

ATTITUDES TOWARDS PSYCHOLOGICAL MISTREATMENT OF CHILDREN

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A thesis submitted for the degree of
Doctor of Philosophy

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1992



ABSTRACT

There are now research findings which highlight the fact that child mistreatment is not a rare occurrence but part of an established and ingrained child-rearing philosophy in most societies. This philosophy is one which sanctions, and even encourages, the use of moderate physical and verbal force to discipline children. Most countries continue to emphasise severe child mistreatment as a problem of individual children and their parents. Severe child mistreatment however is known to occur among all groups in the population; these groups include parents with no economic or social reasons to mistreat their children, in contrast to parents living in deprived circumstances who, for a variety of economic and social reasons, are more likely to subject their children to abusive acts. Most adults have been victims of some kind of childhood mistreatment but this is not perceived as such because it is so universal. As the adults are not aware that they have been mistreated in their childhood they use the habits of child-rearing they experienced in their own childhood to bring up children in their care and thus the cycle is repeated. The stories of savage acts of cruelty and neglect which make the media headlines are the tip of the iceberg of child mistreatment and lead many people to believe that these acts are the only type of child mistreatment. The day-to-day reality is more subtle and does not appear to be doing the same kind of damage but it is only different in degree of severity and not in kind of mistreatment. In cases of extreme mistreatment of children where parents become aware of what is happening in the family they are usually afraid to go for help to the preventive services in case their children are removed from the family home.

Abstract (continued)

Tzeng et al (1991) in their evaluation of theories of child mistreatment conclude that most studies in the area tend to focus on treatment and intervention issues. These studies usually employ a small number of clinical subjects and rarely address the complex nature of all aspects of theoretical issues. The authors found that in recent years, however, a growing number of notable exceptions have simultaneously considered theoretical issues of quality, solid empirical research, and overall integration. These researchers include Gil (1987); Hart et al (1987); Garbarino et al (1986); Finkelhor (1984); and Gelles (1983). Professor Tzeng et al conclude that all the contemporary literature in this area reflects a desperate need to develop a comprehensive integrated theory that will address the etiology and dynamics of child mistreatment and will also simultaneously address different societal service functions. This ideal theory should emphasise the importance of multiple factors and their interactions in both subjective and objective terms. To overcome some of the difficulties the authors conclude that an integrated theory is required to link seemingly diverse and conflicting disciplines. They anticipate that through both process and product evaluations, etiological factors that cause child mistreatment may be halted and eliminated, while factors that oppose child mistreatment may be promoted and maintained.

To address some of the above issues the main aim of this thesis was to examine the values of different groups of adults towards child mistreatment. Data for the thesis were gathered from three separate studies: The First Study was an investigation of thirty families registered on a Central Child Abuse Register in order to obtain

Abstract (continued)

preliminary information for the blueprint of The Second Study. The method of analysis was Content Analysis. The Second Study examined the values and underlying attitudes of different groups of adults who were either professional carers (or not), towards various aspects of child mistreatment. The research instrument was a survey questionnaire. The findings of The Second Study indicated differences in values between males and females; and the subsequent literature research revealed many theoretical assertions that all forms of child mistreatment include psychological mistreatment. Thus The Third Study examined the values and underlying attitudes of individual male and female parents towards moderate psychological mistreatment. The research instrument was a survey questionnaire.

The present thesis found that:

- (1) significant differences of attitudes tended to exist between groups who were professional carers and those who were not professional carers, and also between males and females; in particular in the areas of "physical punishment of children", and "childhood sexuality" and that these differences may be greater than is currently recognised or accepted, and
- (2) significant differences of attitudes tended to exist between male and female parents regarding the "psychological terrorising" and "psychological corrupting" of children.

ACKNOWLEDGEMENTS

I wish to thank my supervisor Dr John Rust for his guidance, patience, constructive advice and encouragement throughout all the stages of this research in such a sensitive area.

I also wish to express my thanks to Professor Ruth Campbell for her contribution of valuable advice in the reading of the thesis.

A number of busy professionals in the international research community have given their time and active support in supplying answers to our questions and sending copies of their research relevant to this thesis; and to these we owe an intellectual debt. Firstly I wish to thank Professor David Gil who from the U.S. and while in Europe gave much time, personal encouragement, and helpful information with special regard to understanding the destructive personal and societal effects of blocked human energy. Also a special thank you to his wife Eva for her kindness. Professor Murray Straus gave, in particular, his definition of psychological mistreatment and his work on The Conflict Tactics Scales. Dr Stuart Hart gave invaluable up-to-date information on psychological aspects of child mistreatment. Dr Myron Rothbart gave amongst other work his current thesis on Change in Stereotypic Belief Systems. Dr James Garbarino gave his confirmation that his developmental model of psychological mistreatment of children is still his current thinking on the subject.

We wish to thank The London Borough of Bexley for allowing research to be conducted in their Central Child Abuse Registry. This was accomplished with scrupulous regard for the rights of those registered to remain anonymous.

Finally, we wish to thank all the respondents (professional carers, non-professional carers, parents and non-parents) in the South-East and North-East of England, in Germany and in Holland who participated in the research and have expressed an interest to be informed of the final analysis.

PSYCHOLOGICAL MISTREATMENT: DEFINITIONS AND EFFECTS

Hart et al (1987) define psychological mistreatment as the denial of a person's developmental needs:

We believe that the existing state of knowledge supports the following position: Psychological mistreatment consists of acts which deny or frustrate efforts on the part of an individual to satisfy his/her basic psychological needs to the degree that the individual's functioning becomes maladaptively deviant...The work of Maslow (1968, 1970) provides the theoretical foundations and most well-developed conceptualization of needs/motivational theory relevant to this position (pp8 & 9).

Gil (1990) speaks of the violence which results from the blocking of a person's developmental needs:

When developmental constructive energy - spontaneous growth energy - is blocked it does not disappear. Energy never disappears in the universe. We learned this in Physics. All our universe is based on many principles and that is one. Energy cannot disappear, it can only be transformed. Growth energy which is blocked moves into destructive channels and becomes destructive behaviour. Self-destructive as suicide, mental ills, other destructiveness as crime, or domestic violence and many other variations. But the underlying process is blocked human creative productive energy that cannot actualise itself, that cannot be expressed and as a result finds other outlets which are not so nice.

Straus (1990) defines psychological mistreatment as verbal and non-verbal aggressive acts:

Verbal/symbolic aggression which is a communication intended to cause psychological pain to another person, or a communication perceived as having that intent...The compound term verbal/symbolic is used on the assumption that non-verbal communication is extremely important for all human interactions, including aggressive communications (p7).

Hauck (1977) gives the ego-destroying effects of using psychological mistreatment as a means of disciplining a child:

There's nothing wrong with being consistent in your discipline...and teaching a child self-discipline. Unfortunately, this aspect of child-rearing is often flavored in many families with a strong dose of unkindness...Past generations have been raised largely by this pattern...Unquestionable obedience towards authority coupled with a kick in the ego has given the world some of its finest neurotics (p415).

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CHAPTER 1
INTRODUCTION

1.1 Historical Overview

Prevailing norms in many cultures have considered for centuries that severe physical punishment was necessary for maintaining discipline in order to transmit educational, cultural, moral and religious ideas, to please the gods, and expel evil spirits. Throughout history, children worldwide have been subjected to a litany of serious mistreatment such as abandonment, mutilation and infanticide. For centuries the Bible has been used as one rationale and justification for the harsh punishment of children. The basic belief was that aggression is necessary for proper training. Two major themes appear to be consistent in the relationship between parents and children: (1) the concept of obeying and honouring one's parents and (2) the use of strong disciplinary measures. Only recently has the victimisation of children been internationally recognised as a significant social problem that requires direct and immediate attention from society.

