing parents is too limiting an approach.

Caveat I

As mentioned at the beginning of this section on models of etiology, the models are only as good as the data used for support. Since several levels of bias are operating when most abusing families are studied, the preceding discussion on the etiology of abuse must be considered in light of these biases. Two recent studies (Hampton & Newberger, 1985; Jason, Andereck, Marks & Tyler, 1982) addressed the issue of biases in reported samples of abusing parents and isolated at risk factors that
were more pertinent to reporting bias compared to those relevant for being at risk for perpetrating abuse. Specifically, Hampton and Newberger obtained reports from 70 hospitals on suspected cases of child abuse before reports were made and ascertained the differences between cases which were reported and those which were not. Their findings suggested that social class and race were the most important characteristics that distinguished reported from unreported cases of abuse (i.e., black and low income families were more likely to be reported). Degree of severity of the abuse became important only when income was excluded from the analyses. Consequently, it appeared that socially marginal families may be victimized by a process in which their personal characteristics rather than their behaviour define them as deviant. The results revealed that large numbers of cases of suspected abuse were not reported, which Hampton and Newberger attributed, at least in part, to the lack of concise definitions of what constitutes abuse. This was especially evident in the underreporting of emotional abuse and neglect. This study revealed a first level of bias at the point of recognition of abuse and reporting.

Jason et al. (1982) examined the biases operating in the determination of suspected cases of child abuse as confirmed compared to those which were ruled-out. Suspected cases of abuse reported to the Georgia Child Abuse Registry were classified, once investigated, as "confirmed", "nonconfirmable", or "ruled-out". A characteristic was defined as associated with
increased risk for abuse as compared to increased risk for reporting only when the characteristic was more prevalent in confirmed cases than in ruled-out cases.

The findings indicated that 4 presumed risk factors or high risk groups for child abuse (i.e., urban residence, younger children, teenage mothers and mothers as compared to fathers), were related to heightened suspicion and not necessarily to true risk. Four other characteristics were associated with true increased risk for child abuse, these were large families, households without a natural mother or without a natural father, and low socioeconomic status. The authors caution, however, that the increased risk associated with the latter 4 factors was small.

In summary, the findings from these 2 research studies and Gelles' (1975) identification of levels of bias operating in the labeling of abusers illustrates the necessity of adopting a systematic, sophisticated approach to the study of child abuse. Isolating single causes of abuse, given the diversity of the characteristics of the individuals perpetrating the abuse (i.e., race, family dynamics, levels of SES etc), now appears ludicrous. However, there still remains one factor about which there has been considerable agreement as being common to abusing parents, which is having a history of maltreatment in their own childhoods. This finding, unfortunately, has been interpreted as evidence for a causal process, that is, if a person was abused as a child, s/he is likely to become an abusing parent. The
validity of this intergenerational hypothesis will be examined in the next section.

**Cycle of Violence**

**Theoretical Models and Empirical Evidence**

Theoretical models relevant for explaining the intergenerational transmission of child abuse stem primarily from two sources: learning theories and psychodynamic approaches, including attachment theory as a major component within the psychodynamic orientation. In an attempt to explain why the experience of abuse should result in an abusive personality, proponents of Social Learning Theory (Bandura, 1973) suggested that abuse represents the imitation of parenting practices experienced as a child. That is, abusive parents serve as models of aggressive behaviour for their children (Parke & Collmer, 1975). Since the abused child is exposed to a powerful role model, who appears to suffer no adverse consequences for his or her behaviour, the child learns that violence is an acceptable and appropriate way to interact within the family, and so repeats this pattern upon becoming a parent. Associated with this argument is a second learning explanation which assumes that abuse is a general aggressive behaviour for which the abuser, as a child, was reinforced. Thus, this behaviour is maintained into adulthood. This position is explained by the
work of Patterson and his colleagues who have demonstrated that members within a family characterised by coercive patterns are unintentionally instrumental in rewarding antisocial behaviour, which becomes incorporated into the child's behavioural repertoire (e.g., Patterson, 1976).

These explanations need not be mutually exclusive. Moreover, both seem more applicable for the subsequent occurrence of physical abuse, which is a more salient behaviour than emotional abuse. Saliency, it is suggested, may be important for learning through imitation and reinforcement. On the other hand, it is suggested that emotional abuse is a more pervasive, less tangible type of behaviour, the impact of which involves the disruption of personality development in young children and their sense of trust. Thus, emotional abuse is probably less likely than physical abuse to be learned directly and hence imitated. In sum, the learning theorists suggested that we learn parenting behaviours from the example set by our own parents (Gelles & Straus, 1979; Parke, 1978; Steele, 1976).

Gelfand et al. (1974) found support for this proposal in their study on modeling of punitive tactics. These investigators found that a child disciplined by an adult with punitive tactics was more likely to use similar punitive techniques when given the opportunity to train another child. However, there is not complete agreement with this assumption that we learn to parent from the way we were parented. For example, Gelso, Birk, and Powers (1978) did not find a relationship between their
participants' own attitudes concerning child rearing and their recollected perceptions of their own parents' attitudes towards them during childhood. They concluded that only to a modest degree do people learn to parent directly from their own parents. However, this study did employ retrospective data, the validity of which has been questioned (Yarrow, Campbell & Burton, 1970). On the other hand, it is still possible that physically abusive behaviour, perhaps being more salient than other parenting practices, would be more likely to be imitated.

Crittenden (1984) found further support for the premise that children imitate their mothers' pattern of childrearing. Abused, neglected, problematic and normally reared infants (6 to 11 months) were observed interacting with their mothers, a sibling (from 2 to 10 years) and with a second adult. Siblings were found to interact with the infant in a manner similar to that of their mothers (in all 4 groups), suggesting that they had learned their style of interacting from their mothers. The possibility that infant temperament had influenced both the siblings' and mothers' style of interacting was ruled out by the results of the observations of the infant interacting with the second adult. These interactions did not follow the same pattern as those with mothers for the majority of infants. Therefore, Crittenden concluded that adults were found to influence infants more than the reverse. Although she specified that her data did not explain the mechanism by which the child's learning occurs, modeling behaviour based on observation of the mother was
offered as one possibility. Furthermore, Crittenden warned not to interpret these results as evidence that early sibling behaviour will be predictive of their ultimate parenting style. Many future experiences may intervene to affect the sibling's later parental behaviour. However, that children were influenced by their parents' childrearing styles was suggested by these findings.

The second approach addressing the process involved in the intergenerational transmission of abuse is the psychodynamic approach. For this approach, the focus is on the developmental consequences of emotional abuse (with or without attendant physical abuse), specifically, the outcome stemming from the early experience of not being adequately "mothered". Steele and Pollock (1968) for example, suggested that emotionally abused children have been deprived of "basic mothering" and consequently lack "the deep sense of being cared for and cared about from the beginning of life" (p. 112). As a result of the absence of a warm and caring relationship in childhood, the parents turn toward their own children to meet their emotional needs (DeLozier, 1982; Green, 1976; Melnick & Hurley, 1969). When the children are unable to meet these unreasonable demands, the parents become frustrated and perceive the children as deliberately displeasing them, and abuse (either physical and/or emotional) occurs. Steele and Pollock (1968) also suggested that abused parents identify with the children, viewing them as consisting of their "bad selves" and thus in need of harsh
treatment, which is manifested as physical abuse. It is also possible that children who are difficult and are especially taxing for parents, might be perceived as in need of punishment. That is, children who for example, display irregular biological functioning, slow adaptability to environmental change, or negative mood as described by Thomas et al. (1970), or frequent fussing and crying and poor soothability as described by Bates, Freeland, & Lounsbury (1979), might be perceived by the parents as deliberately displeasing them because of their difficultness and thus in need of punishment.

In addition, a further psychodynamic explanation of the outcome of not being adequately "mothered" draws upon attachment theory. Bowlby (1969) initially proposed that the child's first attachment to his or her major caregiver was the most important relationship and the blueprint for all subsequent relationships. Thus it follows that a disruption in the development of that first attachment, as might be hypothesized to happen when abuse occurs, would have implications for the development of parental behaviour and the development of attachment in the next generation. However, attachment theorists have more recently recognized the importance of the child's relationship to significant others in his or her environment, e.g., father (if mother is the primary caregiver), siblings, peers, extended family, etc. (Ainsworth, 1982). Thus, there is no longer the implication that "the nature of the original infant-mother attachment sets the continuing pattern of that relationship
without consideration of subsequent events that may alter or disrupt the relationship for better or worse" (Ainsworth, 1982, p. 13).

The possibility of the child developing attachments other than to the abusing primary caregiver, or that the nature of the primary attachment relationship might change, suggests important implications for changing the hypothesized generational pattern of abuse. The assumption for the intergenerational transmission hypothesis appears to hinge on the child lacking a sense of being cared for or about (Steele & Pollock, 1968). The child, in this situation, does not develop a secure attachment (Egeland & Sroufe, 1981a). Hence, if there is no intervention children will display a pattern of insecurity in their subsequent attachments. Consequently, as parents they would not develop secure attachments to their own children. This would likely result in the second generation of children developing a sense of not being cared for or about. Therefore, the cycle of attachment dysfunction would be perpetuated.

Thus, if findings from research guided by attachment theory are applicable for explaining the intergenerational transmission of abuse, the quality of the child's attachment is an important dimension to consider. Ainsworth and her colleagues (Ainsworth, Blehar, Waters & Wall, 1978) developed a system for classifying the child's attachment qualitatively. They identified three individual patterns of organization of an infant's behaviour to his/her mother, which they labelled Group A (anxious-avoidant
attachment); Group B (secure attachment) and Group C (anxious-ambivalent attachment). In addition, one main dimension of maternal behaviour was identified which was especially related to the infant's behaviour, namely, the mother's degree of sensitivity in responding to her infant's needs and signals (Ainsworth, 1982). Further examination of the mother's behaviour revealed that mothers who were insensitive to their infants behaved in a rejecting, interfering or ignoring way towards their children. Rejecting mothers were found on occasion to be overwhelmed by feelings of impatience, irritation and resentment toward their child (Ainsworth, 1982). Furthermore, these mothers were found to have a deep aversion to close bodily contact (Blehar, Ainsworth & Main, as reported in Ainsworth, 1982). These women were found to be predominantly the mothers of Group A infants--those with anxious-avoidant attachment. The dimension that differentiated mothers of anxiously attached infants who were avoidant (Group A) from mothers of anxiously attached infants who were ambivalent (Group C) was their level of rejection. Mothers of Group C infants were not rejecting. Their insensitivity to infant cues meant they were inconsistent in their responding but they seemed to enjoy close bodily contact.

In sum, infants with anxious-avoidant attachments have mothers who are insensitive and rejecting. Moreover, it is suggested that these mothers tend to be those who would be classified as abusive, and that abused infants exhibit primarily anxious-avoidant patterns of attachment. Support for this
suggestion was found in the description given of Group A mothers as being angry, perceiving the demands of the baby as interfering with their other interests and activities, and making negative, critical comments about their babies or expressing regret that they had had a baby (Ainsworth, 1982). This description is consistent with a definition of emotionally abusive behaviour. Furthermore, Egeland & Sroufe (1981a) found that physically abused or physically abused/neglected infants were predominantly classified as demonstrating patterns of anxious-avoidant attachment (57%) at 12 months. The remainder were classified as securely attached. In comparison, the excellent care group contained a larger proportion of securely attached infants (75%) at 12 months. Thus, if patterns of attachment are maintained into adulthood, these anxiously-attached infants would probably exhibit attachment difficulties as adults. Descriptions given of them as adults might well resemble those given of their mothers, providing some support for the cycle hypothesis. However, an interesting finding reported by Egeland and Sroufe was the instability of attachment classifications in the inadequate care group from 12 to 18 months. By 18 months, 75% of the abused infants were classified as securely attached. They speculated that changes toward secure attachment involved instances where the mother's life was more stable and a supportive family member was present (usually the grandmother). Thus, support was provided for Ainsworth's (1982) contention that patterns of attachment can change for the better. It should not be assumed that initial
attachments set the stage for all future attachments. However, without some kind of intervention, the patterns of attachment might remain stable throughout development.

The attachment research reviewed is all correlational, specifying that infants with certain kinds of attachment tend to have mothers who display certain behaviours and possess certain characteristics. These studies are not addressing which factors are causal in the development of specific attachment patterns. Thus, a combination of scenarios are possible, for example, an infant defined as difficult (e.g., displaying a difficult temperament, or having characteristics which make them difficult to care for such as prematurity, low birth weight, colic) might "cause" the mother to be insensitive to her infant's signals and to possibly become rejecting which are likely to lead to the infant developing an insecure attachment. Alternatively, insensitive and/or rejecting mothers or mothers who perceive problems with their infants and who subsequently reject them, would also likely have infants with insecure attachments. The quality of the attachment between a mother and her infant is based on an interaction between the two and the present review of the attachment literature is not proposing a causal direction.

Rohner and Rohner (1980), in support of the intergenerational transmission of child abuse, elaborated upon how a parental acceptance-rejection theory had consistent effects on the personality development of children. They argued
that rejected or emotionally abused children, in the absence of positive, counteracting experiences, tended more than accepted children to be hostile, aggressive, to have an impaired sense of self-esteem, to be emotionally unstable, emotionally unresponsive and to have a negative world view. These are characteristics that are often used to describe abusive parents (see earlier section of the psychiatric model). Rohner & Rohner suggested that adults who were rejected as children and who become parents are therefore more likely to reject their own children, and so perpetuate the cycle.

However, Main and Goldwyn (1984) found that the mechanisms of the cycle were more complex than the previously-cited position that posited that if one was rejected as a child, then one will also reject as a parent. These researchers inferred that there was a strong tendency for mothers who had been rejected by their mothers to subsequently reject their own children. However, there were individual differences noted, and some mothers did not repeat this cycle. What appeared to differentiate between repeaters and non-repeaters was the degree to which these women had integrated their past experiences. Specifically, women who were unable to recall their childhoods and/or who idealized their own rejecting mothers tended to reject their own children. In contrast, women who expressed anger and resentment toward their own mothers and were coherent regarding their own feelings and experiences concerning attachment were not likely to reject their children. As Main &
Goldwyn noted:

...a mother's childhood experiences do not themselves lead to the compulsion to repeat; rather, these experiences are seen as leading to the construction of mental structures or representations which continue to guide experience in adulthood. (p. 214).

Fraiberg, Adelson & Shapiro (1980) found that maltreating mothers did not repeat the cycle if they were able to integrate their memories of past abusive experiences into current understanding and experience their own resulting anger. Drawing upon this finding, Main and Goldwyn (1984) concluded: "We are condemned to repeat what we cannot remember, rather than being condemned to repeat indefinitely." (p. 214). However, Fraiberg et al. (1980) proposed that merely remembering the events of childhood was not a sufficient condition for breaking the cycle. Rather, they suggested that the crucial element was remembering the affect that was associated with the abusive events. Thus, instead of repressing the feelings and developing the defense of identification with the aggressor, the women who were not repeating the cycle could recall how they had felt as children. They were able to identify with their children and so not harm them.

Two further studies have examined child abuse in the light of attachment theory (DeLozier, 1982; Scott, 1980). DeLozier (1982) proposed that patterns of abusive caretaker behaviour reflect inadequate earlier development of attachment in abusive
mothers, as well as current attachment disorders. The abusing mothers as compared to the control mothers were found to have experienced severe threats of abandonment and harm in their childhoods, and exhibited as adults general uncertainty as to the availability of significant others, a failure to develop adequate internal representation of attachment figures, and increased feelings of fear, being alone and isolated at the time of the birth of the later-abused child. They indicated a high current level of attachment disorders displaying primarily anxious attachment. DeLozier concluded that the abusing mothers had experienced difficulty in their childhood attachments and in the development of internal representations of significant others as accessible and reliable. This had resulted in consequent adult attachment difficulties and inappropriate caretaking behaviour.

In a similar study, Scott (1980) hypothesized that mothers of abused children would differ from mothers of nonabused children in: 1) early childhood experiences related to the development of attachment; 2) subsequent affiliative behaviour in adolescence and adulthood; and 3) subsequent parental behaviour. Scott found support for these hypotheses. The social history indicators that significantly discriminated between groups, included: 1) separation from one or both parents or abuse in childhood; 2) delinquency or placement in a foster home or institution in adolescence; 3) psychiatric problems, drug or alcohol abuse, police involvement, or assault by a significant
male in adulthood; and 4) temporary or long-term separation from one or more of their own children prior to the abuse incident. Scott concluded that these findings supported the use of attachment theory as a valid theoretical framework for increased understanding of child abuse. However, Scott's inference that suffering adverse or traumatic experiences in childhood is part of the cycle through which abuse is perpetuated is fallacious, without noting the full extent of the intricacies of the situation. That is, as suggested by Main and Goldwyn (1984) and by Fraiberg et al. (1980), it is necessary to consider more than merely the occurrence of the experiences. In addition, assessing how the mothers have subjectively dealt with their childhood abusive experiences is important, as recollection of past acts and the associated affects might mediate the cycle.