Child abuse and neglect is a widespread social problem that affects all types of family structure and all segments of the population, regardless of individual differences in cultural background, geographic location, or economic status. Reports of child mistreatment have increased considerably in the last decade and some researchers believe the increase may not be indicative of actual increases but may simply reflect improved reporting procedures. Whether or not the incident rate is actually rising, the prevalence of child abuse and neglect remains excessive and the impact is severe.

Tzeng et al (1991) identify the "devastating" (p6) impact of child maltreatment - particularly psychological - on individuals, families, and society at large and its documentation in empirical and clinical studies:

Many serious long-term effects have been linked to child maltreatment, including mental retardation, intellectual and intelligence handicaps, impaired aggressive impulse control, diminished ego competency, reduced reality testing, and poor interpersonal relationships... Significant behavioral effects have also been traced to child maltreatment. These include uncontrollable severe temper tantrums, extreme withdrawal, rebelliousness, hostility and overt violence...While the overt effects of abuse such as scarring, broken bones, mutilation, and loss of sensory function, are extremely serious, the most intense and enduring damage is usually psychological (Garbarino, Guttman & Seeley, 1986; Hart, Brassard & Germain, 1987). Since psychological maltreatment is the most difficult type of abuse to define and study, it is also very difficult to assess its effects. One common measure of psychological maltreatment is parental rejection. A 40-year longitudinal study by McCord (1983) has indicated that of 232 "abused," "neglected," "rejected," and "loved," males, rejected children had the highest rates of juvenile delinquency, and were more likely to remember their parents as harsh. However, these observations do not reveal whether the children were "rejected" because of their high rate of delinquency or if the high rate of delinquency led to the rejection by or harshness of the parents (p6).

The above authors add that child abuse and neglect has a serious impact on the structure and dynamics of society. The McCord (1983) study quoted above also showed that neglected and abused children had later become criminal, alcoholic, and/or mentally ill, or had died prior to the age of 35, possibly as a consequence of the abuse. Another study of nearly 7,000 children found a positive relationship between child abuse and juvenile delinquency (Alfara, 1981). Thus it would appear that the effects of severe child mistreatment are increased personal and societal violence. In addition, mistreated children have more serious personal problems in that they engage in more violent behaviour towards themselves and others. Tzeng et al continue that it is evident that child abuse and neglect is a problem that affects not only the individuals and families directly involved but all sectors of society. They advocate that what is required is for all professions to begin to

solve the problem of the mistreatment of children:

Therefore, in order to deal with this problem, it is necessary for all professionals from all aspects of human ecology (individual, family, community, society, world) to become involved. Hence, some basic issues such as definitions, etiological dynamics, and theories about child abuse and neglect should be well delineated and understood by all professionals (pp6 & 7).

1.2 Research Background

In 1962 the work of Henry Kempe and his colleagues on "The Battered Child Syndrome" (Kempe, 1962) was published and marked the point at which the study of child abuse and neglect became an academic subject. This was the beginning of a reluctant professional awareness and acceptance of the subject. Since then the extent of child mistreatment has become increasingly recognised as a significant and serious social problem. Efforts to understand, treat, and prevent child mistreatment are progressing at many levels.

Estimates of the prevalence and effects of child mistreatment vary across different professions and social services agencies. The major reason for such discrepancies is that different professions have used different definitions of child abuse and neglect. Some researchers have defined mistreatment by acts of commission (abuse) and omission (neglect). Under this approach child mistreatment is usually defined in terms of four broad types: physical abuse, physical neglect, sexual abuse, and emotional abuse. Even within each type of mistreatment, many definitions are still debatable concepts across different professions. Problems of definition are linked to individual and professional assumptions and have led to problems in cross-study analyses and the integration of empirical findings with theoretical considerations.

Tzeng et al (1991) consider the definitional problems surrounding psychological mistreatment as even more complicated than the above definitional difficulties:

Problems are even more severe in defining other forms of maltreatment such as psychological maltreatment and neglect...Garbarino, Gutman, and Seeley (1986) define psychological maltreatment as a concerted attack by an adult on a child's development of self and social competence...They consider maltreatment as a pattern of psychologically destructive behaviors in five forms: the rejecting, isolating, terrorizing, ignoring, and corrupting of a child. At least one of the five forms, corrupting of a child, cannot be defined without reference to cultural norms. The other forms may, in some instances, also reflect cultural norms (e.g. no intent to harm the child) (p8).

The above authors present their evaluation of the current position regarding research into child mistreatment. Their summary is that since its initial recognition in the early 1960's child mistreatment has been analysed from many perspectives including feminist, medical, nursing, psychiatric, psychological, sociological and social work viewpoints. To-date however there remains a lack of agreement not only among these various disciplines but also fractions within these disciplines. As a result, different theoretical perspectives and empirical strategies have been created among professionals concerning the definition, etiology, and development of child abuse and neglect, as well as the different methods to prevent, intervene, and treat the problem. To remedy these problems an inter-disciplinary approach to child mistreatment has been emphasised since the 1980's. Tzeng et al conclude that unfortunately under this approach professionals still maintain their own theoretical disciplinary orientations, working routines, and evaluation criteria; also the various disciplines are interested in their own missions and roles. Therefore within a framework of co-ordination, different disciplines remain separate and independent with conflicting goals and conflicting interests. Thus there is a clear need for a new effort to address child

mistreatment problems in terms of a comprehensive re-evaluation of all related issues.

Garbarino et al (1986) summarise the development of child mistreatment research. Broadly speaking, approaches to child mistreatment in developed countries can be identified through the areas of physical abuse in the 1960's, sexual abuse in the 1970's to the new 1990's focus on psychological mistreatment which accompanies most other forms of abuse. They hope that the last decade of the 20th century will be the time for research into psychological mistreatment and that operational definitions will be developed:

In the 1960's, the physician C. Henry Kempe created the social space for a medicalized approach to child maltreatment emphasizing physical abuse (via the "battered child syndrome"). In the 1970's a feminist-inspired movement extended the rights of children to the sexual domain (through capturing the issue of "child sexual abuse"). Our hope...is that the 1980's and 1990's will be a time for carving out a cultural and political space for psychological maltreatment as a concept linked to action on behalf of children...Rejecting, terrorizing, ignoring, isolating, and corrupting can now come into the language of public and professional discourse. This is essential if efforts to deal with psychological maltreatment are to become an active force in the lives of children (pp232 & 233).

1.3 Aims of the Thesis

The principal aim of this thesis was to examine the extent to which different groups of adults tend to have different values of child mistreatment. The research was conducted through three separate studies.

The First Study presents an investigative analysis of thirty families who had been officially registered on a state Central Child Abuse Register. Fifteen families were registered in connection with Physical Abuse and fifteen families were registered in connection with Physical

Neglect. The research technique of content analysis was used for the collection of such sensitive data. The design included a detailed conceptual analysis of five problem areas related to the families in order to examine some of the causes which had brought the families to a crisis situation.

The Second Study involves an examination of values of seven different groups in order to discover underlying attitudes towards various aspects of child mistreatment. The research instrument was a 120-item inventory describing various aspects of child mistreatment over eight content areas. The respondents were a sample of adults from different occupational groups (N=121). The occupations included housewives, physicians, police officers, psychologists, social workers, teachers, and commercial workers. The respondents were asked to rate the seriousness of each item.

The Third Study consists of a survey of values 100 male and 100 female parents in order to discover underlying attitudes. The research instrument used was a set of 120 vignettes describing specific incidents of moderate psychological mistreatment of children. The vignettes were constructed to represent five categories of moderate psychological mistreatment within four developmental groups. The respondents were asked to rate the seriousness of each vignette.

The research questions for The Second and Third Studies examine levels of agreement and disagreement in values of child mistreatment between different groups, and male and female parents. The research questions were as follows:

- 1 Do the respondents see various categories as having underlying common factors?.
- 2 Are there any significant differences between the categories?
- 3 Are there any significant differences between individual incidents?

1.4 Outline of Thesis

The fact that this thesis had to examine areas of interest to many disciplines made the task of elucidating the ideas involved quite complicated. Thus because of its inter-disciplinary nature the thesis makes extensive use of quotations in order to set the scene and smoothly merge the various concepts.

The thesis has four parts. Part A consists of Chapters 2, 3 and 4 which present the research literature and the reports of The First and Second Studies of this thesis. Part B consists of Chapters 5 and 6 which present the theoretical underpinning of The Third Study. Part C consists of Chapters 7 and 8 which report The Third Study. Part D consists of Chapter 9 which presents a discussion and implications in the light of the three parts of the thesis. A brief outline of the chapter contents now follows:

Chapter 2 presents definitions of child mistreatment together with some current perspectives on the confusion surrounding clear definitions, plus the historical context in which research issues have developed, through to the most current research areas.

Chapter 3 reports The First Study which is an investigative analysis of thirty families who had come to the attention of the prevention services of a Central Child Abuse Register in the U.K.

Chapter 4 reports The Second Study which is an examination of the values and underlying attitudes of 121 respondents - professional carers and non-professional carers - towards child mistreatment issues.

Chapter 5 examines issues regarding conflict in the family which arose from the findings of The Second Study.

Chapter 6 concentrates on theories of psychological mistreatment which arose from the examination of family conflict research - in particular developmental needs theory and the effects of needs deprivation.

Chapter 7 details the methodology of The Third Study. This study arose from the findings of The Second Study and the subsequent research into psychological mistreatment of children and is an examination of the values and underlying attitudes of 200 parents - 100 fathers and 100 mothers towards moderate psychological mistreatment and presents a practical implementation of developmental needs theory.

Chapter 8 reports The Third Study and presents results of the values and underlying attitudes of the male and female parents towards moderate psychological mistreatment.

Chapter 9 concludes the thesis and is a discussion of the main results of the three studies plus the implications which offer suggestions for future work in the field.

CHAPTER 2
CHILD MISTREATMENT: LITERATURE

The current interest in the mistreatment of children is reflected in the literature of education, law, medicine, psychology and social welfare. In addition to the above disciplines there is also the mass media addressed to the general public.

2.1 Definitions of Mistreatment and Research Models

The actual events of child mistreatment are obviously rarely observed by anyone other than the immediate family members. This is an aspect of family life that occurs behind closed doors. In extreme cases most often the only indicators are injuries seen on the body of a child. The children in these cases usually remain silent either believing the punishment to be justified or know that to complain would only result in further abuse.

2.1.1 Definitions of Mistreatment

Child mistreatment refers to any non-accidental injury sustained by a child under the age of 17 years resulting from acts of commission, or omission, by any person who is responsible for caring for the child. Such acts range from impulsive physical abuse, to non-impulsive cruelty, to deliberate psychological deprivation.

It is extremely important for those working in the area of child abuse and neglect to have very clear definitions. A clear vocabulary has to be established for people working in different disciplines who are directly involved such as doctors, health visitors, police, social workers, and to a lesser degree at the moment - teachers. When a crisis

arises the exchange of communications must be as unambiguous as possible.

Bexley London Borough (1982) define five categories of abuse. The five categories are Physical Abuse, Physical Neglect, Sexual Abuse, Failure to Thrive, and Emotional Abuse. The criteria below define the categories of abuse and neglect to be used in considering registration and apply to children under the age of 17 years who are abused by any person having permanent or temporary custody, charge, or care of a child or where the person has knowingly colluded with the abuse of a child. A summary of the five categories follows:

Physical Abuse

Physical Abuse means the inflicting of, or failure to prevent, an actual injury to a child by the parent or carer. This includes striking, shaking, swinging, throwing, burning, biting, poisoning or any injury where there is no consistent account of how it occurred. Offences include cruelty, common assault, grievous bodily harm, attempted murder, and infanticide.

Physical Neglect

Physical Neglect means failure on the part of a parent or carer to provide adequate food, shelter, clothing, physical protection or medical care to sustain life or health of the child and promote proper development. This includes starvation or grossly unhygienic conditions. Offences include cruelty, and wilful neglect.

Sexual Abuse

Sexual abuse means the involvement of, or collusion by, the parents or carer with children in sexual activities. This includes fondling, mutual masturbation, intercourse, and involving children in pornographic

activity. Offences include incest, buggery, indecent assault, exposure to moral danger, exploitation for pornographic or voyeuristic purpose, rape, and unlawful sexual intercourse.

Failure to Thrive

Failure to thrive means the medical condition of impaired development that has no organic cause and is the result of rejection or neglect by the parent or carer. This can include a child's failure to reach milestones such as height, weight, mobility, speech, and comprehension. Offences include wilful neglect.

Emotional Abuse

Emotional abuse means a medically and socially assessed rejection of the child by the parent or carer to the extent that the child's behaviour and development are severely impaired. This includes persistent and repeated episodes of crying, a look of frozen watchfulness, withdrawal from family or community, or risk of suicide by the child or young person.

Finally Bexley London Borough adds that degrees of abuse to be considered are actual abuse as defined above - or potential abuse where there is strong reason to believe that the child is in danger of being abused.

Krugman (1985) argues that the line between physical abuse and harsh parental discipline is difficult to determine and that abuse and neglect are defined differently in different neighbourhoods and by different people. Discussions on trying to define a line between abuse and discipline, neglect and ignorance, inevitably draw no conclusions. Krugman warns that the focus should be on areas of agreement not

disagreement:

The task for those working in child abuse and neglect is to concentrate on those areas in which no one disagrees. Burns, fractures, starvation, death, sexual exploitation, incest, rape - any of these should be concentrated on instead of trying to spend our lives (and money) defining a grey area. Otherwise, the public can rightly ask, "Why do they worry about sparkings when they don't even know how many children are beaten or shaken to death every year? (p120).

According to Helfer (1982) abuse or neglect is any interaction, or lack of interaction, which affects physical and/or psychological needs:

Any interaction or lack of interaction between a child and his or her caregiver which results in non-accidental harm to the child's physical and/or developmental state (pp251 & 252).

Helfer critically comments on his own above definition of abuse and neglect and stresses that the keywords are interaction or lack of interaction which show a two-way interchange occurring between the child and the adult. He stresses the importance of the term "non-accidental" since it does not imply motivation but rather the lack of accident. Furthermore "harm to the child's physical and/or developmental state" is to be taken very literally to signify harm not only to the physical body but also the expected development and is classified as abuse or neglect. The above definition also encompasses the importance of duration. For example, a single event may physically injure more than developmentally injure but prolonged incidents could seriously harm both the physical and psychological states of the child.

Psychological Mistreatment

Hart et al (1987) claim that experts generally agree that psychological mistreatment almost always accompanies other forms of abuse and neglect, is the most prevalent form of mistreatment, and is often more destructive in its impact on the lives of young people than other forms

of mistreatment. Yet very little effort has been devoted to research and intervention focused on psychological mistreatment primarily because available definitions and standards for determining its existence and impact are inadequate. Hart et al conclude their discussion on definitions of psychological mistreatment with the following statement:

The true incidence of psychological maltreatment may never be known; however, we are likely to develop more accurate estimates when we have a clearer understanding of what we mean by the term (p8).