Further evidence of the complexities of a hypothesis of intergenerational transmission of abuse was provided by Hunter and Kilstrom (1979) in their prospective study of the antecedents of abuse and neglect of premature infants. Of the 49 families with a history of maltreatment in childhood, 40 parents were not among those later reported for abuse or neglect of their babies (i.e., non repeaters). Infants in the non-repeating group compared to those who were subsequently abused or neglected, were found on the whole to be healthier at birth and in the first postpartum months. Hunter & Kilstrom concluded that the increased stress associated with having a less healthy infant placed too many demands on some parents and
abuse was the result. If parenting demands were held constant other factors became important, specifically, whether the parent had come to an active resolution of his/her childhood experiences, a similar observation made by Main & Goldwyn (1984) and Fraiberg et al. (1980). In addition, the social resources of the non-repeating families included a more extensive, stronger network on which they could rely when faced with parental demands.

Summarizing the evidence reviewed so far suggests, at the very least, that an intergenerational hypothesis of abuse should be interpreted with caution. The situation is by no means as simple as implied by the statement: if one was abused as a child, one is likely to be an abusing parent. The next section will examine further the validity of an intergenerational transmission of abuse.

Caveat II

Given the reasonable theoretical basis and the widespread unqualified acceptance of the cyclical process, one would assume that the intergenerational hypothesis has been well-documented. However, this is not the case. The intergenerational transmission hypothesis has gleaned much of its support from clinical impressions and speculations. Authors not employing empirical evidence presented the argument that a cycle exists because many identified abusing parents in treatment populations have a history of maltreatment in their own childhoods for
example, 94% (Buck, 1984) and 80% (Meier, 1985). This argument has been extrapolated to imply that the abused children are likewise destined to become abusive parents. However, as Cicchetti and Rizley (1981) noted:

Retrospective research could only show what percent of maltreaters were themselves maltreated. It does not enable us to know what percent of children who were maltreated will ultimately maltreat their own children. (p. 40).

Furthermore, Potts and Herzberger (1979) noted that a more critical examination of studies proporting to support the cycle revealed that this support had been overstated. First, they pointed out that many studies frequently cited as finding support for the cycle of abuse did not present concise data as to the proportion of abusive parents who were physically abused as children (e.g., Curtis, 1963; Solomon, 1979). Instead, some researchers used terms such as "some" (Kempe et al., 1962) or "several" (Steele & Pollock, 1968) or quote wide ranges such as, 60-90% (Solomon, 1979) to describe how many of the abusing parents in their samples had been abused as children.

Second, when actual data were presented the magnitude of the association between current parenting status and childhood experiences was often weak. For example, the following figures have been quoted as providing evidence for a cycle: 1) for four out of 34 cases of child abuse the parents had themselves been abused (Silver, Dublin & Lourie, 1969); 2) 14.1% of abusive
mothers and 7.0% of abusive fathers had been victims of abuse as children (Gil, 1970); and 3) 17.6% of those physically punished as teenagers subsequently abused one of their own children as opposed to the 12.5% not physically punished who abused one of their children (Straus, 1978, as reported in Potts & Herzberger, 1979). One wonders about the 82.4% in Straus' study of physically punished parents who did not repeat the cycle. These figures suggest that when many researchers appear to find the same weak association, it is interpreted as meaning that the one factor of background of abuse is strongly associated with abuse as a parent.

In addition, research studies reporting support for a cycle are plagued with methodological problems (Jayaratne, 1977; Plotkin, Azar, Twentyman & Perri, 1981; Potts & Herzberger, 1979). For example, comparison/control groups of nonabusing families were frequently not included in the study (e.g., Curtis, 1963; Young, 1964); criteria employed to decide whether an abusing parent was abused as a child and demographic descriptors were often not specified, thus making it difficult to compare studies, interpret results or replicate studies (Plotkin et al., 1981; Potts & Herzberger, 1979); the studies were correlational studies and thus cannot be used to infer causation; and finally, the populations studied were identified, reported samples of abusing parents containing the inherent biases discussed previously. Most importantly, a history of abuse in one's childhood might well result in an increased
likelihood of being reported for suspected abuse, revealing a 
bias in the "gatekeepers" toward perpetuating the cycle.
Undoubtedly some abusers have been maltreated in their own 
childhoods, but as discussed, the extent of this occurrence in 
representative samples employing a prospective design has not 
been empirically confirmed. Furthermore, to imply that all or 
even the majority of abused children will become child abusers 
is to overlook the possibility that some children nonetheless 
develop adequate coping skills (Cicchetti & Aber, 1980). Thus it 
seems doubtful that abuse experienced as a child is sufficient, 
by itself, to explain the occurrence of abuse or neglect as a 
parent.

A general problem in the study of child abuse is what 
Houghton (1979, cited in Gelles, 1980) calls the "Woozle Effect" 
(based on a Winnie the Pooh story). The "Woozle Effect" begins 
when one investigator reports a finding, which may or may not 
have qualifications (e.g., small sample size, poor 
generalizability, selection bias, etc.). Then, a second 
investigator will cite the original findings, but without the 
qualifications. Subsequent investigators then continue to cite 
and extrapolate upon the previous studies, failing to note the 
qualifications initially identified. The result of the "Woozle 
Effect" is that the original qualified data gain the status of 
generalizable "truth". Thus the frequently cited "strong" 
support for the intergenerational transmission hypothesis has 
become incorporated as the prevailing zeitgeist.
A further problem in the field of research on child abuse is the tendency to treat abusing parents as a homogeneous group. Acknowledgement of the heterogeneity of the abusing population is a necessary first step to clarify the mechanisms of the cycle hypothesis and etiologies of child abuse. One attempt to construct a psychologically based typology recognized this need (Kent et al, 1983). These researchers identified within their sample four independent clusters of abusing parents. Only one of these clusters involved parents who had themselves been abused as children. The characteristics of these parents most closely matched the description in the literature of typical circumstances of child abuse. Specifically, these parents had a low family income, limited social support, especially from family relatives, a high incidence of drug and alcohol abuse and a high incidence of abuse and neglect in their childhoods. These parents perpetrated the second least severe abusive acts (measured by the degree of injuries inflicted) among the four clusters. Interestingly, the highest percentage of arrests in the total sample for the abusive behaviour was found in the two clusters where the parents had inflicted the lowest severity of abuse. The other cluster involving the least severe injuries included parents with childhood histories of severe discipline. The parental abuse appeared to occur in these families as an expression of a stern, disciplinary style of childrearing. Kent et al. explained the high rate of arrests in this latter group as resulting from the parents' open admission of responsibility for the act. This appeared to be based on the parents feeling
justified in their acts. A possible explanation for the high arrest rate in the other cluster, which included parents with a history of abuse, could be based on the unsophisticated belief by social service workers in the cycle of abuse. Thus, although these parents were not severely abusing their children, they would be considered very high risk because of their childhood experiences. These findings are consistent with those of Hampton and Newberger (1985) who found that severity of abuse was not important in distinguishing reported from unreported cases of suspected abuse. It appears that characteristics other than severity are more likely to result in the tendency to label certain groups as deviant.

Of the remaining two clusters, one included parents who perpetrated the most severe form of abuse, which seemed to be precipitated by an external crisis. The usual indicators that would typically predict abuse were not present in these families. They appeared to be families who would function adequately within a narrowly prescribed routine but lacked the emotional resources to adapt to changes or increased demands. The fourth cluster included families where the father dominated and was primarily the abuser. The abuse appeared to occur as a result of the father's personal frustrations and feelings of inadequacy.

Kent et al. (1983) concluded that their results (which were only tentative) supported the ecological model in that child abuse could be viewed as the product of an interaction between
psychological and environmental factors with differential weighting of these factors across cases. They stressed that the search for differences between abusive and nonabusive families had obscured important differences among abusers. Concerning the intergenerational transmission of abuse, this study again illustrated the necessity of examining several variables before reaching a conclusion that a parent is likely to abuse because of his/her history.

A prospective research study being conducted at Harvard (Cicchetti & Rizley, 1981) is attempting to identify just which risk factors are implicated in the mechanisms maintaining the intergenerational transmission of child maltreatment. Cicchetti and Rizley (1981) questioned whether different types of maltreatment leave the maltreated child with differing patterns of risk for exhibiting various types of abusive behaviour as a parent or not abusing at all. Their proposed model focused on the concept of risk factors classified into two broad categories: 1) potentiating factors, which increase the probability of maltreatment; and 2) compensatory factors, which decrease the risk of subsequent abuse. Two further subgroupings under each of the two preceding categories are distinguished: transient factors and more enduring factors. Examples of enduring-potentiating factors would be a child with a difficult temperament who would make childrearing difficult and unrewarding, or chronic conditions such as poverty, poor physical environment etc. Cicchetti and Rizley argued that all
categories of risk factors and their transactions over time must be examined in order to understand the multiple etiologies for child maltreatment. They proposed that maltreatment is expressed only when potentiating factors override compensatory ones. Thus, any variable reducing vulnerability or stress, or increasing buffers or protective factors should decrease the probability of maltreatment. Hence, cross-generational transmission operates by either increasing vulnerability or decreasing protective factors. Cicchetti & Rizley are examining the relationship among transactive risk factors (both potentiating and compensatory) in three generations (grandparents, parents and children) for four different groups. Specifically, those who were maltreated as children and either are currently maltreating their own children (transmission parents) or not currently maltreating their children (non-transmission parents) and those not maltreated as children who are either currently maltreating as parents (new maltreatment parents) or not maltreating (non-maltreatment parents). An important aspect of this investigation is the attempt to discover factors that consistently appear in those children who, despite their history of maltreatment, are socially, emotionally and cognitively well adapted. Although the researchers are conducting a prospective study, the sample of abusing families involved are families who have been reported for abuse. Consequently, the biases inherent in this sample will limit the generalizability of the findings.
Another prospective study currently underway in Minnesota (Egeland & Sroufe, 1981b) has avoided the drawback of studying an identified sample of abusing parents. The Minnesota Mother-Child Project is a prospective, longitudinal study of 200 infants and their families enrolled during the third trimester of pregnancy and classified at risk for subsequent abuse, neglect and/or poor developmental outcome. Therefore, the sample has not been selected because maltreatment has been detected but because the families were considered at risk for developmental problems. Data have been obtained by direct observation, interviews and questionnaire measures on parent personality, attitudes, expectations, views of child development; newborn status, behaviour and temperament; early mother-infant interaction, later interaction, attachment, parental control and discipline techniques; toddler and preschool play, exploration and problem solving (Egeland et al., 1980; Egeland & Brunnquell, 1979; Egeland & Sroufe, 1981a, 1981b). Those families not subsequently identified as abusive serve as case controls for the maltreating families, thus consequences of maltreatment can be distinguished from those of poverty and membership in a low SES group. Egeland and Sroufe (1981b) outlined the consequences for the child of different kinds of maltreatment, namely, physical abuse, hostile/verbal abuse, psychological unavailability and neglect. The latter three were distinguished as to whether they occurred with or without concomittent physical abuse. The results revealed that even though the different forms of maltreatment had pervasive negative
consequences for most outcome variables (e.g., mother-infant interaction, attachment, play and problem solving), various outcomes were related to particular patterns of maltreatment. One finding was that the outcomes for the infants with psychologically unavailable parents seemed particularly malignant and pervasive. The children in this group showed a declining pattern of functioning with every relevant assessment across the duration of the study. This pattern of maltreatment seemed to have a greater effect than any other form of maltreatment on emotional functioning. The findings for this group are consistent with the theoretical position outlined for the consequence of not being adequately mothered and being subjected to emotional abuse. In addition, Egeland and Sroufe reported that combining physical abuse with psychological unavailability resulted in somewhat less negative outcomes than psychological unavailability alone. A possible explanation proposed was that the contact that occurred in the form of physical abuse was better than no contact at all. Finally, Egeland and Sroufe reported that the pattern of declining functioning observed in all the maltreated groups of children indicated that for their sample environmental factors rather than noxious child characteristics underlay the negative developmental outcomes for these children. These results illustrated the necessity of conducting prospective studies using unreported populations of maltreating families and beginning assessments of child characteristics and parent-child interactions as soon after birth as possible.
In conclusion, there appears, in general, to be theoretical support for the intergenerational transmission of child maltreatment. However, this support must be interpreted cautiously. As Main and Goldwyn (1984) stressed there is still much to learn about the specific mechanism which produces the intergenerational cycle. Furthermore, theoretical support for a cycle should not be interpreted as implying that a background of abuse in one's childhood is predictive of abuse as a parent. Although some individuals are subject to a cyclical pattern of abuse, the available evidence suggested that a history of childhood abuse may be no more predictive of parental abuse than the multitude of other variables discussed in the literature (e.g., high perceived incidence of stress, limited social support, poor self-esteem, etc.) (Potts & Herzberger, 1979). In spite of these qualifications, the cyclical hypothesis continues to enjoy the status of a universally accepted "law" (Potts & Herzberger, 1979).

Definitions of Abuse

Since child abuse received attention by both practitioners and researchers as a problem to address within families, there has been much controversy over which parental behaviours constitute an abusive act (e.g., Cicchetti & Aber, 1980; Gil, 1970; Kempe & Helfer, 1972; Parke & Collmer, 1975). The focus of this debate has been on defining physical abuse. Parke and Collmer (1975) described two principal approaches to the
definition of physical abuse, which focused on either the outcomes of abuse (injuries) or the perpetrator's intent. A third approach recognized that physical abuse is not a set of behaviours but rather a culturally determined label applied to behaviours as the outcome of a social judgement on the part of the observer (Gelles, 1975). Thus, definitions of abuse must consider the community norms and standards governing behaviour. There tends to be consensus in defining as abusive, acts which result in severe injuries to the child (e.g., skull fractures, brain damage, burns). However, difficulties arise in distinguishing abusive behaviour from the behaviour displayed by parents who use physical punishment. Questions arise as to whether those parents whose intention is not to harm the child but rather to correct behaviour are abusive (e.g., Kent et al., 1983). On the other hand, Gil's (1975) definition of abuse was so broad that it encompassed practically all adult behaviour towards children:

...any act of commission or omission by individuals, institutions or society as a whole and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development, constitute by definition abusive or neglectful acts or conditions. (p. 347)

Parke and Collmer (1975) argued that the intention of the perpetrator is only one criterion used in deciding whether a behaviour is abusive. In making this judgement, an observer takes into account a variety of factors, for example, the
antecedents of the response, form and intensity of response, frequency, extent of injury, role and status of the agent and victim. They offered the following definition of physical abuse:

...Non-accidental physical injury as a result of acts (or omissions) on the part of parents or guardians that violate the community's standards concerning the treatment of children. (p.525).

In addition, it is imperative to note that physical abuse is not a single phenomenon. That is, there are many types of physical abuse. Furthermore, as Wolfe and Mosk (1983) indicated, physical abuse rarely exists in a "pure" form: some abused children are also physically and emotionally neglected, rejected or cared for in an inconsistent manner.

If there is difficulty in defining what constitutes physically abusive behaviour, the problem is exacerbated in the case of emotional abuse. The lack of success in operationally defining this phenomenon has led to emotional abuse being viewed as an elusive crime (Garbarino & Gilliam, 1980). There is general agreement among involved professionals that emotional abuse does exist and some have even argued that it is the most dangerous form of maltreatment (Kempe & Kempe, 1978). In part this may be due to the pervasiveness of this form of abuse. To elaborate, Herrenkohl, Herrenkohl and Egolf (1983), in their analysis of the circumstances surrounding the occurrence of various kinds of abuse observed that:
physical abuse may occur in isolated instances of
parent-child interaction, wherein [sic] emotional abuse
and neglect may require numerous instances of occurrence
to warrant being reported. From this perspective, there
is a certain intuitive sense to the finding that the
circumstances eliciting a physically abusive response
from a parent are of a short-term nature—a child does
something at an instant in time that the parent finds
frustrating and enraging. On the other hand, the
circumstances surrounding emotional abuse and neglect
are of a more chronic nature and reflect a pervasive
sense of interpersonal conflict, apathy or
irresponsibility (p. 431).

The following behaviours tend to be defined as emotionally
abusive, if pervasive and ongoing: put-downs; labeling;
humiliation; scapegoating; name-calling; rejection; demanding
excessive responsibility; ignoring; using fear-inducing
techniques; and having unrealistic expectations (Garbarino &
Gilliam, 1980). Thus, emotional abuse is the willful destruction
or significant impairment of a child's competence. The term
competence is meant to refer to McClelland's (1973) definition
that competence typically consists of the following abilities:
communication skills; patience; moderate goal setting, and ego
development (i.e., feeling confident and secure about one's
ability to handle day-to-day challenges). Characteristic of the
syndrome of emotional abuse is a systematic rejection of the
child (Rohner & Rohner, 1980). Moreover, Herzberger, Potts and
Dillon (1981) suggested that, from the child's perspective,
seeing abuse as an indication of parental rejection may have
more harmful effects than perceiving abuse as being caused by
some externally imposed frustration.
Given the problems in operationalizing abuse, it is imperative that researchers specify the definition of maltreatment employed and provide details concerning the characteristics of their sample.

The Present Study

An important aspect not identified in previous research is that researchers have not recognized that maltreating and nonmaltreating parents may differ on at least two main dimensions simultaneously. One dimension entails their current parenting status (abusive versus nonabusive), while the other entails their childhood history (maltreated versus not maltreated). Childhood experiences are often reported for populations of abusing parents, especially if their backgrounds were abusive. However, the earlier experiences of comparison nonabusive families are not typically specified. It is assumed that the majority of these parents do not have a history of abuse, or that at least, those with a history of abuse would be in the minority. Consequently, differences found among abusing and nonabusing parents on variables such as self-esteem, social support, perceptions of their child, may be attributed not to their categorization as abusive or nonabusive parents, but to whether or not they experienced abuse during their childhoods. Because history of abuse is quoted so frequently as predictive of future parental abuse, researchers need to be vigilant in recording childhood experiences for both their maltreating and
non-maltreating comparison groups. How then do these four
groups-- parents with a history of childhood abuse who either do
or do not abuse their own children, and those without a history
of childhood abuse who either do or do not abuse their own
children-- differ on variables previously isolated as related to
the etiology of child maltreatment in reported populations
(e.g., level of perceived stress, self-esteem, extent of social
networks; perceptions of their child)? The present study was
designed as a preliminary investigation of this question. In
addition, given the design, a statistical test of the
intergenerational transmission hypothesis could be computed.
Four variables, level of self-esteem, parental perceptions of
the degree of difficulty with their child, extent of social
supportedness and perceived level of negative stress, were
selected on the basis of being implicated in the etiology of
abuse, and having been cited consistently to differentiate
abusing from nonabusing parents. Furthermore, these variables
were selected from several levels of the ecological model
(Belsky, 1980; Garbarino, 1977), incorporating an integrated
approach for which a multivariate method of analysis could be
carried out. The fifth variable, measuring the parents' child
abuse potential (Milner & Wimberly, 1979), was included to
examine whether the four groups would differ on the level of
abuse potential. Of special interest was the degree to which the
group of abused-nonabusing mothers would be rated as revealing a
potential for abuse. A brief review of the studies employing
these variables will now be presented.
Self-Esteem

Low self-esteem and self concept are frequently identified as descriptive of abusive parents. However, often these references are made more in passing, and are based on investigators' or clinicians' informal observations rather than empirical research studies (e.g., Kempe & Helfer, 1972; Steele & Pollock, 1972). Consequently, self-esteem has rarely been identified empirically as a significant central issue, and yet it is often singled out as a major component in treatment programs (e.g., Buck, 1984; Pollock & Steele, 1972). Schneider, Hoffmeister and Helfer (1976), in their research to develop a predictive screening instrument for early identification of parents at risk for parent-child interaction problems, included a cluster of items measuring self esteem. Although the questionnaire was not found to have overall acceptable predictive power, the self-esteem (I'm No Damn Good) cluster was of particular importance for predicting abuse.

Although there appears to be informal agreement that abusing parents have low self-esteem and feelings of worthlessness, empirical support is not totally conclusive. One difficulty encountered in comparing results of various studies is that many different measures of self-esteem are employed.

Melnick and Hurley (1969) administered the Sense of Personal Worth scale from the California Test of Personality to 10 abusive mothers and 10 control subjects. The abuse group scored
significantly lower than the control group on the Sense of Personal Worth scale (which is a measure of self-worth based on their perceptions of other people's views of them) and on a measure of dissatisfaction with their family situation (i.e., Family Concept Inventory). Evans (1980) replicated this finding in his study of 20 abusive mothers and 20 controls, using a battery of psychological tests that included the Sense of Personal Worth Scale and the Family Concept Inventory.

Shorkey (1980) also found that 14 abusing mothers in his study scored significantly lower than 14 control subjects on the Sense of Personal Worth Scale. However, the two groups did not differ on scores of a measure of self-worth based on the respondents' rating of themselves (i.e., the Rosenberg Self-Esteem Scale), as opposed to their self-worth based on their perceptions of how people rate them. There are at least two possible explanations for this discrepancy. One explanation might be that abusive parents present a distorted picture of themselves as healthy by responding in socially desirable directions (Wright, 1976). A self-rating of worth may be more susceptible to distortion than a self-rating of worth based on perceptions of other people's views of them. An alternative explanation is that people who are easily labeled as deviant (perhaps because of racism or classism or some other reporting bias factor) would maintain their level of self-esteem as a means of coping with being labeled. Therefore, these individuals may correctly perceive others' perceptions of their worth as low
but are able to maintain their self-esteem even when faced with negative judgements of others (C.M. Newberger, personal communication, March 27, 1986).

In a further study, Shorkey & Armendariz (1985) investigated the relative effectiveness of a set of personality measures that individually or in combination potentially differentiated significantly between 18 abusing mothers and 18 control subjects. Their hypothesis was that irrational thinking is a major personality characteristic of abusing mothers and largely accounts for such findings as low self-esteem, hostility and feelings of social isolation. Among the measures administered were the sense of Personal Worth Scale, the Rosenberg Self-Esteem Scale and the Rational Behaviour Inventory (RBI), which provided a measure of the rationality of thinking patterns. The results provided support for their hypothesis in that the RBI was the major variable that significantly differentiated between groups. Univariate tests on all measures revealed significant differences between the groups for all measures except Verbal Hostility, from the Buss-Durkee Hostility Inventory. However, multivariate analyses revealed that when the RBI was entered first none of the subsequent variables were significant; and that only three variables (RBI, Negativism and Anomia) significantly discriminated between the two groups. The two measures of self worth did not discriminate between groups and were only significant at the univariate level. Shorkey and Armendariz concluded that irrational thinking, which reflects
intolerance and demandingness of parents, is a significant variable associated with child abuse. It is also possible that irrational thinking is more reflective of people who get reported for abuse, than a risk factor associated with child abuse per se. That is, "someone with a bruised child who acts intolerant and demanding in the emergency room is more likely to be reported than someone with a bruised child who is respectful and appreciative" (C.M. Newberger, personal communication, March 27, 1986).

Four other studies have found support for the contention that abusing mothers have lower self-esteem. Rosen and Stein (1980) administered the Weedman's Self-Concept Scale to 30 abusing mothers and 30 unmatched control mothers. They found that the abusing mothers scored significantly lower, which indicated a lower self esteem. Oates and Forrest (1985) interviewed 36 mothers whose children had been abused and 36 matched control mothers. The index of self-esteem consisted of asking mothers whether they wanted their children to grow up like themselves, like their partners or like neither person. The abuse group mothers indicated a desire that their children should not grow up to be like themselves or their partners. One wonders why these researchers, having criticised previous investigators for their diverse use of self-esteem instruments, chose to add to the diversity by using their own index instead of employing a previously used test. Mash, Johnston and Kovitz (1983) administered the Parenting Sense of Competence Scale to
abusing and nonabusing mothers. They found that the abusing mothers had significantly lower self-esteem on scales measuring skill, knowledge, value and comfort in parenting.

Finally, Anderson and Lauderdale (1982) administered the Tennessee Self Concept Scale to 111 abusive parents and compared their self concepts to a group drawn from a mental hospital population and to 626 subjects who formed the normative sample. Results revealed that the abusing parents in comparison to the norm group, viewed themselves as being worthless, having poorly integrated personalities and had feelings of confusion and conflict in terms of their basic sense of self. There was, however, less variability between the abusing parents' and the mental hospital patients' level of self-esteem.

In sum, there does appear to be empirical support for the hypothesis that abusing mothers who have been labeled as deviant have lower self-esteem but the issue is by no means clear cut. Ratings of self-esteem based on participants' perceptions of other people's views consistently supported that abusing mothers have lower self-esteem (Evans, 1980; Melnick & Hurley, 1969; Shorkey, 1980). However, results from self-ratings of self-esteem are less consistent, though it is difficult to compare across studies due to the use of different instruments (Anderson & Lauderdale, 1982; Shorkey 1980; Shorkey & Armendariz, 1985). The frequency with which the observation of low self-esteem in abusing mothers is made informally would appear to lend support to the research findings. However,
clearly further research is necessary. The possibility that low self-esteem is the result of being identified and labeled a child abuser is not supported in the one study that examined this possibility (i.e., Schneider et al., 1976). From the results of their predictive screening, they suggested that abusive parents had developed poor self-concepts as a consequence of rejection experienced as children and suggested that low self-esteem may be integrated into the abusing parent's personality from a young age. That this is a possible consequence of being abused as a child is suggested by the finding of significantly lower self-concept on the Piers-Harris Self-Concept Scale in a group of abused children in comparison to a matched group of nonabused children (Oates, Forrest & Peacock, 1985). However, it is not the author's intention to imply that levels of self-esteem remain fixed throughout the life span. It is also proposed that being identified and labeled an abusing parent does potentially have an impact on one's level of self-esteem and feelings of personal worth.

Parental Perceptions of the Child

One commonly recognized characteristic of abusing parents is that they hold unrealistic expectations of their children (e.g., Kempe & Kempe, 1978; Melnick & Hurley, 1969; Spinetta & Rigler, 1972) and distorted perceptions of their child's behaviour (e.g., Steele & Pollock, 1968). These are suspected to engender inappropriate parent behaviour, especially in the form of role reversals. Hence, the child is expected to meet the parent's
needs which often are incompatible with the child's own
dependent demands (Morris & Gould, 1963; Steele & Pollock,
1968). However, recent, more systematically controlled research
studies measuring parental perceptions of their child disclose
mixed findings.

Herrenkohl and Herrenkohl (1979) from their interviews with
151 mothers found that the abused children were perceived more
negatively than their nonabused siblings. These mothers reported
the abused children as being more "difficult", exhibiting more
behavioural problems, and emotional difficulties (e.g.,
excessive eating or refusal to eat, frequent temper tantrums,
sleeping problems, head banging and moodiness). The targets of
physical abuse also tended to be described by their mothers as
having characteristics that reminded them in negative ways of
themselves or relatives (e.g., "big-mouth", "clumsy",
"two-faced", "bad"). Herrenkohl and Herrenkohl pointed out that
their findings did not allow for the distinction between
problems that are the result of abuse and those that might have
provoked abuse, if indeed these problems did actually exist.
That is, the reported problems were ascertained from parental
perceptions, and objective assessments of the children's
behaviours and personalities were not conducted.

Larrance and Twentyman (1983) and Bauer and Twentyman (1985)
both found that abusing mothers in comparison to a group of
neglecting mothers or a control group, misattributed negative
characteristics to children. In these two studies, the
researchers presented the parents with highly salient child cues (i.e., photographic stimuli and audiotapes of stressful parent-child interactions respectively). The results showed that abusing mothers ascribed more malevolent intentionality to their children than did the other mothers (e.g. "The child did that to annoy me") (Bauer & Twentyman, 1985) and more negative expectations (Larrance & Twentyman, 1983). These latter two investigators reported that the abusing mothers' causal attributions of the children's behaviour varied according to situational factors. Specifically, if the child transgressed, more stable internal attributions were given. On the other hand, if the child was well behaved or successful, then external attributions were given.

In contrast, a similar study (Rosenberg & Reppucci, 1983) did not find significant differences in perceptions of intent and disposition between a group of abusing mothers and a group of mothers "experiencing problems in parenting". These mothers were presented with three written vignettes of a child's behaviour, each with a series of questions concerning the perceived intent of the child's behaviour (e.g., breaking an object of the parents, disobedience). Rosenberg and Reppucci suggested that one explanation as to why they did not obtain significant group differences was because the mothers were not actively involved with their children in a situation that elicited anger. That is, they were more removed, possibly less involved and potentially able to be more "objective". Whether
the degree of parental involvement and saliency of child cues is sufficient to explain the contradictory findings from this study and those by Twentyman and associates, requires further research.

Three further studies exploring the issue of perceptions and expectations of children using questionnaires failed to differentiate abusers from controls on attitudinal/perceptual dimensions. Gaines, Sandgrund, Green and Power (1978) found no overall differences between groups on the factor termed "Expectations of Children" from the Michigan Screening Profile of Parenting. Likewise, Milner and Wimberley (1980) reported that two factors from the Child Abuse Potential Inventory that are related to perceived child behaviour problems and negative concept of the child did not distinguish between abusing parents and nonabusing parents. Starr (1982) administered questionnaires to 87 abusive and 87 control parents and found no group differences on any measure of child perception or discipline choices.

In contrast, two studies employing the Achenbach Child Behaviour Checklist found that abusing parents rated their children as displaying significantly more behaviour problems than did nonabusing parents (Mash, Johnston & Kovitz, 1983; Wolfe & Mosk, 1983). However, when the scores from the abusing parents were compared to scores obtained from parents of distressed families (Wolfe & Mosk, 1983) or from parents of hyperactive children (Mash et al, 1983) no significant
differences were obtained. These results revealed that the perceived behaviour patterns of the abused children in these families resembled perceived behaviour problems displayed by hyperactive children and children from distressed families in general. A very interesting aspect of the study by Mash et al. was the inclusion of direct observations of mother-child interactions in their three groups. They found no significant differences in observed behaviour between the abused children and the nonabused control group children. However, both these groups of children differed significantly from hyperactive children for observed behaviour. Specifically, only the hyperactive children behaved in a way commensurate with their mothers' perceptions of them. In sum, the abusing mothers rated their children as equally problematic as did mothers of hyperactive children, and yet the abused children's behaviour during observations was not found to differ significantly from the children in the nonabused control group. Mash et al. speculated that a possible explanation for their findings was that abused children may differ on more subtle physical, cognitive, behavioural or affective dimensions that were not detected in the global child interaction categories employed.

Two studies that might have shed some light on this speculation only add to the confusion. Burgess and Conger (1978) and George and Main (1979) employed direct observations of behaviour exhibited by abused children compared to nonabused children. Burgess and Conger (1978) found in their observations
of parent-child interactions that abused children exhibited high rates of negative behaviour but that their behaviour did not appear to differ significantly from that of controls. However, George and Main (1979) in their study of children's social interactions in a day care setting found that abused children displayed more negative behaviour than the controls. Specifically, the abused children more frequently assaulted their peers physically, harassed their caregivers verbally and nonverbally and were less likely to approach their caregivers in response to friendly overtures.

Newberger and Cook (1983) investigated whether there were characteristic qualities of parental understanding in a group of maltreating parents compared to a group of nonmaltreating families. Using the measure Parental Awareness, developed by the first author, parental conceptions of their children and of their relationships with their children were analyzed. Newberger and Cook proposed that deeper patterns of understanding underlie parental attitudes and beliefs about the parent-child relationship and the parental role and that the variation in the qualitative understanding of the nature of relationship between parent and child is the focus of Parental Awareness. The scale is divided into 4 levels, reflecting progressively higher cognitive understanding of the parent-child relationship and the parental role. The findings of the comparison of maltreating and nonmaltreating parents' scores on the Parental Awareness measure indicated that the identified abusing/neglecting parents
compared to a matched group of nonabusing parents obtained significantly lower ratings for parental awareness. The authors suggested that the developing maturity of parental awareness may be importantly implicated in parental functioning and dysfunctioning. This study illustrates yet another way of measuring the parent's perception but does not rely purely on the parent's perception of the child but examines more fully the parent-child relationship and the parent's perception of their role. Thus whether differences actually exist in the child are not important and do not cloud the issue of the parent's perceptions.

Finally, Bond and McMahon (1984), although not examining abusive parents' perceptions and their children's behaviour, did obtain tentative support for the association between perceived behaviour problems and observed deviancy in children. Their sample included a group of maritally distressed mothers compared to a control group of non-maritally distressed mothers. The maritally stressed mothers perceived their children (measured by the Parent Attitude Test) as having significantly more behaviour problems and there was a trend for their children to be observed as more deviant.

In sum, the evidence as to whether abusing parents perceived their children more negatively was mixed, although somewhat weighted in favor of this assertion. It appeared that abusing parents had similar negative perceptions of their children to those of parents in highly distressed families (Wolfe & Mosk,
Therefore, negative perceptions of the child would not be predictive of abuse per se. Whether or not abused children differed in their actual behaviour from nonabused children was also not clear. Pearce and Walsh (1984) in their review of characteristics of abused children suggested:

The age of the child, the developmental issue that he or she is facing at that particular age, and the specific pattern of child maltreatment to which he or she has been exposed are variables that may lead to different outcomes, and may explain some of the heterogeneous outcomes in social relationships. (p. 4).

Social Networks and Social Isolation

The assertion that maltreating families are socially isolated and lack social supports appears to be generally accepted. Networks that are supportive to parents have been associated with adequate child rearing, whereas parental social isolation has been associated with impaired family functioning (e.g., Belsky, 1980; Crittenden, 1985; Cochran & Brassard, 1979; Garbarino, 1977; Salzinger et al., 1983). Kempe (1973) noted that what abusive families lack is a "lifeline", so that during particularly stressful times they have no one to turn to for relief, thereby no means of escape. However, systematic measurement of the characteristics of personal social networks (e.g., size, interconnectedness, diversity of network-membership types, continuity) has, until recently, generally been lacking (Cochran & Brassard, 1979). Families are not simply isolated or supported. Networks should be considered to be fairly dynamic.
The necessity for careful interpretation of network data was illustrated in Straus' (1980) survey of families in which severe violence was perpetuated against children living at home. He found that couples who had many relatives living within an hour's travel time had a higher rate of assault than did couples with few relatives nearby. This findings would seem to be inconsistent with social network theory. However, Straus posited that a social network, though usually assumed to support "pro-social" behaviour, can also support "anti-social" behaviour. Thus, the maltreating families' kin network might even be supporting the abusive behaviour.