Straus (1990, personal communication) critically compares terms which are frequently used to define psychological mistreatment and quotes the statement of Hart et al (1987) that "There does not seem to be a standard definition or standard usage for concepts such as psychological abuse or maltreatment" (p7). Straus adds that frequently used terms include "verbal abuse", and "emotional abuse", but "emotional maltreatment" and "psychological abuse" tend to predominate. Although each of these concepts overlaps with others there are differences between them. And since the similarities and differences have not been theoretically explicated it is difficult to know what term to use:

Some authors respond to this confusion by lamenting the absence of clear definitions and measures, but then proceed without providing the definition that guided the work...Garbarino, Guttman, and Seeley (1986) reviewed the definitions of psychological maltreatment and attempted to capture its many facets by defining psychological abuse as a concerted attack by an adult on a child's development of self and social competence, a pattern of psychiatrically destructive behaviour that takes five forms: (1) rejecting, (2) isolating, (3) terrorizing, (4) ignoring, and (5) corrupting (p7).

Straus offers his definition of psychological mistreatment which he states needs to be supplemented by a consideration of whether the aggressive act is "instrumental" (for example, as a means to an end such as attempting to end some objectionable behaviour as in "Stop it,

you dummy") or "expressive" (for example, as an end in itself to release anger as in "You're stupid"). Thus psychological mistreatment is:

Verbal/symbolic aggression which is a communication intended to cause psychological pain to another person, or a communication perceived as having that intent. This definition...need(s) to be supplemented by consideration of such factors as the mode of communication and whether the aggressive act is "instrumental" or "expressive." In respect to mode of communication, the alternatives include verbal versus non-verbal, and active versus passive. Examples of these variations include name calling or nasty remarks (active, verbal), slamming a door or smashing something (active non-verbal), and stony silence or sulking (passive, non-verbal). The compound term verbal/symbolic is used on the assumption that non-verbal communication is extremely important for all human interactions, including aggressive communications (p7).

Brassard, Germain, and Hart (1987) is described by Gil (1990, personal communication) as a volume which contains some of the latest collective thinking on psychological mistreatment of children in the U.S.

According to Hart et al (1987) psychological mistreatment is the "core" issue in child mistreatment and they add that this position was stated most emphatically by a representative of The American Medical Association. The authors believe that the nature of psychological mistreatment is the denial of a person's developmental needs and that "It is doubtful that any of us escape being victims or perpetrators of psychological maltreatment" (p8):

We believe the existing state of knowledge supports the following position: psychological maltreatment consists of acts which deny or frustrate efforts on the part of the individual to satisfy his/her basic psychological needs to the degree that the individual's functioning becomes maladaptively deviant.

It is logically supportable to hypothesize that psychological maltreatment is a direct attack on psychological need fulfillment, and this is what produces its destructive power. The work of Maslow (1968, 1970) provides the theoretical foundations and most well-developed conceptualisation of needs/motivational theory relevant to this position (pp8 & 9).

Chapter 6 of this thesis examines in detail Maslow's Theory of Human Needs (1968, 1970) and Kellmer Pringle's Theory of Psychological Needs of Children (1978) and the effects of failure to meet these needs.

of Children (1978) and the effects of failure to meet the needs of children.

2.1.2 Research Models

Caffey (1946), a specialist in paediatric radiology, was probably the first among medical authors to draw attention to certain unexplained injuries he observed in young children. These injuries consisted of multiple fractures of the long bones in various stages of healing and Caffey suspected that these were caused by injuries and not disease. The injuries were often found in conjunction with swelling or bleeding under the skull (haematomas). Caffey did not however attempt to publicly identify the sources of these conditions at that time although he did think they were traumatic in origin. Studies in the 1950's developed from attributing these injuries in babies and small children to parental carelessness but not intentionally abusive to deliberate acts inflicted by their parents or caregivers. Kempe (1962) coined a new and emotive term "the battered child syndrome" and initially defined abuse in terms of the characteristics of the abuser. The evidence which was becoming increasingly available was forcing paediatricians to accept that despite general assumptions to the contrary the injuries were often inflicted by the children's own parents. Thus subsequent research was based on a medical model and involved clinical studies in children's hospitals. These studies confirmed that the injuries were often inflicted by children's own parents or caretakers. Opinions varied widely with respect to the etiology and dynamics of the phenomena and characteristics of individuals and families involved. Many studies concluded that only a parent with a severe personality disorder could abuse a child. This conclusion looked within the individual for

a mental disorder in order to correct the pathology. Acceptance of this original premise led to attempts to identify character disorders in parents which would predict a family at high risk of abuse. Whilst this approach was valuable it was soon acknowledged however that it did not take into account other factors which could affect the risk of abuse such as family dynamics and societal variables.

The next stage was a sociological model which examined some of the social conditions of abusive families to discover the likelihood of abuse. Factors such as income level, educational level, type of employment and social class were examined. However both the above clinical and social models were limited to a one way parent-to-child effect.

Bell (1968) claims that the basic model of research which indicated a one-way effect of parent-to-child was too limited. He stressed that most of the research presented correlations which merely showed that two variables were associated to a statistically significant degree but nothing about which had caused what. He emphasised that a correlation does not indicate a direction of effect and that the effect of children-on-parents could no longer be dismissed as an implausible explanation of a correlation. Furthermore he added that the model of a uni-directional effect from parent-to-child was a fiction of convenience rather than belief:

The model was adopted in order to proceed with research, leaving the validity of the approach to be judged by the results (p82).

Kadushin and Martin (1981) cite Bell as the initial advocate of the bi-directional effects in a parent-child relationship. They comment that

all the child-development research has presumed rather than empirically established a uni-directional influence from the parent to the child.

Rosenberg et al (1986) warn that an emphasis on identifying parental factors has become an almost universal characteristic of research. Even though it is now recognised that infants with their relatively limited behavioural repertoires exert considerable influence on their parents and affect the quality of the infant-parent interaction. They also are in agreement with the work of Bell:

The mutual influence of parents and children was a revolutionary concept when Bell's article on the direction of effects in studies in socialization appeared in 1968 (p41).

According to Kadushin and Martin (1981) child abuse is the outcome of a series of aversive interactions between parent and child which may not result in abuse until the fifth or sixth incident. As in any crisis the inability to solve the problem leads to feelings of anger which intensify into the higher level of rage. In such a vulnerable situation the seemingly defiant behaviour of the child is likely to cause a state of active crisis.

Schaffer (1985) also asserts that parental effectiveness depends every bit as much on the child as on the parent. It is now widely recognised that bringing up a child is a two-way process to which both the child as well as the parent contributes.

Bell (1968) offers a set of propositions on the effects of congenital factors (acquired at or before birth but not hereditary) in children and presents an explanation of how these factors affect the behaviour of parents.

2.2 Innate Characteristics of Children

Bell (1968) argues that it is often overlooked that even John Locke placed great emphasis on early observation of congenital factors and that his "tabula rasa" concept questioned the existence of innate ideas and not innate characteristics. According to Bell, research on parents and children is still influenced by the philosophy that parents and educational institutions are the main determinants of human development. That this is because it is plausible to envisage the human parent as the active agent for the transmission of culture and the infant as an organism to be taught and modified.