Similarly, Salzinger et al. (1983) hypothesized that since severe maltreatment was not socially sanctioned by the extended network (i.e., peers, society, etc.), support for this behaviour was derived from the close network (i.e., relatives), which maintained the maltreatment. Moreover, in abusive families alternative modes of behaviour were not being transmitted from the extended network, which would likely provide information discrepant to that provided by the close network (Belsky, 1980; Garbarino, 1977). Salzinger et al. suggested this was because close networks were composed of individuals holding many of the same values and who were probably constrained by the same restricted network. Results from their study revealed that abusing mothers were more isolated than the control mothers, as they had smaller overall networks, particularly peer networks, and spent less time with people in their networks. In addition,
the abusing mothers were more insulated, suggested by the finding that their subnetworks were less connected to each other. This insularity would separate the abusing mothers' social behaviour at home from their contact with peers. Thus, Salzinger et al. concluded that the abusing mothers' parenting behaviour was more likely to be controlled by the reinforcement contingencies in effect within their immediate families. Hence, as suggested by Cochran and Brassard (1979), it was not just the size of the personal social network which was important to consider, but also the composition of the network and its interconnectedness.

Reasons given for why abusing parents tended to have an absence of support systems draw upon those aspects of personality proposed as characteristic of these parents. For example, isolation frequently resulted from a person's inability or lack of inclination to establish and maintain friendships (Belsky, 1980) because of lack of trust as a consequence of poor attachment when younger, or lack of opportunity while growing up to acquire interpersonal skills necessary for amicable social relations (e.g., George & Main, 1979). Furthermore, limited social support networks were implicated as an outcome in the intergenerational transmission of abuse. In the absence of appropriate adult input, abused children may have developed distorted perceptions of what was appropriate social behaviour (Salzinger, et al., 1983).
Finally, the existence of a strong support network and the skills to use it, has been suggested as a major factor mitigating the possible negative impact of increased stress (Gottlieb, 1980). Thus, an isolated and socially unskilled person is vulnerable to even low levels of stress and particularly vulnerable to high levels of stress (Garbarino & Gilliam, 1980). The involvement of stress in child maltreatment will be examined in more detail in the next section.

The Role of Stress

A growing body of literature identifies stress as a prime contributor to child maltreatment (e.g., Gelles, 1973; Gil, 1970; Justine & Duncan, 1976; Kempe & Kempe, 1978; Parke & Collmer, 1975; Straus, 1980). Garbarino (1977) proposed that it is the unmanageability of stress that is the most important factor in the etiology of abuse. The answer to the question of what causes the unmanageability of stress has been the impetus for considerable research.

Adherents to the social network theory proposed that the unmanageability of stress leading to child abuse was caused by the mismatch between the level of stress experienced and the strength of the parent's social network. Hence researchers have proposed that having good social support explained why the majority of parents who live in highly stressful life situations did not abuse their children (Garbarino, 1977; Gaudin & Pollane, 1983; Howze & Kotch, 1984).
Garbarino's (1977) ecological model, as described earlier, is a framework for examining the complex interactions among parental and child characteristics, intra and extrafamilial stressors and the social and cultural systems that affect families. Whether child abuse occurs is the result of the interaction of life events with predisposing factors grouped into the four categories of the ecological model (i.e., individual, familial, social and cultural). Howze and Kotch (1984) argued that life events per se, even those frequently cited as predisposing to child maltreatment, are not equal to stress, which is an internal, subjective state. Therefore, a given life event may be perceived as stressful by one person but not by another. They went on to propose that personality (e.g., coping skill, self-image, locus of control) and environment intervene between life events and stress. Social support networks are also considered an integral part of how the life events are interpreted and how the individual subsequently responds.

Gaudin and Pollane (1983) found support for their hypothesis that a strong support network mediated the association between stress and abuse. Specifically, mothers living in highly stressful situations were less likely to be abusers when they reported strong supportive networks. The strength of social network supportiveness was measured by the mother's perception of the degree to which the following were available from neighbours, friends and relatives: emotional support, tangible
resources and/or offers of assistance with parenting tasks.

Straus (1980) also asserted that stress will only result in child abuse if certain mediating variables are also present. However, he included more variables as mediators than just the level of supportiveness of the available social network. He argued that stress itself does not cause child abuse and that violence is only one of the many possible learned responses to stress. Alternative responses included passivity, withdrawal or resignation. Hence Straus theorized that the parents who had the combination of both high stress and the presence of a mediating variable (such as one of those listed below), will have a high rate of child abuse, whereas parents who also experience high stress in the absence of a mediating variable, will not resort to violence. A modified version of the Holmes-Rahe scale to measure stress was administered to 1,146 parents who were also interviewed. Straus examined several factors which might act as mediating variables in high stress situations. The following factors were identified: growing up in a family in which violence was observed, dissatisfaction with the marital relationship, male dominance in the marriage, and isolation from informal social networks which could help resolve or control family problems. Straus stressed that his findings were not indicative of causal direction, which would require a longitudinal study, but were suggestive about the etiology of abuse.
Egeland and associates (Egeland & Brunnquell, 1979; Egeland, Breitenbuchar & Rosenberg, 1980) were also interested in identifying the precipitating factors that differentiated mothers under stress who abused or neglected their children from those who did not. They conducted a prospective study (the Minnesota Mother-Child Project) and analyzed life event data (i.e., amount of stress experienced measured by the Life Event Scale developed by Egeland & Deinard as reported in Egeland et al., 1980), along with a variety of parental, child, environmental and interactional measures. The sample of mothers were either identified as abusive or neglectful (combined as one group) or high-risk who provided adequate care. The families were observed and tested at regularly scheduled intervals starting from the last trimester of pregnancy through the first two years of the child's life. Initially, no differences were found in the number of stressful events experienced by the two groups of mothers when the infant was 3 months (Egeland & Brunnquell, 1979). There was, however, a difference in the severity of the experienced stressful life event. For example, participants in either group might be equally likely to indicate an illness occurring in a family member, but for mothers in the abusing/neglectful group the event was judged by the researchers (scored on a three point scale) to be more disruptive. This was based on the illness being judged more severe or the family member involved was a person on whom the participant was dependent (e.g., spouse as opposed to cousin). The mothers were retested when their infants were 12 months of age. At this
testing session, the degree of disruption (i.e., severity) involved was incorporated into the scoring of the Life Event Scale, whereas previously at 3 months only the number of events had been recorded (Egeland et al., 1980). The results of this second study revealed significantly higher life event scores at 12 months for mothers providing inadequate care compared to mothers providing adequate care.

These findings supported the notion that environmental stress is an important factor in the etiology of child abuse and neglect. However, since the majority of stressed mothers did not abuse their children, it is clear that the concept of life event is not the major etiological variable. Thus, as proposed by Straus (1980), other factors mediate the impact of stress. The mothers with high life stress scores who mistreated their children were found to have higher scores on anxiety, aggression, suspiciousness, defensiveness and rigidity and lower scores on succorance. In addition, these mothers were observed to have poorer interaction patterns with their infants and less awareness of the demands and difficulties involved in being a parent. The amount of social support received by the participants was not measured directly. However, the researchers observed that the mothers who maltreated their children responded in hostile and aggressive ways to frustration which tended to annoy and alienate their family and friends. Thus, support and help from others were not sought out or offered as a means of coping with the stressful situation. Furthermore,
Egeland et al proposed that a hostile response to a crisis may actually increase the number of disruptive events in the individual's life. This in turn would lead to increased aggression by these mothers and further mistrust of others.

Justice and Duncan (1976) and Conger, Burgess and Barrett (1979) found evidence that when parents were subjected to rapid life changes as measured by the Holmes & Rahe (1967) Social Readjustment Scale abuse occurred. However, these researchers also claimed that for abuse to be an outcome of life crisis other factors must also be present. Conger et al. (1979) suggested that a punitive childhood history was the predisposing factor if the parent was stressed. On the other hand, Justice and Duncan suggested that the abusive parent had to be in a symbiotic relationship with the child (i.e., parent has concerns that their own needs are not going to be met) for abuse to occur in a stressful situation. Furthermore, they proposed that it was the bombardment of change over several months which was a precursor to abuse, not situational stress events (i.e., one-shot events).

The preceding review illustrates, yet again, the complexities involved in identifying whether an abusive incident will occur or not. The concept of stress itself has been the subject of much debate (e.g., Selye, 1966). For example, one issue is whether stress is a property of the situation (such as unemployment, family conflict, getting married or illness) or whether it is a subjective experience (Straus, 1980).
Consequently, many factors have been identified as associated with maltreatment, for example, unemployment (Gil, 1971; Steinmetz & Straus, 1974); large families, especially in which children are closely spaced (Hunter et al., 1978) and household disorganization (Elmer, 1967).

As Belsky (1980) noted, the absolute levels of stress per se might not be so important in the etiology of child maltreatment as the ability of the family to cope. Whichever factors are suggested to enhance the coping mechanism, it appears clear that in order to understand child maltreatment, a multidimensional model is required. This should not be a surprising suggestion given the complexities involved in identifying the determinants of average parenting (Belsky, 1984).

In conclusion, after reviewing empirical studies examining the role of self-esteem, the parent's perceptions of the child, social support networks and stress in the etiology of child maltreatment, the relationship of these variables to child abuse remains unclear. Studying the child abuse literature leaves the impression that parents who abuse their children in comparison to parents who do not abuse do have a lower self-esteem, more negative perceptions and expectations of their child, lack social supports, are socially isolated and live in highly stressful circumstances. And yet the empirical evidence does not support such unqualified statements. The problem may, in part, arise because the examination of child abuse is an area of research where so much is based on clinical report and so little
on empirical investigation. Plotkin et al. (1981) in their survey of the literature pertaining to the causative factors of child abuse, found that in 75% of the articles published from 1966 to 1970, the authors presented arguments based on inferences and not on empirical data. Fortunately this appears to be changing. Specifically, from 1976 to 1980, 85% of the articles published presented findings based on empirical data. Unfortunately, however, Plotkin et al. also stated that much of the research was methodologically flawed. However, the trend towards examining the phenomenon of child abuse in a more systematic way, employing comparison groups and statistics is encouraging. Thus, researchers and practitioners alike have come to recognize the need for a more sophisticated approach for understanding child maltreatment. Single factors in the etiology of abuse are no longer proposed. On the contrary, researchers are recognizing that parental functioning (both adaptive and maladaptive) is multiply determined (Belsky, 1984). However, studying the various biases operating in labeling parents as abusers requires further recognition. Once parents are labeled does not then automatically categorize them into a homogeneous group. We would not expect to find one or two common characteristics to describe the average parent. Therefore, it is not realistic to hunt for that elusive characterization to categorize abusing parents.
Hypoth eses

An important issue to consider, both for child abuse research in general and as one focus of this study, involves the impact of having experienced maltreatment in one's own childhood on subsequent parenting behaviour, that is, whether a history of abuse is predictive of parenting difficulties as some researchers have suggested (e.g., Steele & Pollock, 1968). It is hypothesized that the data for the present sample will be consistent with expectations generated by a hypothesis of intergenerational transmission of abuse. This is because the present sample is nonrandom primarily in two ways. First, the two groups of mothers (groups 1 & 3) who were identified as abusing parents, were solicited from a treatment population of abusing parents. It is suggested that this population might not be representative of all parents who abuse their children. That is, there may be a bias to consider the parents in need of treatment if they have a history of maltreatment in their own childhoods, let alone the biases operating in the identification and reporting of parents as abusers as discussed previously. Consequently, a larger proportion of abusing families in a treatment population as compared to maltreating parents in general, would be found to have a history of childhood abuse. Second, the nonabusing mothers were a volunteer sample. This nonrandom sample potentially underrepresented nonabusing mothers with a history of childhood abuse. That is, individuals abused as children may be unwilling to expose themselves to
professionals for a study of parenting. Since the cycle hypothesis appears so widely accepted, these volunteers may well fear exposing themselves to undue scrutiny. In addition, they may not wish to discuss their painful experiences, especially with strangers. In sum, the hypothesized cycle of abuse would not necessarily be predicted if a more representative sample of abusing and nonabusing mothers were tested, especially in a prospective study.

The following set of five hypotheses involves predictions of how the women in the four groups will differ on the five dependent variables, that is, self-esteem, perception of degree of difficulty with their child, amount of social support, level of negative stress and child abuse potential. First, it is hypothesized that the women in the abused-abusing group (group 1) will score the lowest for level of self-esteem, and the women in the nonabused-nonabusing group (group 4) will score the highest. These predictions are derived from the argument that, unless intervention occurs, being abused as a child can result in feelings of low self-esteem. In addition, the social stigma attached to being identified as an abusing parent is expected to have a detrimental effect on the mother's level of self-esteem. Hence, the women in group 1 who have been exposed to both experiences would have the lowest level of self-esteem, while the women in group 4 who have not been exposed to either experience would potentially have the highest level of self-esteem. Based on the review of the literature it is unclear
in what direction to predict the scores for the other two groups. On the one hand, if childhood experiences are fundamental in the development of self-esteem, then the women in group 2 (abused nonabusing group) would be expected to exhibit the second lowest level of self-esteem. However, if part of not becoming an abusive parent is "learning to love oneself", then these women would be expected to display the second highest level of self-esteem. Alternatively, since research findings suggested that abusing parents have poor self-esteem and if one's level of self-esteem decreases as a result of being identified as an abusing parent, the women in group 3 (nonabused, abusing) would be expected to score the second lowest. On the other hand, if identified abusing parents maintain their level of self-esteem as a way of coping with being labeled deviant, then group 3 would be expected to score second highest. Therefore, it is unclear what will be the level of self-esteem for women in groups 2 and 3 in relation to the level found for women in groups 1 (lowest) and 4 (highest).

For the four remaining hypotheses involving the mothers' perception of their children, social support, stress and child abuse potential, the pattern of results for the four groups is expected to be similar, though slightly different from that hypothesized for level of self-esteem. Specifically, the two groups of abusing mothers are expected to obtain similar scores on all four variables. These scores would be at the more negative end of the 4 scales compared to those of the nonabusing
mothers, who are expected to achieve more positive scores. The two groups of nonabusing mothers are also expected to obtain similar scores to each other.

Therefore, the second hypothesis is that the two groups of abusing mothers are expected to report their children as displaying more behavioural problems. No significant differences are expected between groups 1 and 3 or between groups 2 and 4. This hypothesis is based on the assertion in the literature that abusing parents perceived their children more negatively (e.g., Herrenkohl & Herrenkohl, 1979; Mash et al, 1983; Wolfe & Mosk, 1983). Whether the abused children if observed actually display more problems, in comparison to the nonabused children, is not considered in the present study. The data collected will be the mother's reports of problems and difficulties she experienced with her child.

Third, since parental isolation has been associated with impaired family functioning (Belsky, 1980), it is hypothesized that the abusing mothers will indicate receiving less support than the nonabusing mothers.

Fourth, the abusing mothers are expected to indicate higher levels of perceived negative stress experienced over the two years preceding data collection. This expectation is suggested from the assertion that perceived high levels of stress place families at risk for child abuse (e.g., Egeland et al, 1980; Straus, 1980). Thus, stress is assumed to be an important factor
in the etiology of child abuse. It should be reiterated that stress per se is not presented as a cause, but that the presence of high stress in combination with other factors has been found characteristic of abusing families.

Finally, on the measure of child abuse potential, the abusing mothers are hypothesized to reveal a significantly higher potential for abuse than the nonabusing mothers. No difference is expected based on the history of childhood abuse dimension. That is, groups 1 and 3 are not expected to differ from each other, nor are groups 2 and 4.
Subjects

The sixty four women who participated in this study were divided on two variables: history of childhood abuse (yes/no) and current parenting status (abusive/nonabusive), to create 4 categories. These were: 1) abused as a child and abusive as parent; 2) abused as a child and nonabusive as a parent; 3) nonabused as a child and abusive as a parent; and 4) nonabused as a child and nonabusive as a parent. (see Table 1).

### Table 1
**Design of Study**

<table>
<thead>
<tr>
<th>HISTORY OF CHILDHOOD ABUSE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT PARENTING STATUS</td>
<td>ABUSIVE</td>
<td>NON ABUSIVE</td>
</tr>
<tr>
<td>ABUSIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions of Parental Status:

Classification on the current parenting status dimension as physically and/or emotionally abusive was made on the basis of the mother attending one of three treatment programs for maltreating parents. All three programs included women who were active or passive abusers and who were physically and/or emotionally abusive. A description of the three programs is given in Appendix A. A total of 24 women from a possible total of 71 in the treatment programs participated: 16 had experienced physical and/or emotional abuse as a child; 8 had not been maltreated as children. Of the 47 women in the three programs who did not participate, 29 refused to participate or could not be contacted at the time of data collection (this is a fairly common occurrence when conducting research with an abusive population since these parents tend to move frequently and/or have unlisted phone numbers or no phone), 7 were deemed to be inappropriate (e.g., mentally handicapped, blind, unable to read English, etc), 4 had been attending the program too long and 7 participated as pretest subjects. For two programs (ACT II and PACT) the procedure for recruiting the participants entailed the researcher visiting the treatment programs and soliciting volunteers directly. The Participant's Information Document (see Appendix B), which described the study, was given to the mothers who were asked to contact the researcher at the phone numbers provided if they were willing to participate. The procedure was slightly different for the third program (Chesterfield House).
At the request of the program personnel, the Information Document was given to the mothers by the program counsellors, who described the study and requested any volunteers to either give their names to the counsellor to be passed onto the researcher or to contact the researcher directly.

Classification as a nonabusive parent was made on the basis of: 1) not attending a parenting treatment program and, 2) possessing adequate childrearing attitudes which were disclosed during an in-depth personal interview which assessed for example, attitudes towards discipline and practice; how the mothers dealt with their anger and frustrations etc. The interview protocol employed appears in Appendix C. None of the women in the nonabusive sample were eliminated on the basis of not possessing adequate childrearing skills.

The 40 nonabusive mothers (19 who had been maltreated in childhood and 21 with no history of abuse) were obtained by two separate selection procedures. The first approach involved recruiting women who had been abused as children but were not currently abusing their own children. The reason for this approach was to ascertain whether a sufficient number of participants who had a background of maltreatment and were not abusing their own children would volunteer to participate (or even existed). Volunteer subjects were solicited in two ways. First, information was disseminated, in the form of short articles or letters to editors, to 12 Greater Vancouver neighbourhood newspapers. Secondly, interviews were given on two
radio programs. Of the 45 women who responded, 13 were included in this study. The other 32 women did not participate, either because their children were too old (n=10); too young (i.e., less than 12 months, n=1); they lived outside the Greater Vancouver area (n=2); they could not be located at the time of data collection (n=15); they decided not to participate after all (n=2); or they were considered to be inappropriate (e.g., their child was deaf, n=2).

The second approach entailed a more general appeal for mothers to participate in a study on parenting. No mention was made of abuse, either as current parenting behaviour or in their childhood backgrounds. A variety of resources were utilized to solicit volunteers: notices in family drop-in centers; referrals from other participants who were either friends/neighbours and/or parents of children who attended the same preschool or parent and tot program as their child; and the participation file for other child development research projects at Simon Fraser University. Of the 75 women who responded, 27 were included in the present study. Of these 27, 6 had been maltreated as children, therefore, combined with the 13 maltreated participants obtained from the first approach described above, the total sample for the abused-nonabusing group was 19. The remaining 21 of the 27 volunteers had not been maltreated as children.
Definitions of History of Abuse:

Classification into the two groups on history of childhood abuse variable was based on the mothers' self report of their recollected childhood experiences. Designation of having experienced emotional abuse as a child was based on the mother's subjective report that she had felt emotionally abused as a child. Since affirmative answers were based on feelings experienced by the mother and not quantifiable behaviours, only a subjective definition was used. The participants were asked if the pervading emotion expressed by their parents was one of active destruction or undermining of the child's self-esteem or self-image and/or negative feelings were expressed toward the child, and/or the child's capabilities and achievements were constantly denigrated. It was stressed that the negative feelings and denigration had to be ongoing, constant and not an intermittent event. All the participants who defined themselves as emotionally abused either spontaneously volunteered that they felt unloved and never able to please their parents, or acknowledged the presence of these feelings when asked. Table 2 illustrates the number of participants who reported being emotionally abused as a child.
Designation of having experienced physical abuse as a child was based on both a subjective definition and an objective definition. For the subjective classification of history of physical abuse, the participants were read a definition of physical abuse and were then asked whether they considered themselves to have been physically abused as a child. This definition included physical force used by a parent or guardian which resulted in non-accidental injury to the child. The injuries sustained could range from red marks which remained for at least several hours or bruises to bleeding wounds, cuts, fractures or broken bones. Table 3 presents the division of the 64 subjects into the 4 groups based on using only a subjective definition of physical abuse. (Please note that some of these participants may have been emotionally abused as well.)

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSIVE</td>
<td>N=16</td>
<td>N=8</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>N=19</td>
<td>N=21</td>
</tr>
</tbody>
</table>

N=35 | N=29 | N=64
If the mother defined herself as having been physically abused then further details were obtained concerning the frequency of the abuse, severity and types of injuries sustained, medical treatment received, and age at onset and termination of the abuse (see Appendix D for the coding protocol).

If the mother denied being physically abused as a child, she was assigned a NO for subjective definition. However, she was then asked to provide detailed information on how she was disciplined/punished as a child and what happened in the family when either parent became angry and/or frustrated. The interview protocol employed appears in Appendix C. If the participant revealed in her responses to the interview that she had been physically punished as a child the coding protocol described in Appendix D was completed. This was to ascertain whether the
events warranted being objectively defined as physical abuse using the guidelines outlined below.

For the objective classification of a history of physical abuse, the mother was classified as physically abused if any one or combination of the following descriptions applied during the participant's childhood. These guidelines were adapted from Gil, (1970).

1. If hit on the head by the parent's hand on more than 20 separate occasions which the participant defined as severe.
2. If received excessive spankings to the body (i.e., more than 20 occasions) which resulted in soft tissue damage.
3. If hit on the head with a hard object on more than two separate occasions, which resulted in a bruise, bump or a cut.
4. If beaten with an object (as distinguished from a spanking) on more than five separate occasions. (An object could be the parent's fist.)
5. Severe shaking, yanking and being thrown about on more than 20 separate occasions.
6. Being kicked and/or bitten resulting in soft tissue damage.
7. Single attempts at being strangled, suffocated, drowned (with or without loss of consciousness); shot at, stabbed, cut, burnt, poisoned or drugged.

The sample sizes in Table 4 show the number of participants who were objectively classified as having experienced physical abuse. All of these participants had also experienced emotional abuse.
as a child, although this was not part of the definition of being physically abused as a child.

**TABLE 4**

**PHYSICALLY ABUSED-OBJECTIVELY DEFINED**

<table>
<thead>
<tr>
<th>Current Parenting Status</th>
<th>History of Childhood Abuse</th>
<th>Yes</th>
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</tr>
</thead>
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<tr>
<td>Abusive</td>
<td></td>
<td>N=9</td>
<td>N=15</td>
</tr>
<tr>
<td>Non Abusive</td>
<td></td>
<td>N=14</td>
<td>N=26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N=23</td>
<td>N=41</td>
</tr>
</tbody>
</table>

Only three participants were classified differently for the two definitions of physical abuse. Specifically, two women indicated that they felt they had been physically abused, while the researcher objectively classified them as not being physically abused. Both women had been physically punished as children but their parents' behaviour was not considered sufficiently severe to warrant being defined as abusive. One woman also defined herself as emotionally abused, while the second woman only defined herself as physically abused. Both of these women were in the sample of abusing parents. The third woman indicated that she did not feel that she had been physically abused as a child,
while the researcher objectively classified her as a physically abused child. This woman had also been emotionally abused as a child and she commented that the severe physical punishment and beatings she received were not as significant as feeling unloved and unwanted. This participant was in the nonabusive sample.

In sum, of the 35 women who indicated either being emotionally or physically abused (objective classification only), 23 reported both physical and emotional abuse as children and 12 reported only emotional abuse as a child. As can be seen from Tables 2, 3 & 4, using only a definition of emotional abuse provides the most encompassing classification of experiencing abuse as a child. That is, if only a definition of physical abuse is employed, some participants who had also been subjected to emotional abuse would be categorized as nonabused as a child. In order to avoid this situation, the participant was operationally defined as having a history of abuse in her childhood if she reported either emotional abuse or was classified as objectively physically abused or both. Therefore, the frequencies presented in Table 2 also represent the distribution obtained for the overall operational definition of history of abuse because all participants who were objectively defined as physically abused as a child had been emotionally abused as well.
The demographic characteristics of the women in the 4 separate groups are presented in Appendix E. The average age of the women and their partners was similar across all 4 groups. The overall mean age was 30.89 years for the women and 33.89 years for their partners. The women were all caucasian, primarily specifying their nationality as English Canadian. Several variables revealed differences among the women. Specifically, the abused-abusing mothers were more likely to be divorced or separated and currently single (43.7%), compared to the other 3 groups, especially the nonabused-nonabusing mothers (4.8%). For the majority of abusing mothers (62.5% in each group) the woman's marital status had changed since the birth of the target child. This was the case for only one of the nonabused-nonabusing mothers. These latter two results suggest that group 4 (nonabused – nonabusing) participants were in more stable relationships. This latter point also appears to be supported by the finding that the majority of women in group 4 were either married or living common law with a partner (90.4%) and had been in the relationship for a longer time period than had any of the other three groups.

The abused-nonabusing group contained the highest proportion of employed women (63.2%). In contrast, the abused-abusing group contained the lowest proportion of employed women (12.5%) and the highest proportion collecting welfare (75%). These figures are especially interesting in comparison to the
nonabused-abusing group of women. Only one mother in this group was collecting welfare. Thus, 13 of the 24 mothers in the abusing sample were welfare recipients. That this proportion is even as high as it was might be attributed in part to the fact that 37.5% of the participants in group 1 were attending either of the two intensive treatment programs (ACTII and PACT) and thus, would be unable to be employed during the day.

Consistent with the findings for marital status and employment, the amount of yearly family income revealed group differences. The majority of the women in the abused-abusing group had an income of less than $10,000 (66.7%), whereas the majority of women in the two nonabusing groups had a family income of more than $31,000 (group 2, 63.1%; group 4, 66.5%).

As is apparent from other studies involving abusing and nonabusing families, variables concerning employment and income tend to differentiate the groups, even if both abusing and nonabusing families are preselected for lower socioeconomic status (e.g., Gaudin & Pollane, 1983). One difficulty which results from these differences is in evaluating the status of these variables as the cause of child maltreatment or the result of having been identified as an abusing parent (e.g., Pelton, 1978).

The participants' level of education also varied across the four groups. Specifically, the majority of women in the abused-abusing group had completed less than grade 12 (56.2%),
whereas the women in the nonabused-abusing group either had grade 12, were high school graduates (50%) or had received some university or college education (37.5%), though none had received a university degree. In contrast, the women in the two nonabusing groups had received at least some university or college education (57.9% group 2; 47.6% group 4). Likewise, the partners' level of education differed across the four groups. For the abusing sample, the majority of partners either completed less than grade 12 or completed grade 12 and/or were high school graduates (71.4% group 1; 80% group 3). The majority of partners in the nonabusing groups had received at least some university or college education. The education level of the participants' mothers were similar and mainly involved less than grade 12, grade 12 or being a high school graduate. Group 4 was an exception to this pattern as the education level of the participants' mothers was more likely to be distributed from less than grade 12 to a graduate degree.

The nonabusing mothers were somewhat less geographically mobile than were the abusing mothers. Abused-abusing mothers tended to have lived less than two years in their current residence (87.5%), whereas the majority of women in the two nonabusing groups were more likely to have lived in their current residence for more than two years (group 2: 78.8%; group 4: 61.8%).

The mean number of children per family varied slightly across the groups. The abusing families tended to have slightly
larger families but the difference was not substantial. The average age of the target child was similar for three groups (groups 1, 2 & 3), but was younger for group 4. In addition, the women in the two abusing groups were, on average, younger when their target child was born.

**Measures**

1. Tennessee Self-Concept Scale (Fitts, 1965).

This scale consisted of 100 items, 90 items were equally divided into positive and negative items and the remaining 10 items comprised a lie scale. All the items were answered on a 5 point scale from 1 (completely false) to 5 (completely true). The items have to be responded to as though describing oneself to oneself. Hence, the scale provided a measure of self-esteem by a self-rating rather than one based on perceptions of other people's views. This aspect of the scale was considered to be advantageous given the potential biases identified in labeling a parent abusive which might lead to distortion in how one is viewed by others. Therefore, by measuring one's own perception of oneself, the effects of potential labeling biases can be reduced. The scale yielded measures of self-concept across 5 general categories: physical self, moral-ethical self, personal self, family self and social self. Each of these areas is in turn divided into statements of self-identity, self-acceptance
and behaviour (providing a 2-dimensional 3x5 scheme). The total positive score for the 90 items comprised a single overall self-esteem score. The possible range for the overall score was from 150 to 450; the range obtained in the present sample was 249 to 422. A score below 315 is below the 10th percentile for level of self-esteem.

The Tennessee Self-Concept Scale was devised in response to the need for a research instrument that might provide an adequate measure of self-concept (Fitts, 1965). The underlying premise of the scale is that self-concept is a central and critical variable in human behaviour though no theoretical basis was offered by Fitts. The original pool of items was derived from several other self-concept measures and from written self descriptions of patients and non-patients. The final pool of items were those on which 7 clinical psychologists agreed that the items were either positive or negative in content and were judged compatible with the 3x5 scheme indicated above.

The norms given in the manual were based on 626 people aged 12 through 68. The test-retest reliability of the total positive score over 2 weeks was 0.92, with test-retest of the various subscores ranging between 0.70 to 0.90. Discriminant validity was assessed on the basis that groups which differ on certain psychological dimensions should also differ in self-concept. Therefore, the scale should be able to differentiate such groups as delinquents and non-delinquents, psychiatric patients and non-patients and so on. Results indicated that the scale
significantly (mostly at the 0.001 level) differentiated psychiatric patients and non-patients and differentiated type of disorder within the patient group. The scale has also been found to relate to clinical indices of psychological "health", which indicated good predictive validity. Finally, convergent validity was demonstrated when the scale correlated with the Taylor manifest anxiety scale (correlation r = -0.70) and correlated with other self-esteem inventories. In addition, the scale correlated in expected directions with scores on the Minnesota Multiphasic Personality Inventory (range from r = -0.64 to -0.17 with most MMPI subscores and the TSCS total positive score) and other personality measures. For a review of measurement of self-esteem and the Tennessee Self-Concept Scale see Crandall, 1973.

Apart from the abundant literature attesting to the reliability and validity of the scale (Fitts, 1972) and the advantage discussed previously that the scale assessed self-esteem by a self-rating, a practical reason for administering this scale was its readability. That is, because some of the participants had low levels of education it was considered important to select a scale which was fairly easy to understand.

The PAT was designed by Cowen et al. (1970) to provide a technique for early identification of emotional dysfunction in primary grade school children. It was not designed to assess parental attitudes to childrearing nor attitudes toward the family unit. The test consisted of three separate scales. The Behaviour Rating Scale consisted of 23 statements of deviant behaviours rated on 4-point scales concerning the degree to which the characteristic applied to the child, from 1 (very mildly) to 4 (very strongly). The Home Attitudes Scale consisted of seven items rated on 5-point scales. The items focused on the parents' perception of the child and his/her adjustment. The third scale, the Adjective Checklist, consisted of a list of 33 positive and negative adjectives. The parent rated each adjective on a 3-point scale according to the degree to which it described the child. Selection of the items was not described by Cowen et al. The individual scale scores, obtained by summing the scores for each item within the scale, were summed with equal weight attached to each scale to provide an overall parent attitude score. This score could range from 0 to 186; the range obtained for the present sample was 3 to 117.

The scale was initially tested with 393 upper to lower-middle class parents of first to third grade children. Thus no general population norms were available and no cutting
points for dysfunction were provided. When readministered to 272 parents, the test-retest reliability after 6 months ranged from 0.57 (School Attitudes Scale, not administered in the present study) to 0.72 (Adjective Checklist). Internal consistency for the Behavior Rating Scale was reported as 0.83 using Cronbach's alpha. Criterion validity was obtained against an array of criteria including achievement measures, self-report and sociometric measures and clinician and teacher ratings. The results indicated that the validity for girls was generally good, ranging from 0.69 to 0.70. Whereas the validity for boys was more variable, ranging from 0.16 for the correlation between the Home Attitudes Scale and one measure of maladjustment by a teacher and 0.61 between the same teacher rating scale and the School Attitudes Scale. Cowen et al. (1970) concluded that the discrepancy in the scores between parents and teachers might be explained by the possibility that what was acceptable behaviour for boys at home may not have been acceptable in school and vice versa. The girls' behaviour appeared to have been rated consistently in both environments. For a review of parent report measures of child behaviour including the PAT, see Humphreys and Ciminero (1979).


The Social Network Questionnaire is an instrument designed for assessing social network characteristics and amount of perceived support offered from network members. Respondents are required to name up to twenty people who are most important to them
personally and then to answer questions about demographic characteristics of each person named and the type of support and frequency of contact with each. Frequency choices range from "at least once a week" to "not at all during the past month". The type of support focused on six areas: social/recreational contact, information on childrearing, information on resources, help with household tasks, help with babysitting and emotional support.

Several different scales could be calculated from the information collected. For the purposes of this study, network supportiveness was calculated by summing the frequency of support ratings over all six categories of support for all members recorded. No reliability or validity data were available for this measure.


This survey is a measure of the impact of life changes which allows for separate assessment of positive and negative (i.e., desirable and undesirable) life experiences and individualized ratings of the impact of events. The survey consisted of 52 items involving life events, rated on a 7-point scale based on the degree of impact and whether it was a negative experience or a positive one (scale from -3, extremely negative to +3 extremely positive). The event was coded if it had occurred up to 2 years previously. A negative change score for the total amount of negative experiences indicated was calculated by
summing the negative weights for each item rated from -3 to -1. The potential range for this scale is 0 to 165; the range obtained for the present sample was 2 to 60.