Bell claims that in the parent-effect model it is easy to explain differences in the behaviour of two adults with the same child but it is not so easy to explain differences in behaviour of one adult to two children. The difficulty here is the adult-effect model assumes a fixed repertoire in the adult. Bell cites how the usual method of explaining these differences is to postulate effects associated with the ordinal position or sex of the children. However, he continues that reports on children in foster homes cannot be explained this way; different children can produce different reactions in the same foster mother and other members of the family. Bell further asserts that adults do not have a fixed repertoire for socialising children. The behaviour of the adult changes as a result of the behaviour of the child. That there are two types of control behaviour which parents use:

- 1 Upper limit is a reaction to high assertiveness (excessive crying, hyper activity, unpredictability) which exceeds parental standards.
- 2 Lower limit is a reaction to low assertiveness (lethargy, lack of competence, too-inhibited behaviour) which is below parental standards.

Bell claims that it is usual to rate parental behaviour without reference to the child's behaviour. When this is done a parent using extreme upper-limit control is likely to be labelled "restrictive" whilst one showing extreme lower-limit control as "demanding". Theories which support the view that parental punishment produces conflict, or provides a model of aggression may have an alternative interpretation. If the child is congenitally over-assertive this will activate upper-limit control in the parent. Also, support has been provided for the hypothesis that children have high or low person-orientation which is a congenital factor. High-level appears to correspond with high sociability, affectionate relationships, high verbal ability and moral orientation with the corresponding opposites for low-level orientation. To predict interaction in particular parent-child pairs it is necessary to know:

- 1 the behavioural characteristics of the child
- 2 the cultural demands on the parents
- 3 the expectations of the parents for the child.

Bell offers an interactional view. He maintains that parent and child behaviour can be separately identified and this will remove reliance on correlation studies which do not ascertain the direction of effects.

Martin (1976) refers to the work of Kempe and Helfer who in 1972 moved on from both psychiatric profiles of parents and sociological approaches to propose that three factors are needed for abuse to occur:

- 1 a certain type of adult
- 2 a crisis
- 3 a special child.

2.3 Abusive Parents and Professional Carers

Kempe and Kempe (1978) point out that whilst it is possible to describe many characteristics that abusive parents have in common there is no stereotype. Psychiatric diagnoses which attribute violence to a drunken father or an incompetent mother are mere labels which provide little insight into the problem. They claim that families involved in abuse come from all strata of society - rich and poor, well educated and uneducated, and from all races and religious backgrounds.

Henry Kempe (1978) is credited with being able to predict abusive parents with 76% accuracy from simple observations made within twenty-four hours of the birth. The indicators are negative behaviour such as the mother responding passively (not touching, holding or examining) or not talking in an affectionate tone to the baby. Also when either parent acts with hostility (in speech, looks, or remarks about the appearance of the baby) or do not look the baby in the eye, or are disappointed over the sex of the baby or do not seem affectionate to each other.

Rather than look at extreme cases Kempe and Kempe (1978) offer a perspective of abuse and neglect across the whole range of parenting; that if a graph of all parents is drawn and ranged according to their parenting ability what would probably emerge would be the familiar bell-shaped distribution curve. According to the authors the distribution is as follows:

At one end would be a single dot, representing the only possible claimant to perfection as a mother, the Madonna, but let us not forget that Mary also had the perfect child. Most of us would fit into the large rounded part of the curve representing those who offer their children excellent, good, or good-enough parenting. At the other end of the spectrum, the curve would not descend steeply: rather it would slope very gradually and might cover some 20 to 30 per cent of parents, all of whom have some difficulty in caring for their children adequately. This is the percentage revealed by our own formal studies, and it agrees with some informal surveys made in hospital clinics and by private paediatricians (pp22 & 23).

Kempe and Kempe (1978) stress that the above figure shows potential difficulty and not all of these parents would be particularly abusive. What are the deciding factors? Four factors are given for child abuse to occur: the parents must have a background of physical or emotional deprivation and perhaps abuse as well; a child must be seen as disappointing or unlovable; there must be a crisis; and fourthly that no effective help, or knowledge of where to get effective help, is available:

Clearly, one cannot easily change parents' emotional backgrounds or twenty year histories of deprivation, nor can one help them to see their children as loveable; but one can provide for rescue and the beginning of crisis management (pp37 & 38).

Lynch (1985), a paediatrician, quotes from Waugh who wrote for the publication of the London Society for the Prevention of Cruelty to Children (founded 1884). Waugh describes examples of child abuse throughout all the social classes, including medical men. Lynch comments that the following advice given to the courts by Waugh is a truth which still needs to be emphasised today:

It should no more occur to the Court that baby girls clinging to a mother is proof that the mother loves the child than it now occurs to it that a limpet clinging to a rock is proof that the rock loves the limpet (p10).

Frommer (1978), a hospital psychiatrist, reports evidence emerging of the potential effectiveness of practical short-term crisis work with families referred for children "at risk". That an apparently simple programme for helping evolved which seemed to meet the needs of many families where relationships are "awry". The programme includes effective help with household tasks, child development information and creative activities. Frommer acknowledges however that the fundamental problem in the programme stems from the parents' learning experiences as they grew up:

Into their very bones they have absorbed the habits of thinking and behaviour, the emotional deprivation, punitive and careless attitudes, rejection and spiritual poverty of their family (p83).

According to Dale et al (1986) what is still lacking in child abuse research is a more systematic way of indicating within the very large high-risk groups the families which pose an immediate and serious threat to the life and safety of the child. The unpleasant reality is that the vast proportion of children who are seriously physically assaulted or are sexually abused are victims within their family environment. Of the seventy-eight children recorded as victims of homicide in England and Wales in 1983, sixty-nine (88%) were killed by a parent, or other family member, or a friend, or acquaintance. Only three of the seventy-eight children were killed by strangers. The six remaining killings are unsolved.

In the experience and research of the above authors, incidents of serious child abuse invariably involve a triangular relationship between the abuser, the victim, and a partner who adopts the role of "failure to protect" the child. It is this "failure to protect" role which is so misleading for many professional carers attempting to work with such families:

Agencies are often unwittingly led into a collusive singular focus on the behaviour of the aggressor, and fail to appreciate the deep pathology within the partner who chooses not to act on warning signs, or who actively supports an escalating process of child cruelty until the point of no return is reached, and the fatal outcome becomes inevitable (p32).

Dale et al (1986) continue that in 1985 Britain witnessed a succession of horrendous child abuse fatalities which jolted the public into awareness of how some parents can be systematically and sadistically cruel to the children in their care: Both Tyra Henry (i) who died from severe brain injuries and whose body showed fifty-seven human bite marks inflicted by her father, and Jasmine Beckford (ii) who had previously suffered serious

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- (i) Tyra Henry died aged 1 year and 10 months
 - (ii) Jasmine Beckford died aged 4 years

abuse and was returned home from her foster parents to be persistently neglected and then fatally injured, were both killed whilst living with their parents and still subject to care orders. Heidi Koseda (i) was locked in a darkened room and literally starved to death; she tried to keep herself alive by eating wallpaper. She lay in the room for two months whilst her parents continued their so-called normal life because a child preventive agency had not taken the appropriate action following reports of acute concern from a neighbour.

Dale et al (1986) emphasise that it is important to recognise that abusive families exist within a network of professionals and agencies which provide their own contribution to the dynamics of risk. Public inquiries have repeatedly shown that inadequate procedures, or failure to comply with satisfactory procedures, are often major features of the professional carer's role where fatal abuse has occurred. In addition to the procedural issues is the equally important question of how the emotional resources of the individual professional workers affect their performance. The level of such emotional resources of the professionals is crucial to their perceptions. The authors report that in a confidential survey of a large number of professional carers taking part in their training courses - twenty per cent of participants reported having been sexually abused during childhood, and fifteen per cent reported a personal history of being physically abused in childhood. The authors claim that the motivation for many professionals to "help" abusive families involves meeting their own personal needs.