The scale was developed with the underlying notion that life stress could be operationally defined in terms of self-reported life changes and conceptualized primarily in terms of events that exert negative impacts. The items were largely selected from existing life stress measures. All items reflected events which occur frequently and which might potentially exert a significant impact. The scale was initially administered to 345 university students, the means and standard deviations of this sample were provided by Sarason et al. (1978). The positive and negative life change scores for this sample were uncorrelated. Test-retest reliability after 5-6 weeks was measured in two studies, one with 34 students the other with 58 students. The correlations for the positive change score were 0.19 and 0.53 (respectively), 0.56 and 0.88 for the negative change score and 0.63 and 0.64 for the total change score. Sarason et al. concluded that the measure was moderately reliable especially for the negative and total change scores. They specified that test-retest reliability was likely to be an underestimate since during the time interval between testing respondents could actually experience relevant life events which would change their score. Therefore, changes could reflect actual occurrence of life changes rather than simply inconsistencies and error. Thus, they concluded that the lower reliability estimates
obtained with the positive change score may be due in part, to the greater likelihood of positive change occurring between testings.

Sarason et al. (1978) further reported that the negative change score was significantly related to a number of stress-related dependent measures, for example, anxiety, depression and personal maladjustment. In addition, the scale appeared to be relatively unaffected by social desirability biases and was capable of differentiating college students who had sought help for adjustment problems from those who had not.


The CAPI was designed to provide a quick, client-administered screening device for assessing a respondent's child abuse potential. The items selected for the inventory were based on the personality traits that research and theory suggested were characteristic of abusive and negligent individuals. Included as being a characteristic trait area was the existence of negative childhood experiences including abuse and neglect. Thus, Milner when developing the inventory, appeared to assume the existence of the cycle hypothesis and so give weight to items indicating abuse and/or neglect in a person's childhood. The preliminary CAPI consisted of 334 items and was administered to 19 abusing and 19 matched nonabusing parents (Milner & Wimberley, 1979). The inventory was found to
provide 100 percent correct classification of abusers and nonabusers. In a second validity study (Milner & Wimberley, 1980) the revised form of the CAPI was administered to 65 abusing and 66 matched nonabusing parents. The results of a discriminant analysis indicated that the inventory correctly classified 96 percent of the respondents. Test-retest reliability coefficients were found to be 0.94 for a one-day period and 0.90 for a one-week period (Milner, 1980). Internal consistency, obtained by using a split-half technique, was reported to range from 0.92 to 0.96 for various groups (Milner, 1980). The norms provided in the manual were obtained on a sample of 132 parents, primarily obtained from parent-teacher organizations in North Carolina. The mean and standard deviations were provided for this sample but no cut-off points were suggested. Milner cautioned that the CAPI was still being developed and should, therefore, not be used for labeling individuals in a diagnostic manner but could be employed appropriately where cut-off scores and labeling of individuals were not critical.

The CAPI consisted of 160 items scored as either agree or disagree. Two scales were obtained from the CAPI. One is the Abuse Scale which consisted of 77 items with weighted scores which when summed provided a measure of an individual's potential for child abuse. The possible range for this scale is 0 to 486; the range obtained was 7 to 418. The other is the Lie Scale which consisted of 18 items with no weights, which are
summed to provide a single score. The scores on the Lie scale did not differ for the four groups and were within the normal range.

6. Background Information. (see Appendix F)

This instrument was designed by the researcher to collect information on demographic characteristics of the participants. Specifically, the respondents were required to provide information on their age; marital status; partner's age (if applicable); level of education; partner's level of education; number, sex and age of children; work history; parental education and work history; and income.

Procedures

Each participant was visited twice in her home. During the initial interview, the project was described, consent for participation was obtained and the questionnaires were explained. At this time, the majority of participants were not directly alerted to the researcher's interest in any abusive experiences. The exceptions were the 13 women who had volunteered in the first phase of solicitation (see section on Subjects). Participants were informed that the study was an investigation of parenting patterns and how they are passed from generation to generation. Although participants were not directly informed that the focus of the study was abuse, an ethical dilemma had to
be faced involving the issue of guaranteeing participant confidentiality. This is not an uncommon dilemma in this area of research, as many Provinces in Canada and States in the U.S. have mandatory reporting laws for suspected and actual cases of child abuse. Thus, it would have been necessary to break the code of confidentiality had a case arisen which led the researcher to suspect the occurrence of child abuse in a family. There was no need to report those cases in the abusing sample as these families were already known to the authorities. The necessity of reporting a case and thus breaching confidentiality was clearly specified in the consent form that the participant was required to sign (see Appendix G). Furthermore, it was stated in the form that the participant would be informed of the researcher's suspicions. Although this limit was placed on the guarantee of confidentiality, the desirability of maintaining confidentiality was recognized. To ensure confidentiality each participant was assigned a code number, with the only record of the participant's identity being kept by the researcher. Confidentiality was also ensured by refusing to release information obtained, unless at the request of the participant. This was especially important for all those participants attending a treatment program.

In addition, during the initial interview all 6 questionnaires previously described in the measures section were explained in detail. These were left for the participant to complete in her own time, though it was requested that they be
completed within two weeks if possible. The participant was asked to answer the questionnaires with one child in mind if they had more than one, specifically, the child under ten years of age and older than 18 months with whom they had had most difficulty (labelled the Target Child). The second visit occurred when the questionnaires were completed.

During the second visit, the participant's responses on each of the 6 questionnaires were discussed. This was to ensure that the participants had understood all aspects of the questionnaire and responded appropriately, and to clarify any apparently confusing and/or conflicting answers. In addition, at this visit a structured interview was conducted (see Appendix C for the interview protocol). The purpose of the interview was to obtain information on the participant's own upbringing and on how she parented her own child or children. Details were collected on whether the participant viewed herself as having been abused (physically and/or emotionally) (see Appendix D for the coding protocol); how she had been disciplined/punished as a child and how she disciplined/punished her own child; how her parents dealt with their anger and how she dealt with her anger; whether her siblings had been abused and whether there had been one single important person in her life during her childhood, adolescence and/or early adulthood.

Considering the emotional nature of the material discussed for many participants, care was taken not to leave them in a state of distress, and referral information to appropriate
support groups was often provided. Each participant was offered a token sum of $5.00.
CHAPTER III

RESULTS

This study was conducted to explore the validity of an intergenerational hypothesis of physical and emotional child abuse. In addition, the existence of differences on five dependent variables among four groups of mothers was tested (see Table 2 for the design and sample distribution). The five dependent variables were level of self-esteem, degree of perceived behavioural problems with the target child, frequency of social support received, perceived level of negative stress experienced over the two previous years, and the potential for child abuse. The results of several analyses will be presented in the order outlined above.

The cycle of abuse

In order to assess the likelihood of an intergenerational transmission of child abuse, chi square analyses were computed for 51 of the 64 participants. The 13 women who volunteered in response to the initial appeal which specified an abused history and a nonabusing parenting style were not included in these analyses. The chi square analyses enabled an assessment of whether the proportion of those mothers with a history of childhood abuse was the same in the abusing sample as in the nonabusing sample. This would be the case if a hypothesis for the intergenerational transmission of child abuse was rejected.
However, because the sample studied was nonrandom, it was hypothesized that there would be evidence of an intergenerational transmission of abuse.

Since different definitions of history of abuse (i.e., subjective emotionally abused; subjective physically abused; and objective physically abused) were employed, the cycle hypothesis was tested in several different ways. Specifically, using a definition of emotional abuse only; using a subjective definition of physical abuse only and using an objective definition of physical abuse only. The frequencies for each of these chi square analyses are shown in Tables 5, 6 and 7 respectively. Using these three definitions of history of abuse the results of the chi square analyses revealed that the observed cell frequencies were significantly different from the expected frequencies (for emotional abuse, $\chi^2 = 10.24$, $p<0.01$; for subjective physical abuse, $\chi^2 = 12.52$, $p<0.01$; for objective physical abuse, $\chi^2 = 6.79$, $p<0.01$). Thus, these findings were consistent with predictions generated from a hypothesized cycle of abuse. Specifically, a significantly higher proportion of women with a history of abuse were in the abusing sample than in the nonabusing sample. The chi square analysis using the overall operational definition of abused as a child (i.e., emotionally abused and/or physically (objective) abused) would be equivalent to the analysis computed using the definition of emotionally abused only because the cell frequencies are equivalent.
### TABLE 5
SAMPLE FREQUENCIES FOR CHI SQUARE ANALYSIS—EMOTIONALLY ABUSED

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<th>CURRENT PARENTING STATUS</th>
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</tr>
<tr>
<td>NON ABUSIVE</td>
<td>N=6</td>
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</tr>
<tr>
<td></td>
<td>N=22</td>
<td>N=29</td>
<td>N=51</td>
</tr>
</tbody>
</table>

$x^2=10.24$, $p<0.01$

### TABLE 6
SAMPLE FREQUENCIES FOR CHI SQUARE ANALYSIS—PHYSICALLY ABUSED

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>YES</th>
<th>NO</th>
<th>N=24</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSIVE</td>
<td>N=11</td>
<td>N=13</td>
<td>N=24</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>N=1</td>
<td>N=26</td>
<td>N=27</td>
</tr>
<tr>
<td></td>
<td>N=12</td>
<td>N=39</td>
<td>N=51</td>
</tr>
</tbody>
</table>

$x^2=12.52$, $p<0.01$
TABLE 7
SAMPLE FREQUENCIES FOR CHI SQUARE ANALYSIS-PHYSICALLY ABUSED
OBJECTIVE

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>HISTORY OF CHILDHOOD ABUSE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSIVE</td>
<td>N=9</td>
<td>N=15</td>
<td>N=24</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>N=2</td>
<td>N=25</td>
<td>N=27</td>
</tr>
<tr>
<td></td>
<td>N=11</td>
<td>N=40</td>
<td>N=51</td>
</tr>
</tbody>
</table>

$x^2=6.79$, p<0.01

Correlates of Abuse

The definition of history of abuse employed for all further analyses included all those participants who reported being emotionally abused and/or those who were objectively classified as physically abused. One participant who indicated being physically abused (subjective) but not emotionally abused and who was not objectively classified as physically abused, was placed in the nonabused column. For all further analyses the 13 women previously excluded for the chi square analyses were included. These 13 participants in comparison to the other 6 abused-nonabusing participants who were obtained from the general sample of nonabusing parents (i.e., those who responded
to the appeal for mothers to participate in a study on parenting), were not found to differ significantly from each other on the dependent variables. The group of 13 women were more likely than the group of 6 women, to report being both physically and emotionally abused as children. In the sample of 6 nonabusive parents with a history of abuse, all participants had been emotionally abused and two participants had also been physically abused (objectively defined) as a child. In sum, the total sample consisted of 64 mothers assigned to 4 groups. The frequencies for each group are shown in Table 2.

As discussed previously in the chapter on methodology, the demographic data presented in Appendix E revealed that there were substantial group differences on a number of variables. Since, these demographic group differences must be taken into account in order to identify the effect of the independent variables, History and Status, a multivariate analysis of covariance (MANOCVA) and univariate analyses of covariance (ANOCVAs) were computed. However, the model of covariance was found to be inappropriate. Specifically, the basic assumption of the model that regression coefficients within each group be homogeneous was severely violated. Since the violation was not merely technical but was beyond the limits of what could usually be tolerated, the analysis of covariance was abandoned.

Consequently, because of the differences in sample characteristics, three demographic variables, employment, education and income were utilized in the factorial design as
grouping variables. Thus the design for the analyses of variance was a 5-way factorial with History, Status, Employment, Income and Education as independent variables and CAPI, Self-Esteem, PAT, Stress, and Social Support as the five dependent variables.

A MANOVA was attempted in order to analyse the five dependent variables simultaneously, but the computer program accessed was unable to handle the required computation. Therefore, to guard against increasing Type I error when the five univariate ANOVAs were computed, the Bonferroni correction to evaluate planned comparisons was applied (Myers, 1979). Using this correction a probability level of \( p<0.003 \) was required to be considered significant. This value was obtained by dividing the standard level of significance of 0.05 by the number of planned comparisons, which was 15 (i.e., 5 dependent variables compared on History, Status and History x Status interaction).

The results of the five ANOVAs are presented in Appendix H. Applying the Bonferroni correction resulted in a significant main effect for History for the CAPI (child abuse potential), \( F(1,43)=10.30, p<0.0025 \) and for Self-Esteem, \( F(1,43)=9.36, p<0.0038 \). In addition, the Status x Education interaction obtained for PAT (parents' perception of difficulties with their children), \( F(1,43)=8.12, p<0.006 \), was considered to be of

\[ \text{'The BMDP4V MANOVA program was used with the BFORM option (Dixon, 1983). This option was introduced in order to exclude some of the interactions which would have been generated by the model. These interactions were not necessary for interpretation and furthermore, there would not have been a sufficient number of cases in each cell.} \]
sufficient interest to warrant further examination even though it did not quite meet the $p<0.003$ level of significance. No other effects attained the required level of significance.

These results revealed that mothers with a history of abuse as compared to mothers with no history, had a significantly higher purported potential for abuse and significantly lower self-esteem. The coefficients for the estimated effects for these two variables for each of the four groups are presented in Tables 8 and 9 respectively. The coefficients for the estimated effects for the Status x Education interaction on the variable PAT (Table 10) illustrate that the abusing mothers with low education and the nonabusing mothers with high education perceived their target children as less difficult than the abusing mothers with high education and the nonabusing mothers with low education. However, the post hoc test of significance (Scheffé) did not reveal significant differences among the groups, which indicates that the significant interaction was obtained by Type I error and is not interpretable.
TABLE 8
ESTIMATED EFFECTS FOR THE FOUR GROUPS ON THE CAPI

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSIVE</td>
<td>249.07</td>
<td>96.43</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>146.87</td>
<td>49.75</td>
</tr>
</tbody>
</table>

TABLE 9
ESTIMATED EFFECTS FOR THE FOUR GROUPS FOR SELF-ESTEEM

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSIVE</td>
<td>296.75</td>
<td>365.79</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>317.19</td>
<td>333.19</td>
</tr>
</tbody>
</table>

The numbers presented in Tables 8, 9 and 10 represent the effects for CAPI, Self-Esteem and PAT after the four groups have been equated on the three grouping variables, Employment, Income and Education, achieved in the 5-way analyses of variance by dummy coding. These numbers should be interpreted similarly to adjusted means in an analysis of covariance.
TABLE 10

ESTIMATED EFFECTS FOR PAT-- STATUS x EDUCATION INTERACTION

<table>
<thead>
<tr>
<th>CURRENT PARENTING STATUS</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW</td>
</tr>
<tr>
<td>ABUSIVE</td>
<td>47.25</td>
</tr>
<tr>
<td>NON ABUSIVE</td>
<td>80.63</td>
</tr>
</tbody>
</table>
The hypothesis of an intergenerational transmission of child maltreatment specifies that abusive patterns of parenting are passed on from generation to generation. Therefore, it follows that being physically and/or emotionally abused as a child makes it likely that the individual will continue the familial pattern and so become an abusing parent. A major argument presented in this paper is that the hypothesized cycle of abuse, as currently asserted, is overly simplistic. Notwithstanding this position, the data of the present study were expected to be consistent with a prediction generated by the cycle hypothesis, that is, that a significantly greater proportion of women with a history of childhood abuse would be found in the sample of abusing parents than in the sample of nonabusing parents. The results from the chi square analyses, utilizing the three separate definitions of history of abuse, indicated that the cycle hypothesis was supported for this sample. However, it is likely that this sample was nonrandom in two important ways which may have biased the results in favour of the cycle hypothesis. First, abusive mothers were sampled from treatment programs. Thus, these abusive mothers would have been processed through three levels of potential bias as outlined by Gelles (1975). That is, various biases could have been operating when these mothers were identified as abusers, reported and/or referred for treatment. Therefore, if abusive parents with a history of abuse
are more likely to be referred to a treatment program than abusive parents without a history of abuse, sampling from treatment programs would overrepresent the abused-abusive group. Second, nonabusive mothers volunteered for a study of parenting. It is probable that such a volunteer sample underrepresents the proportion of nonabusive parents with a history of abuse. It is important to note that the transmission of abuse from generation to generation is not in question, for some families. Sufficient evidence has been documented that these families exist (Buck, 1984). However, the evidence of a cycle for some families should not be taken as evidence that the cycle is applicable for all or even the majority of families. As Kent et al (1983) documented in their typological study of abusing parents, an intergenerational transmission of abuse was identified for only one out of the four clusters used to describe the families.

In addition, the possibility that reliance on retrospective data biased the findings in favour of the hypothesised cycle cannot be overlooked. In particular, mothers who were in treatment programs for abusing their own children may have been more likely to reinterpret their childhood experiences as abusive. That is, a participant may have considered being abused as a child an excuse for why she subsequently abused her own child (i.e., by accepting the cycle hypothesis, she may justify that becoming an abusive parent was beyond her control). It is not proposed that this reinterpretation necessarily occurred for all participants. However, if distortion did occur, it would
introduce another source of bias with respect to testing the hypothesis.

Furthermore, the frequencies presented in Tables 6 and 7 revealed that for both measures of history of physical abuse, more abusive parents had not been abused than had been abused. It is possible that the abusing parents were either less likely to have been physically abused than emotionally abused and/or they were justifying the physical abuse they experienced as physical punishment which had been deserved. On the other hand, the abusing mothers reported more emotional abuse as children than no emotional abuse. It would seem to be harder to justify as deserved feelings of being unloved and rejected, and it is possible that feeling emotionally abused may be less susceptible to retrospective distortion.

In sum, since the proposed hypothesis was not rejected, it is not possible to conclude from the present study that the intergenerational transmission hypothesis is untenable. In order to conduct a definitive test of the hypothesis, a prospective study is required. Several researchers have recently recognized this need and have initiated appropriate longitudinal studies (e.g., Cicchetti & Rizley, 1981; Egeland & Sroufe, 1981b; Hunter & Kilstrom, 1979). However, these studies take a long time. Therefore, the issue of whether an intergenerational transmission of child maltreatment is applicable must remain unanswered for several more years. In the meantime, researchers and practitioners are urged to adopt a cautious stance toward
unequivocal acceptance of the existence of a cycle. As proposed by Belsky (1980) and Garbarino (1977) in their ecological models of the etiology of child abuse, several factors may interact to produce an abusive incident. Therefore, it is argued that, even if the findings of the prospective studies support the existence of intergenerational continuity as one factor explaining child maltreatment, interpreting a history of childhood abuse as predictive of subsequent parental behaviour is too simple an approach. The position of isolating one single factor as all important in the etiology of child abuse constitutes an injustice to those individuals who do not repeat the cycle of abuse but become effective parents. Furthermore, such a focus on a single variable is scientifically inaccurate.

The remaining five hypotheses addressed the expected pattern of results for the four groups of mothers on each of the five dependent variables. On the whole, four hypotheses specified that the participants' current parenting status was expected to significantly differentiate the abusive from the nonabusive mothers. Specifically, it was hypothesized that mothers, with or without a history of abuse who abused their children would report more perceived difficulties with their children, higher levels of negative stress, less social support and higher potentials for child abuse. The prediction for the fifth variable, self-esteem, was more complex, since an interaction between status and history was hypothesized. Specifically, women in group 1 (abused-abusing) were hypothesized to have the lowest
self-esteem and women in group 4 (nonabused-nonabusing) the highest. The prediction concerning the level of self-esteem for women in groups 2 and 3 was unclear. It was suggested that the outcome was dependent on whether being abused as a child or identification as an abusing parent had the greater impact on self-esteem.

In sum, the results indicated that, with the exception of self-esteem, the four other hypotheses concerning PAT, CAPI, Stress and Social Support were rejected. Partial support was obtained for the predicted direction for self-esteem. The results and implications for the five hypotheses concerning the correlates of abuse studied will now be discussed in more detail.

First, the significant main effect for History obtained for self-esteem revealed that the women who had been abused as children (group 1 & 2) reported significantly lower self-esteem compared to women who had not been abused as children (groups 3 & 4). The value of the estimated effects presented in Table 9 indicate that women in group 1 (abused-abusing) reported the lowest level of self-esteem, then women in group 2 (abused-nonabusing), then women in group 4 (nonabused-nonabusing) with the highest level of self-esteem reported by women in group 3 (nonabused-abusing). The History x Status interaction was not significant (p<0.06), thus it is not correct to test whether these differences among the four groups were significant. Albeit, the obtained pattern of findings closely resembled the
hypothesized pattern. The women in group 3 were the exception. On the one hand, they were not expected to report the highest level of self-esteem since it was anticipated that the social stigma associated with being labeled an abusing parent would have some detrimental impact on level of self-esteem. Alternatively, it was suggested that identified abusing parents might maintain their level of self-esteem as a way of coping with being labeled deviant. This latter explanation might well account for the results obtained for group 3 but would not account for the low self-esteem scores reported by the women in group 1 who had also been labeled as deviant.

It would appear that the impact of childhood abuse has the same directional effect in both abusing and nonabusing families with the greater difference shown between the two groups of women who abused their children. The possibility that childhood experiences have a greater effect in abusing families can only be suggested from the present findings because the History x Status interaction was not significant.

The implication of the significant main effect for history is that childhood experiences are more influential in the development of self-esteem than adult experiences (contrary to what was concluded from the earlier review of the literature examining self-esteem). This position is compatible with Epstein's (1973) personality theory and Bowlby's (1969) theory of attachment which argue that self-esteem is largely a function of childhood relationships with parents. However, for those
participants with a history of abuse, the women in group 2 (abused -nonabusing) although also reporting low self-esteem, had higher self esteem than the women in group 1 (abused -abusing). Does this difference in self-esteem explain why the women in group 2 do not inflict the same pain on their children as was inflicted on them? Alternatively, do the women in group 2 have slightly higher self-esteem than the women in group 1 because they do not abuse their children and they appreciate that they are not perpetuating a familial pattern? The results of the present study cannot answer these two questions. However, speculation would suggest that an increase in self-esteem was not sufficient in and of itself for the mothers not to abuse their children. This speculation is based on the finding that the women in group 3 who were abusing their children obtained the highest self-esteem scores. Ricks (1985) interpreted Epstein's theory and suggested that although a mother may consciously wish not to treat her children as she was treated, it is difficult to act on this wish unless underlying representational models of self and others are altered through experience. Therefore, Ricks would appear to be arguing that changes in self-esteem would be necessary for intergenerational discontinuity to occur. On the other hand, Main and Goldwyn (1984) and Fraiberg et al (1980) appeared to be proposing that what may be important in not continuing the familial pattern of abuse is remembering what it felt like to be abused. It is probably easier to be an effective parent if one has a good self-esteem, but it does not appear to be necessary or
sufficient in order to be a nonabusing parent.

When the nineteen abused-nonabusing women (group 2) were asked directly why were they not abusing their children, their responses could be categorized into four groups. One group \( (n=11) \) was distinguished by the women reporting making a conscious decision, either in childhood or adulthood, not to treat their children the same way they had been treated as children. Whether their underlying representational models of self were also altered, as was suggested necessary by Ricks (1985), was not assessed in this study. However, what was impressive with this group was the determination with which they expressed their decision. The second group \( (n=5) \) were distinguished by their report that they could remember the pain they had felt as children and that they did not wish to inflict the same pain on their children. This group would seem to be most compatible with the explanation given by Fraiberg et al. (1980) concerning the crucial element involved in not repeating the familial pattern of abuse, namely, remembering the pain. The third "group" consisted of one participant who responded that because she was abused by a schizophrenic father, she could keep the abuse separate from her own identity. She realised that she was not abused because she was bad in some way, but because her father was "sick". The responses of the remaining two participants appeared to identify these women as high risk for potential abuse although they were not considered to be abusive at the time they were interviewed. Specifically, they lacked
support (both did not have family in the lower mainland, few friends were indicated on the social support network questionnaire, and although one was married, the marriage was not stable), they appeared to have few interests other than their children (an only child in both cases) and their reason for not abusing their children was because they loved them. In both cases, the participants rated their children as very good babies. A more extensive investigation of why abused-nonabusing mothers do not repeat familial abuse is needed before definite conclusions can be made. However, the present findings are suggestive that both a conscious decision can be made not to abuse and that remembering the pain is also implicated in the discontinuity of intergenerational patterns of abuse.

The finding that being a nonabusing parent does not necessarily require high self-esteem, has implications for the kind of treatment offered to abusing parents. Often the initial focus of a treatment program is to help the parent feel better about him or herself before teaching parenting skills (Buck, 1984). However, this may not be the most effective intervention for breaking the cycle. This may be especially pertinent given Epstein's (1973) position that major postulates such as "I am loveworthy" are highly resistant to change. On the other hand, just as abusing parents are not considered to be a homogeneous group identifiable by a single set of characteristics, successful intervention and treatment may involve as many diverse approaches as there are diverse causes for the abuse in
the first place.

The present results clearly suggest that for the group of participants tested, being identified as an abusing parent did not unequivocably lead to low self-esteem as might be anticipated from the impression given in the literature. That is, the women in group 3 who had been identified as abusing parents had the highest level of self-esteem for the sample. A possible explanation again draws on the theories of Bowlby (1969) and Epstein (1973), in that a person with high self-esteem, which can be obtained as a function of his/her relationship with parents, would be accepting of him/herself, which includes accepting one's failures. Thus, the mothers in group 3 may not be proud of their parenting behaviour but may accept their shortcomings, whereas the women in group 2 who were effective parents had lower self-esteem as a function of their relationship with their parents while they were growing up. This explanation would also account for the differences obtained in the self-esteem scores for the two groups of abusing mothers. It is important to keep in mind that the sample size for group 3 was small (N=8) and that the interaction was not significant. Thus these speculations should be treated as such and not accepted until replicated, however, it would be fruitful for future researchers to specifically test for the interaction of history and status. It might be that confounding these two variables by simply comparing abusing with nonabusing parents on level of self-esteem has resulted in some of the inconsistent
findings reported in the literature (e.g., Shorkey, 1980). Another possible explanation for the findings for the self-esteem variable is that the women in group 3 were responding in a socially desirable manner. Wright (1976) found that battering parents were able to appear significantly healthier when the social desirability of the item was more obvious. However, this does not explain why the women in group 1 did not also score higher for self-esteem. Furthermore, the four groups did not differ in their responses to the CAPI Lie scale, which suggests that none of the groups were particularly susceptible to social desirability bias.

The second significant main effect for history, on the Child Abuse Potential Inventory (CAPI), revealed that women who had been abused as children demonstrated a significantly higher purported potential for abuse than women who had not been abused as children (see Table 8). Milner (1980) in the CAPI manual stated that the primary purpose of the inventory was to provide professionals with a device that could screen individuals suspected of child abuse. Moreover, he specified that the inventory should not be used as a diagnostic tool for labeling a parent abusive, but rather should only be used as a screening instrument for individuals suspected of abuse. However, for the present data, the main effect for Status (i.e., whether or not the mother was currently abusing her child) was not significant. Therefore, the CAPI was more sensitive to the participants' childhood history than their parenting status. Although
presumably not desirable given the purpose of the inventory, this result may be explained by potentially too much weight being given to those items pertaining to one's childhood history and family problems rather than to those items concerned with parenting attitudes, expectations of children, etc. Thus, Milner and Wimberley (1979) in developing the CAPI, appear to have too readily accepted the hypothesis of intergenerational transmission of abuse. Consequently, the importance of childhood history in the identification of parents at risk for child abuse may have been overemphasised. That the inventory has been found to be successful in identifying parents at risk (Milner, Gold, Ayoub, & Jacewitz, 1984; Pruitt & Erickson, 1985) may be due to the lack of control for childhood experiences in those studies investigating parents at risk for abuse. Identifying individuals as at risk by relying too heavily on their childhood experiences would seem to be perpetuating the cycle hypothesis as well as the referral bias previously suggested as operating in the screening of abusive parents for treatment programs. It is questionable whether this measure should be used as a screening device in research or clinical settings with potentially abusive parents.

The results for the remaining three variables, stress, social support and parent's perception of difficulties with their child, revealed no significant differences. Based on the findings of other research studies (e.g., Egeland et al, 1980; Gaudin & Pollane, 1983; Salzinger et al, 1983; Straus, 1980) it
was hypothesized that mothers who abused their children would report higher levels of negative stress and less support from their social networks. The stress measure used in the present study (Sarason et al., 1978) allowed participants to indicate the number of events which had occurred during the two years previous to the study and also to subjectively rate how negative (-3 to -1), neutral (0), or positive (+1 to +3) the event had been. Therefore, similar to the measure employed by Egeland et al. (1980), both a quantitative and qualitative stress score could be obtained for each participant. The score used in the final analyses was the amount of negative stress indicated, as negative stress was considered to be more disruptive than positive stress. For this score there was no significant difference among the four groups. It is possible, though considered unlikely, that the groups may have differed on the amount of positive stress experienced in the two years previous to data collection. However, it is unclear how high positive stress would relate to abusive patterns of parenting.

An alternative explanation for the lack of differences found for stress among the four groups is that it is not the amount of stress per se which is important. Belsky (1980) suggested that in the etiology of child maltreatment the ability of the family to cope may be more important than absolute levels of stress. Thus, an assessment of the participants' perception of coping might have been more useful than assessing their level of perceived stress. Finally, several researchers have suggested
that perceived stress is mediated by social support networks (Garbarino, 1977; Gaudin & Pollane, 1983; Howze & Kotch, 1984). Therefore, the nonsignificant finding for stress may be associated with the nonsignificant finding for social support. That is, the four groups perceived an equal amount of social support which could have mediated the participants' feeling of amount of stress experienced.

The amount of social support reported by the abusing mothers was expected to be less than the amount reported by the nonabusing mothers. The level of network supportiveness derived from the participants' responses to the Social Support Network questionnaire developed by Tietjen (Tietjen & Bradley, 1985) was the measure employed. Contrary to what was hypothesized, this measure did not reveal any significant differences among the four groups. A possible explanation for this finding is that the abusing mothers may have obtained increased support as a consequence of attending a treatment program. Both program personnel and other parents in the program would be potential sources of support for the abusing mothers, thus their level of social support might have increased substantially following enrollment in the program. It is possible that had the amount of support perceived by the abusing mothers been measured at the time the abusive incidents were occurring, the hypothesized effect might have been obtained. A more detailed analysis of the abusing and nonabusing mothers' network composition might reveal whether this suggestion is feasible.
In addition, the abusing and nonabusing mothers might differ on the degree of support received from kin and non-kin networks. Specifically, the abusing mothers may report limited non-kin networks and more extensive kin networks as suggested by Salzinger et al. (1983) and Straus (1980). If the level of support received from these two networks were combined in the analysis, as was the case in the present analyses, significant differences between the abusing and nonabusing mothers may disappear. The measure used in the present study was a replication of the measure employed by Tietjen and Bradley (1985), thus the overall level of network supportiveness was analysed and nonsignificance among the groups was obtained.

The nonsignificant finding on the measure of the parents' perceptions of their children was unexpected given the findings from other research studies (e.g., Herrenkohl & Herrenkohl, 1979; Mash et al., 1983; Wolfe & Mosk, 1983) and the general impression presented in the literature that abusing parents tend to perceive their children more negatively than do nonabusing parents (Kempe & Kempe, 1978). A possible explanation for this finding is that the measure employed (PAT, Cowen et al., 1970) was not sufficiently sensitive to detect significant group differences as was suggested by Mash et al (1983) to explain their nonsignificant findings. Without an external measure of the children's behaviour it is difficult to uncover whether the parents' perceptions of their children were accurate. It is possible that some parents were underreporting problems because
they tend to be limited in their ability to perceive their children's problems, or they may be overreporting problems because they see their children as "bad", or they may be accurately reporting their children's behaviour. If all these possibilities were occurring it is not surprising that nonsignificance was obtained. Finally, it should be noted that, notwithstanding the findings reported in the literature, the present finding of nonsignificance may be correct.

Finally, the methodological issues involved in conducting research in the area of child abuse are important to consider. Starr, Ceresnie and Rossi (1976) stated that the complexities involved with child abuse research cannot be underestimated. These researchers identified four classes of issues to consider when conducting research with abusive families. Specifically, the first set of issues concerned sample selection and the criteria employed to define the groups, which involved appropriate use of control groups, use of representational samples, and clearly specified definitions of abuse. The second set of issues were concerned with measurement problems which can plague most studies in particular, response bias. The third set specified were ethical issues, especially the importance of guaranteeing confidentiality versus the mandate to report suspected cases of abuse. And finally Starr et al. discussed the issues arising for the researcher when studying social problems. Primarily these involved the necessity of separating the role of researcher from role of therapist. Another issue of importance
not specified by Starr et al., involves the design of the study. Specifically, most studies of abusing and nonabusing parents employ a case control design which recognises the importance of matching the groups on socioeconomic variables. However, it is also important for researchers using case control designs to be aware of the biases operating when cases are determined as outlined by Gelles (1975). Because of the inherent biases, a better design is the prospective study as is currently being utilized by Egeland and Sroufe (1981b). However, a drawback with their study is that they are restricted to using just a population considered high risk for developmental disorders. A more ideal prospective study would include normative samples. Given the necessity of being realistic and the limits of time and finances, case control studies are still useful especially if implemented with awareness that inherent biases are operating at several levels of selection and if controls are carefully matched on demographic variables including history of childhood abusive experiences.

Many of the above issues arose in the present study; some were dealt with satisfactorily while others remained problematic. First, the ethical issue of only being able to offer conditional confidentiality, dependent on whether a suspected case of abuse was identified, did not appear to cause undue concern for the participants. However, confidentiality in principle was very important for the majority of the participants, some of whom were discussing their experiences.
with a stranger for the first time. The advantage of soliciting participants from treatment programs was that these mothers had already been reported, so conditional confidentiality was not an issue. It was not necessary to report any women, so as it transpired confidentiality was not breeched.