Dale et al (1986) argue that certain types of professional carers are "dangerous". They describe a dangerous professional carer as a worker,

(i) Heidi Koseda died aged 4 years

operating alone and in isolation, attempting to make contact with an unenthusiastic or hostile family in respect of some expressed concern that a child may be at risk. The approach here may be to focus on some mutually acceptable problem area such as housing as neither the worker or the family feel comfortable with an open statement of the real concern. The next phase occurs when, for example, the worker is informed that the child regularly appears at nursery school with increasingly suspicious minor bruising, perhaps to the cheeks, upper arms, or chest. The authors maintain that the dangerous professional carer will then reluctantly visit the parents to enquire about the bruising and will be eager to accept rather implausible explanations and take no action. They add that one of the regularly observed catch-phrases of the dangerous professional carer is "it will damage my relationship with the family" and that this phrase should alert immediate alarm and prompt active review of the management of the case. For a professional relationship which can be "damaged" in such a way is one of collusion and such a relationship which avoids the discussion of real concerns is not a relationship at all but an avoidance of conflict.

Dale et al (1986) claim that in such situations the dangerous carer is operating without any consistent theoretical base from which to understand the dynamics of child abuse and adopts what has been described as the "rule of optimism". Such a situation barely conceals the carer's own need to be cared for. Essentially, the unmet needs of such carers are so great that they have become "helpaholics". Helping and caring for others can be a very effective way of concealing desperate personal needs and a seeking to feel adequate in the face of the inadequacy of others. Almost always "helpers" are actually helping themselves by helping others.

2.4 Abused Children

Martin (1976) asserts that for the abused child as the abusive adult there is unfortunately no convenient stereotype and no one typical personality profile for abused children. However he presents certain characteristics which are repeatedly seen such as hyper-vigilance, anxiety and low self-esteem. Polar opposites however are also shown in that some children are apathetic whilst others are hyper-active; some are co-operative whilst others are oppositional; and some are quite charming whilst others are quite unpleasant. The task of research is to identify the characteristics which are over-represented in abused children. Those characteristics which are particularly resistant to good development are so deeply ingrained in the child that they restrict proper growth and development.

Martin continues that the statement of Kempe and Helfer (1972) that only "special" children are abused led to an orthodoxy of research interpretations of "special" to mean mental retardation or birth defects. He argues that the important element however is not whether the child is abnormal but that the parent perceives the child as abnormal. That it is this perception of the parent that plays a part in making some children more likely to be abused than others with identical parents.

Martin (1976) perceives the part of the child around six different facets of the child abuse syndrome. A summary of the six facets follows:

1 Pre-natal and post-natal anger of mother.

When a mother experiences events which cause feelings of anger or resentment (either pre-natally or post-natally) these feelings appear to be transferred to the child. Why such events are more often found in

the history of abused children is unclear and open to conjecture.

2 Disruptions of very early attachment.

The immediate physical contact between mother and newborn significantly affects the behaviour of the mother over many years. The duration of time spent also affects the growth of the child, the mother-to-child relationship when the child is one-year of age, and the mother-to-child speech patterns when the child is two-years of age.

3 The slightly-difficult to care for child.

The child who is different from other children but not in such an obvious way as to warrant support from family or social services may well be at high risk. The child who is fretful, or a "picky" eater or is a poor sleeper at night.

4 Capacity of child to meet expectations of parents.

Most potentially abusive parents have intense feelings and ideas of what the child will be like and what the child will do. Disappointment may be a critical factor in abuse.

5 The level of development of child.

Some parents can cope better with certain stages of development in the child such as babyhood or pre-school age or adolescence.

6 The provoking behaviour of child

A large number of children do provoke their parents which creates a conflict situation.

Finally, Martin (1976) insists on clarifying one further point regarding the part played by a child in the abuse syndrome; from his experience children do not invite abuse:

Children do not congenitally invite abuse. Abuse does not grow out of some biologically inherent masochism of babies (p28).

2.5 The Meaning and Significance of Research

According to Helfer (1985), in a first year memorial tribute to Henry Kempe, the chosen theme had to be "research" for the constant demand of Kempe was for research pronounced as reSEARCH with the emphasis on the second syllable. Helfer asks why there is so little research in the field of child abuse. He cautions that overdependence on correlations has occurred all too often without adequate comparisons. Also that assumptions have been too readily made that "If this occurs then this must follow" or "If this occurs in these families then it must occur in all of them". He also warns that although the case method is valuable in studying a given problem there must not be too much dependence placed on it. Helfer also cautions that when intervention of any kind is decided on for these families the final questions must be "Did it do any good?" "Were behaviours changed for the better?" Finally, one large issue looms above all the others - that of generalisability. Isolated "turf-guarding" systems often require the wheel to be re-invented over and over again and cannot be allowed to go on. The reSEARCH must continue.

2.6 International Perspectives on Child Abuse and Neglect

The 8th International Congress on Child Abuse and Neglect (1990) in Hamburg contributed important perspectives to the issues involved in the mistreatment of children. The focus of interest of the congress was on the problems of child protection in both modern industrial societies and in the developing countries. The aim of the congress was a general improvement of child protection internationally. Child protection professionals from all parts of the world were given the opportunity to present their own work and to share in the latest research findings. Four major contributions were in the following areas:

- 1 Professional Recognition: A Historical Perspective.
- 2 A Brief History Of Family Violence Research.
- 3 Understanding Mistreatment: An Ecological Perspective.
- 4 New Protection Work: Multidisciplinary Co-operation.

The above presentations from four major international figures in the field of child mistreatment give an overall and up to date perspective of research in the whole area. The following information has been transcribed from audio tapes; excerpts from the transcripts now follow:

2.6.1 Professional Recognition: A Historical Perspective

Lynch (1990) a paediatrician at St. Thomas' Hospital, London, gave a brief history of child abuse and neglect and the ways in which professionals came to recognise this mistreatment. Dr Lynch acknowledged that as this was an account from the point of view of a paediatrician there would be some professional biases. A summary of the presentation follows:

It is helpful to look at the history of child abuse and neglect and then go back and look at the way professionals primarily came to recognise the problem. We will find that often the lay community was way ahead of the professionals but we are looking at the way in which professionals have overcome their reluctance to recognise abuse and neglect. Before we do that it is useful to remember that through history there has been an evolution of child-rearing modes and this has clearly influenced the definition of child abuse and neglect that might be used at any one given time. One of the problems is that it is actually very difficult to provide a universal definition of child abuse and neglect and that this applies in a historical context or indeed in a cross-cultural context today. So we have to recognise that this definition changes over time and is influenced by what society at that time considers child abuse and neglect to be. Also it is left to professionals - maybe it should not be - to interpret society's perspective into their definitions of child abuse and neglect which obviously influences their actions, their interventions, and indeed the laws.

If we go right back to antiquity we must realise that infanticide was an accepted practice. That people would not have seen it as child abuse, which we clearly do today, but as the way of overcoming your anxiety about a child you did not want was actually to "do away" with it. We then come into an era when abandoning the child was acceptable and at this time children were very much treated as objects. Then follows an era when parents were beginning to form more emotional ties with their children and were interested in moulding them to become perfect adults. They were using quite harsh methods but at the same time becoming closer to their children. This intrusive mode was designed for the child's good but at the same time there was a lot of tight control and punishment with the need to conquer the child's will. We then come to more recent methods in history where it is beginning to turn

itself around - where the child has a view of its own. We seek to serve the child and help the child's needs in a non-intrusive manner.