Second, the participants were not considered to be responding in a biased fashion to the questionnaires. This was indicated by the finding of no difference among the groups on the Lie scale of the CAPI. The participants' responses to each item were checked by the researcher during the interview and any discrepancies were discussed and clarified. Rapport appeared to be established with the majority of participants which added to the impression that the participants were honest in their responses. It was essential that rapport was established since these women were being asked to disclose intimate and in some cases painful information. In many cases the researcher had to face the dilemma identified by Starr et al (1976) of keeping separate the role of researcher from the role of potential therapist. This was usually solved by offering support during the research interview and then providing referral information for appropriate agencies, private therapists, support groups etc.

Third, the sample selection was a problem with this study. As discussed in the methodology and results chapters, the demographic differences arising from having unmatched groups caused computational difficulties when the data were analysed.
If the groups had been matched initially and hence less conservative analyses conducted, more of the findings might have been significant. Conversely, significant differences found in other studies may be more attributable to class differences than whether the parents are employing abusing patterns of parenting. In addition, although an advantage was mentioned for accessing treatment populations, there were disadvantages as well. In particular, it is likely that the sample of abusing parents was not representative of abusing parents in general.

Fourth and finally, while reliance on retrospective reporting of childhood experiences was not ideal it was not considered to be a disadvantage for the examination of the relationship of abuse in childhood to current parenting status. As discussed previously, reliance on retrospective recollections of abuse might have biased the data for the testing of the cycle hypothesis. However, the mother's perception and identity as an abused or nonabused child were considered to be most important with respect to her current parenting patterns rather than whether or not her recollections were correct. Clearly the best design to fulfill both purposes of this study would include both actual childhood experiences and adult recollections and integrations of these experiences.

In conclusion, therefore, the following suggestions are offered in order that answers to some of the complex questions posed in dealing with understanding the phenomenon of child abuse may be forthcoming. Researchers should first of all be
vigilant about studying homogeneous groups of parents. Abusing parents per se are not a homogeneous group. Therefore, not only should parents who physically abuse, emotionally abuse or neglect their children be studied separately, but also subgroups within these larger groupings of maltreatment should be identified and examined independently. Thus, it is essential that researchers carefully describe the characteristics of their sample, and not combine parents with varying typologies. Second, stringent research procedures should be adhered to, for example, the use of matched control groups. It would be important for researchers to match on history of childhood maltreatment as well as other pertinent demographic characteristics. It would also be helpful if researchers used measures that had been included in other research studies in order to allow comparison of results across studies. Eventually a picture of consistency and/or inconsistency would develop. Third, prospective studies need to be conducted, with the recognition that this would not provide a panacea for all the difficulties involved in conducting research with abusive populations. That is, the longitudinal approach which might appear ideal is not without inherent problems. Some of these include length of time involved (intergenerational studies would take up to 30 years), participant attrition, and measures that would not be appropriate across the time span of the study. However, in order to address the question of the intergenerational transmission of abuse, a prospective study is essential. Not only is a prospective study necessary to assess whether abuse is
consistently passed from generation to generation, but also it is necessary to specify the characteristics of people for whom intergenerational continuity applies compared to the characteristics of those for whom discontinuity applies. With such prospective studies, researchers could come closer to answering the question, why do some parents keep the pain alive?
Description of the three treatment programs for abusive parents

1. Parent and Child Therapy Society (PACT):

This program provided intensive (four days a week), long-term (up to one year) treatment services to abusive parents and their children. The clients enrolled in the intensive program were primarily mothers and their children who were referred by a child welfare agency or the courts for treatment. By far the majority (94%) came from backgrounds where they had experienced physical and/or sexual abuse plus emotional deprivation. Criteria for admission involved evidence of continuous emotional abusive parenting patterns, and/or evidence of physical abuse to the child. Both active and passive abusers were accepted into the program. Families where only neglectful parenting patterns existed were not eligible for admission. Nor were parents eligible if the abuse was related to drugs, alcohol, mental illness or sociopathic characteristics of the parent. If the child was under school age s/he also attended the program at the same time as the mother. Older children could not attend as the program involved attendance from 9:00 a.m. to 3:00 p.m. The children were not necessarily living with the mother, some had been apprehended and were temporarily in the custody of foster parents.
2. Chesterfield House (which is a program of North Shore Family Services):

This organization provided assistance to parents who were under stress and were having difficulty managing their children. Clients were either self referred (primarily because of concerns of potential abuse) or referred by the Ministry of Human Resources for abusive (physical and/or emotional) and/or neglectful parenting practices. Both active and passive abusers were accepted into the program. The majority of the clients were women, although evening groups were run for the male partners. The women attended 2 group sessions per week and received individual counselling. The children (if under school age) also attended the program for treatment at the same time as their mothers. In addition, once every two weeks, the mothers could leave their children at the house for an afternoon in order to have some time for themselves.

3. ACT II Parenting Program:

This program offered an intensive treatment program (2 days a week, for up to one year) for abusive and neglectful parents and their children. Although fathers were accommodated in this program, the client population was primarily mothers. All clients were referred to the program through the Ministry of Human Resources and active or passive, physical and/or emotional abusers were accepted into the program. The abused children may have been apprehended and temporarily placed in foster care.
However, whether living with the mother or not they attended the program if under school age, as did their non-abused siblings if young enough.
APPENDIX B

Participant's Information Document

The purpose of this study is to investigate how childhood experiences influence subsequent parenting styles that is, to look at parenting patterns across generations. Mothers with various experiences both as children and as parents will be interviewed and asked to complete questionnaires. It is hoped that this study will be useful in indicating how we learn to parent.

Participation will involve being interviewed and completing a set of questionnaires. The interview session will last approximately two to three hours. Only mothers will be interviewed although information about partners' experiences will be collected from mothers when applicable. The interview will involve discussing your experiences as a child, your parents' styles of parenting and your current experiences as a parent. You may refuse to answer any specific question(s). All of your responses will be kept strictly confidential. No one, other than the researcher will have access to your answers.

Several days before the interview, I will visit you at home to discuss the study, answer any of your questions, ask you to sign a consent form and deliver a set of questionnaires that measure your:

self-esteem; perceptions of your child; life stress; social
support networks; attitudes toward childrearing; and background demographic information.

If you are willing to participate and/or have further questions concerning the study please contact me at 733-8652 or leave a message for me at 291-3354 (Psychology Department, S.F.U.). Thank you.

LESLEY A. JOY
Structured Interview Protocol

Experiences as a parent

Please answer the following questions with your Target child in mind. This is the child under ten with whom you have the most difficulty.

In your own opinion do you think you abuse your child?

IF YES:

1. Is this abuse Verbal; Emotional; Physical; Sexual
   (More than one may be checked)
   The coding protocol in Appendix D is employed to obtain information on the type of behaviour directed toward the child, severity, frequency, injuries sustained and outcome.
2. Does your partner abuse your children?
   What type of abuse, severity, frequency, injuries and outcome.

3. What do you do when you get angry?

IF NO:

1. How do you discipline your child?
2. What do you do when you get angry?
3. How does your partner discipline your child and what happens when your partner is angry?
4. How competent do you feel about being a parent and being able to deal with your child?
5. In what way is this child difficult to handle?
Does s/he drive you up the wall?
What do you do when s/he does drive you up the wall?

6. What do you do when your child frustrates you; disobeys you; or does not listen?

7. How have you learnt to parent? (i.e., what has influenced the way you parent?)

Experiences as a child

Were you abused as child?

IF YES: Was this Emotional (read definition) and/or Physical (read definition)? Use the coding protocol in Appendix D to obtain details on the abuse experienced (i.e., type, frequency, severity, duration, injuries, and outcome).

IF NO:
1. How were you punished and/or disciplined as a child?
2. What happened in your family when either parent got angry?
3. Were your siblings abused?
4. Did you feel loved? Even though your parents disciplined you, was this done in an atmosphere of love?
APPENDIX D

CODING PROTOCOL FOR OBJECTIVE DEFINITION OF HISTORY OF PHYSICAL ABUSE

These behaviours must have been done on purpose not accidentally.

Verbal reprimand (e.g., scolding)
Yelled at child
Mental assaults (e.g., called child bad names, said bad things about & to child)
Child never seems to be able to satisfy the parent, always told child that s/he is "letting them down", never regard the child as worthwhile
Cold, rejecting parents - no physical contact or very little - no show of affection
Violent temper outbursts in front of child when other people or property were damaged
Parents physically abusive to one another in child's presence
Lack of supervision for extended periods (e.g., one day when child 5 or less, days when child older)
Locked up (where?________________)
Medical care neglect
Deliberate neglect &/or exposure
Abandonment

Nutritional deprivation
Spanked child with hand on head
   body
Spanked child with an object on head
   body Specify object________________
Beaten child with an object (include hand) on head
   body Specify object________________

Shaking, yanking
Thrown child about
Kicked
Bitten
Strangled, suffocated - without loss of consciousness
Drowned - with loss of consciousness
Shot at
Stabbed, cut, slashed
Burnt (e.g., with cigarettes), scalded
Poisoned, drugged
Other: specify________________________
APPENDIX D CONTINUED

CODES FOR PART I: Experiences as a child

COLUMN I
Indicate any behaviours experienced as a child & frequency of occurrence
1. never
2. once in childhood
3. several times in childhood
4. approx. once a year
5. several times a year
6. monthly
7. weekly

COLUMN II
During what period in your life did this happen?

COLUMN III
Severity of behaviour experienced in mother's own opinion
1. severe (permanent damage)
2. moderate (damage not permanent)
3. mild (pain, no damage)

COLUMN IV
Types of injuries sustained
1. bruises; welts
2. sprains; dislocations
3. malnutrition (deliberately inflicted)
4. freezing; exposure
5. burns; scalding
6. abrasions; contusions; lacerations
7. mutilation
8. wounds; cuts; punctures (bites)
9. unconsciousness
10. internal &/or multiple fractures
11. bone fractures (not skull)
12. multiple bone fractures (not skull)
13. skull &/or facial bone fractures
14. subdural hemorrhage or hematoma (bleeding into or around the brain)
APPENDIX D CONTINUED

COLUMN IV CONT'D

15. Brain damage
16. Damage to vision
17. Lasting mental effects; please specify
18. Other: please specify

COLUMN V
Medical treatment received for each injury

1. None
2. One visit to physician
3. Repeated visits to physician
4. Hospitalization: one day
5. Two - seven days
6. Eight - thirty days
7. Over thirty days
8. Psychiatric; counselling; therapy
9. Other: please specify
### APPENDIX E
### DEMOGRAPHIC CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>GROUP 1 abused-abusing (N=16)</th>
<th>GROUP 2 abused-nonabusing (N=19)</th>
<th>GROUP 3 nonabused-abusing (N=8)</th>
<th>GROUP 4 nonabused-nonabusing (N=21)</th>
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<td><strong>MOTHERS' AGE</strong></td>
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<td>25 - 34</td>
<td>22 - 36</td>
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<td><strong>PARTNERS' AGE</strong></td>
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</tr>
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<td>MARRIED/COMMON LAW</td>
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<td>DIVORCED/SEPARATED</td>
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<td>21.0% (n=4)</td>
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<td><strong>MOTHERS' EDUCATION</strong></td>
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<td>LESS GR 12</td>
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<td>GR 12 &amp;/or HIGH SCHOOL</td>
<td>12.5% (n=2)</td>
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<td>5.3% (n=1)</td>
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<tr>
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<td>36.8% (n=7)</td>
</tr>
<tr>
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<td>21.0% (n=4)</td>
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<tr>
<td>LESS GR 12</td>
<td>50.0% (n=6)</td>
<td>50.0% (n=7)</td>
<td>14.3% (n=1)</td>
<td>27.8% (n=5)</td>
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<tr>
<td>GR 12 &amp;/or HIGH SCHOOL</td>
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<td>50.0% (n=7)</td>
<td>85.7% (n=6)</td>
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## APPENDIX E CONTINUED

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<tr>
<th></th>
<th>GROUP 1 abused-abusing</th>
<th>GROUP 2 abused-nonabusing</th>
<th>GROUP 3 nonabused-abusing</th>
<th>GROUP 4 nonabused-nonabusing</th>
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<td>1</td>
<td>3</td>
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<td>MORE $40,000</td>
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<td><strong>UIC</strong></td>
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<td><strong>LENGTH OF TIME TOGETHER</strong></td>
<td><strong>MEAN (MOS)</strong></td>
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<td>LESS 1 mos</td>
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<td>2-6 mos</td>
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<td>7-24 mos</td>
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<td>more 2 yrs</td>
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<td>78.8% (n=15)</td>
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<td>61.8% (n=13)</td>
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<td><strong>RANGE</strong></td>
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<td>1 mos - 10.5 yrs</td>
<td>2 mos - 6.3 yrs</td>
<td>4 mos - 8 yrs</td>
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<td><strong>FAMILY SIZE</strong></td>
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<td>27.74</td>
<td>24.75</td>
<td>27.43</td>
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APPENDIX F

BACKGROUND INFORMATION

In previous research, variables such as age, income, education etc., have been found to be associated with styles of parenting. In order to take these variables into account, would you please give me the following information. Thank you.

Age: _______ years; Date of birth: ______________; Partner's age: _______ years
day mth yr

Place of birth: ____________________; Nationality: ____________________

Marital Status: ___ single (never married/common law)
___ married
___ separated
___ divorced
___ common law
___ other: specify____________________

Length of time you and your partner have been living together: _____________ years
If separated/divorced, length of time you have been separated: _____________ years

Your highest level of education: ___ less than grade 12 (specify grade_______)
___ grade 12
___ Highschool graduate
___ some university/community college
___ bachelor's degree
___ some graduate training
___ graduate degree (specify degree_______)

Your partner's level of education: ___ less than grade 12 (specify grade_______)
___ grade 12
___ Highschool graduate
___ some university/community college
___ bachelor's degree
___ some graduate training
___ graduate degree (specify degree_______)

Children: First name   Sex   Date of Birth Present age

Day  Month  Year

_________________  _______  ____________________________  _______
_________________  _______  ____________________________  _______
_________________  _______  ____________________________  _______

143
Occupation: Are you currently employed?    Yes    No

Is your partner currently employed? Yes    No

If you are no longer employed, how long ago did you become unemployed?    months

i. What kind of work are/were you doing?    
(e.g., electrician, secretary, teacher)

ii. What kind of business or industry was this?    
(e.g., TV & radio, retail shoe store, office)

iii. Were you:
- an employee of a PRIVATE company or business... PR
- a GOVERNMENT employee... GOV
- self-employed in OWN company or business... OWN
- working WITHOUT pay in a family business or farm... WP

iv. Partner's occupation (if applicable)

v. Father's occupation during the time you lived at home as a child, until you left home

vi. Mother's occupation until you left home

Mother's education level:

Family income from all sources, before taxes:

- under $5,000
- $5,000 - $10,000
- $10,000 - $15,000
- $15,000 - $20,000
- $20,000 - $25,000
- $25,000 - $30,000
- $30,000 - $35,000
- $35,000 - $40,000
- over $40,000

Please check here if you are:
- collecting welfare
- collecting UIC

Financial support is provided:

- entirely by my partner
- mostly by my partner
- jointly
- mostly by me
- entirely by me
APPENDIX G
Consent Form

The University and those conducting this project subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort and safety of the participants. This form and the information it contains are given to you to ensure your full understanding of the procedures involved. Your signature on this form does not take away any rights you may have; rather it indicates that you have received all information necessary to give a truly informed consent to your taking part.

Having been asked by Lesley Joy of the Psychology Department of Simon Fraser University to participate in a research project, I have read the procedures outlined in the document entitled "Participants' Information Document".

I understand the procedures to be used in this study.

I understand that my participation in this study is completely voluntary and that I may refuse to answer any question(s) and/or withdraw my participation at any time.

I understand that my responses to the materials used in this study will be kept strictly confidential except in those instances where there is information pertaining to clear and imminent danger to an individual. Under the Family and Child Services Act of British Columbia any individual who becomes aware of circumstances in which the life or well being of a child is in clear danger is obliged to inform the child protection authorities. I understand that in the event of such a necessary breach of confidence Lesley Joy will discuss the situation and her perceptions with me before any action is undertaken.

I also understand that on all records I will be identified by a code number only and that no one except Lesley Joy will have access to the master list matching names and code numbers.
I understand that I may register any complaint I might have about the study with the supervisor of the project, Dr. Meredith Kimball of the Psychology Department, Simon Fraser University, or with Dr. Roger Blackman, Chairman of the Psychology Department.

I understand that the results of this study, upon its completion, will be freely available to me on request to Lesley Joy. I also understand that in order to maintain confidentiality, all reports will be based only on aggregate not individual data.

I agree to participate by completing a series of questionnaires and being interviewed as described in the document stipulated above.

DATE__________________________  NAME____________________________________

SIGNATURE______________________________________________________________

If you are interested in receiving a copy of the final report of this study, please complete the below section. Thank you.

ADDRESS:________________________________________________________________

_________________________________________________________________________

________________________________________Postal Code: __________

Phone #: ____________________________
APPENDIX H

Results of Analyses of Variance on the five dependent variables

**SELF ESTEEM**

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## Parents' Perception of Their Children

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REFERENCES