Therefore one has to have at the back of one's mind what you mean by child abuse and neglect through the ages. Also it is useful to look at factors which influence child abuse and neglect in any culture and you can look at this historically. One has to think what the cultural value of the child was at the time and why. Why were they valued? Was it so they could work, or they could carry on the family name, or were they enjoyed for themselves? Also the belief of categories of children where it would be acceptable to "do away" with handicapped children. Or there is less value on female children, for example. And beliefs about developmental stages - of the age when children should be doing certain things which influenced how people tried to control or discipline children. And also how strong community networks were at the time. Whether child rearing was a collective responsibility or whether it was delegated just to the parents. And this does not just have a historical context but also a cross-cultural context. We will now look at the professional recognition of child abuse against this background.

The person who was given credit for the first description of child abuse was a Persian in Bagdad who in 900 AD described how children could be struck intentionally. We find that in some of their early writings physicians were quite open about abused and neglected children. They were acknowledging that it occurred - sexual abuse as well as physical abuse. Then we come to someone called Seranus who was a Greek working in Ephesus. He clearly did not see infanticide as a form of child abuse. He in fact produced the first checklist of the infant who was worth rearing and this is fascinating because his checklist actually bears quite a lot of resemblance to the checklists that we were producing in the 1970's to identify the child who was at risk of child abuse and neglect. For example: The child who gave the mother a bad time in pregnancy, the child that was born too soon, the handicapped child, the child who did not have a vigorous cry. So it is very interesting that he was almost selecting out those children not to survive. On the other hand, he was aware of child abuse and neglect and said that there were some who when the newborn cried from fear and they were unable to restrain the child they would let it drop from their hands or overturn it dangerously.

Moving a long way to the 1700's we have a professor from Geneva called Bonet who wrote a section in one of his books on what he called "The Regiment of Children" and he realised that some mothers would not be able to care for their babies. He also recognised non-organic failure to thrive but thought it might be due to bewitching. He also perceptively wrote about head injuries in babies where there might be no external signs of the injury. He describes a child who was neglected for thirty days after an injury sustained by falling, or being pushed, downstairs. The child subsequently died. He also talks about some fractures and about battered wives.

When we move into the 19th Century we find a lot of literature - mainly French. The person usually quoted is Tardieu who was a French Professor of Legal Medicine. The usually quoted article concerns thirty-two abused children. He saw dead children and live children. His description includes all the physical manifestations including "frozen watchfulness". He got pretty frustrated eighteen years later when no-one had taken any notice of his publication. It was one hundred years later before someone truly did. If we delve a little deeper into that French literature we find that for the fifty years from 1850 - 1900 there was actually a lot - not only about physical abuse but also about sexual abuse - describing many of

the signs and issues we debate today. There were even people emerging who gave evidence in court saying that abuse was all fantasy and the physical signs were produced by some natural disease. The very interesting thing is that we know that Freud was around in Paris and actually attended some of the post mortems on children who had been clearly sexually abused. If you actually look at his early writings then he is acknowledging sexual abuse and this was before he went on to develop his theories on fantasy.

Next there is an English publication of 1880 from Great Ormond Street Hospital from someone who describes what he thought was multiple cases of rickets in one family. Professionals were beginning to recognise children with multiple fractures and bruising and beginning to look for a pathological explanation. People were seeing children with multiple injuries on more than one occasion and were desperately turning to science to explain it. While the physicians were trying to justify what they were finding we had the founding of the National Society for the Prevention of Cruelty to Children in 1883. In the first three years of the Society they described 762 cases: 333 assaults, 81 starvations, 130 neglect, 30 desertions and "other worries" which I suspect was sexual abuse and of course there were some deaths.

We go on to the first half of this century and we see a growing literature around subdurals - bleeding around the brain. We have Caffey's first paper in 1946 where he does not actually commit himself to saying this was the result of trauma. Gradually this trauma was accepted but there was a great reluctance to link the parents with the trauma and we have such euphemisms as "undesirable vectors of force." There were several papers getting very close to the truth. In 1959 Henry Kempe produced his first paper called "The Problem of Parental Criminal Neglect and Severe Abuse of Children." It was not until a year later however that he produced the paper which gave us the term "The Battered Child Syndrome" and it seems to have been producing the right words that actually triggered a response from the professional community. So this has brought us up to the time when The International Society for the Prevention of Child Abuse and Neglect began. It was not all that long ago that Henry Kempe and twenty others, in 1975, attended the first international meeting of the Society.

2.6.2 A Brief History Of Family Violence Research

Finkelhor (1990) Co-director of the Family Research Laboratory at the University of New Hampshire, United States, presented a brief History of Family Violence Research. The research centre focuses on the study of family violence and it is one of the few centres which is devoted exclusively to this subject. Excerpts from Dr Finkelhor's discussion now follow:

At our Family Violence Research Centre there is a perspective which sees the various types of family violence including child abuse, wife abuse, and the maltreatment of elderly in their families and so forth as being inter-related. As a result this discussion of some of the history and background of research will be referring to

family violence and not just to child abuse.

Family violence and child abuse research in its current contemporary form is rather young and is usually dated back to the early 1960's and the work of Henry Kempe and his colleagues on the Battered Child Syndrome - and this makes it barely thirty years old. But even this I think exaggerates to some extent the field's maturity because in spite of the importance of the work that Kempe and his colleagues did it was really not until several years later that there was something that you could really call a body of organised research. I think a true scientific field consisting of more than some isolated reports did not really emerge until the early 1970's.

It would be misleading to think that the field of family violence research simply sprang from new findings of social and medical scientists; rather the focus grew up in conjunction with several historic social movements. I think it would be most accurate to say that it was the social movements that posed the questions for which the researchers went out and found answers. That much less actual research would have been done and much less attention paid to it if there had not been these expanding social movements to make sense of and utilise and foster the research. It was in part because it was responding to social forces that family violence research developed in certain discrete areas in somewhat distinct eras.

First came the research on physical child abuse in response to the concerns of the late 1960's and early 1970's. Then came the research on wife abuse in the middle 70's. This was followed by research on child sexual abuse in the late 70's and early 1980's. Within each of these topic areas the research progressed through some common patterns - the early attention to the problem tended to be focused primarily on clinical cases. Kempe and Steele's early work on battered children was this sort of work. Meanwhile however and subsequent to each of these studies you will find other researchers attempting to gather larger samples from agencies for the purposes of making more complete statistical summaries about the characteristics of the problem, of the children, of the victims, of the perpetrators, and some of the dynamics. And as each of these fields developed, more sophisticated research strategies and designs followed. Usually one would see some priority placed on development of measures of the prevalence of these problems, and frequently one saw surveys trying to identify cases that were not coming to public attention.

In the process of maturation, research on Family Violence and Child Abuse has drawn on the theories and methodologies of a number of other research traditions. Medicine, Nursing, Public Health have all made major contributions particularly in the Child Abuse Field. The field of Family Studies and Family Interaction has also made a contribution providing many of the instruments for measuring such things as parental skills and suggesting theories about why some families, like those with adolescent parents, may be more prone to violence. From another direction Developmental Psychology has been an important resource - offering instruments for measuring the impact of child abuse on children and designs for following up abused children over time. Still another research tradition - Criminology for example - has greatly added to the study of child abuse and family violence in suggesting techniques for gathering information from the perpetrators themselves about violent behaviour. And finally Women's Studies - itself a young field - but it also has made an important contribution in forwarding many theories about the nature and source of family violence. This diversity of traditions has been one of the real strengths of the research that has developed within the field of family violence. Each one of these separate disciplines has brought its own theories and

methodologies about the nature and source of family violence. Through a process of triangulation a more complete picture of the phenomena has occurred and in the study of any problem having multiple methods contributes to the strength and validity of the research findings. But at the same time the diversity of research disciplines that have been involved in solving the problem has also posed some special difficulties. Researchers from different traditions do not necessarily speak the same research language. They may read different journals and do not have access to each other's work. And so this may have slowed and made obstacles for the orderly and systematic accretion of knowledge in this field. And I think this highlights the importance of inter-disciplinary congresses of this sort where people from many different disciplines come together on the research. But in spite of these obstacles the research on family violence has some impressive accomplishments to boast for its short tenure.

In three areas particularly a lot of work has been done. Firstly a great deal is known about the prevalence of various types. Secondly there is a fair bit of evidence about the risk factors associated with family violence. And thirdly there is a substantial body of knowledge now concerning the effects of family violence on its victims. Up until the last decade - to the extent that it was recognised - family violence was generally considered an unusual problem that occurred only under extreme circumstances of family disorganisation. One of the achievements of family violence research has been to demonstrate that family violence is quite widespread and occurs to some degree in virtually every segment of society. The task of measuring family violence has not been easy. For many years scientists and policy makers were sceptical that good prevalence estimates were possible. There was doubt that people would truthfully reveal behaviors that were considered anti-social, shameful and embarrassing and yet researchers in this field have combined sophisticated interviewing techniques, survey methodology, and careful analysis to obtain results that were at one point thought impossible. A summary of some of the highlights in each of these three areas now follows:

Prevalence

In the United States the first prevalence estimates were attempted in a national survey by David Gil our speaker this morning in which a representative sample of Americans were asked incidents of child abuse that they may have known about. In 1975 Straus, Gelles and Steimetz obtained estimates of child abuse and wife abuse on a national survey in which family members were actually asked about their own use of family violence and their own experience as victims of violence. In that study 12% of the spouses said that there had been an incident of violence between the couple in the last year and 28% said there had been an incident of violence over the course of the marriage. Concerning abusive violence - 4% of the parents admitted to having used severe violence against the child in the previous year and these estimates led researchers to extrapolate that there had been close to two million abused wives and another two million abused children in the United States in 1975.

Prevalence studies of child sexual abuse were somewhat slower to emerge. A landmark study in this area was one by Russell who questioned a representative sample of women in the San Francisco area and in that study a remarkable 38% recalled an incident of child sexual abuse from their childhood. Besides demonstrating that a variety of different types of violence occurred in a large number of American families these studies also clearly showed that no level of society was immune and that distressing rates of violence were found even in well-educated and affluent families, among religious and non-religious families, both rural and urban. Child abuse appears to be more common under conditions of

economic stress but was by no means limited to these kinds of family situation.

Risk

Now - turning to the second issue - that of risk. Family violence has been easier to count than explain. It is clearly a problem with an adverse set of causes and any comprehensive explanation will certainly require consideration of such things as specific family environment, child rearing practices, marital relationship, social attitudes, and social institutions, just to mention a few of the relevant factors. Family violence researchers are still far from agreement about how best to explain family violence but there is more agreement about who is at risk. That is, the researchers can state with some confidence who is at risk; the type of families who are more likely to experience family violence. Although knowing who is at risk is not the same as knowing why they are at risk it certainly is a very important place to start. For example, it can be the basis for prevention programmes aimed at targeting certain groups for reducing the levels of family violence. Perhaps the most experience and the most success has been in identifying who is at risk for physical child abuse. And this is in part because physically abusive families have been readily available from the case loads of family protective agencies. The studies do not confirm the once popular stereotype of child abusers as disturbed and malevolent individuals. Rather they show abusers to be parents caught in highly stressful, non-supportive circumstances who have ineffective and unrealistic behaviours and attitudes surrounding child care.

The high-risk character of stressful environments has been quite well established. For example, low income parents, teenage parents, parents without partners, parents with unwanted children. These are all groups of people who have been identified as having higher rates of abuse. Parents are also more likely to abuse when caring for a child who has special needs because of illness, congenital defects or because of the difficult temperament of the child. Social isolation - being cut off from family, neighbourhood or institutional supports is another important stress related factor.

Physical child abusers have also been demonstrated to have ineffective and conflict-prone styles of parenting. They have inappropriate expectations of their children, they tend to be overly re-active in their dealings with children and have difficulty rewarding children for good and appropriate behaviour. The fact that they have more likely themselves to have been subjected to harsh and abusive treatment when they themselves were children suggests where these patterns have come from.

By comparison to physical abuse much less is known about risk factors for child sexual abuse. It has been clearly established that they are not the same as those for physical abuse. For example, poverty and economic stress which have been demonstrated to be risk factors in cases of physical abuse do not seem to be as strongly implicated in sexual abuse. Unfortunately, many other possible factors which may increase the risk of sexual abuse have simply not yet been tested. In part because sexual abusers have been generally less available through research and when available much less co-operative. But we have been able to establish risk factors for sexual abuse from retrospective studies of victims who are now grown up. Children do appear to be at greater risk for sexual abuse, for example, when their natural father is gone from the home and especially if they are now living with a step-father. They are at higher risk when they have a difficult conflictual relationship with their mother - because the mother is sick, or incapacitated, or emotionally unavailable. If a parent's marriage is full of conflict this also

appears to put children at risk. Why these are risk factors is not entirely clear but they seem to be factors which lead to some form of emotional deprivation on the one hand and poor supervision of the child on the other and these seem to be connected to higher vulnerability. In addition to risk factors we will now turn to some of the effects of family violence - the third area where we have some substantial research findings.

Consequences

Researchers in recent years have been increasingly able to document the extensive consequences of family violence and the portrait is of a problem whose effects radiate in many directions for an extended period of time and even touch the lives of many others beside the perpetrator and the immediate victim.

The physical consequences of family violence - the most obvious of which is death - has been the one most easy to document. Death as a result of family violence is more common than most people realise. In the United States for example, according to statistics from our Federal Bureau of Investigation, about a quarter of all homicides were committed by family members against each other. A relationship that is particularly interesting is that in societies where there is less stranger violence as is true about most European societies than in the U.S. the percentage of homicides which are committed by family members tends to be a higher percentage of the total homicide range.

The toll of non-fatal physical injuries is also great. Among battered women who seek help from shelters, for example, 80 to 90% have been injured. And among battered women who contact the police, somewhere between a quarter and two-thirds experience physical injury. Children because they are small are particularly vulnerable to the effects of abuse. Major injuries such as brain damage, skull fractures, sub-dural haematomas, bone fractures, dislocations, internal injuries, and burns are reported by about 13% of all physically abused children in the U.S. and among more minor injuries by another 72%. Studies indicate that children who have been abused are at greater risk for neurological impairment, developmental deficits and poor physical health in general.

There is also clear and accumulating evidence about the long-term mental health impact of family violence. I think the conclusion from research is inescapable now - that histories of family violence occur in disproportionate amounts amongst those who are suffering from almost every mental problem than you can think of. A recent study of hospitalised psychiatric patients, for example, found that 39% reported a history of family violence. Two recent surveys of mental health status in the general population, one in Los Angeles and another in Calgary showed that those who had a history of child sexual abuse were more than twice as likely to have a range of psychiatric disturbances from depression and anxiety, to drug abuse and were also more than twice as likely to have sought mental health treatment.

Perhaps the most sinister aspect of family violence is its self-perpetuating character. Victims of family violence do seem to be at higher risk to become future victims and future perpetrators. The inevitability of this connection is sometimes exaggerated in popular discussions. Abused children are by no means destined to grow up to be abusive parents and in fact to many people's surprise most do not. But the risk of becoming an abusive parent is substantially higher for an abused child than it is for another child. And this is the fact behind the notion of the cycle of abuse. Researchers have found support for a cycle of abuse on a number of fronts. For example, parents who were themselves subjected to

severe physical abuse are more than twice as likely to subject their own children to such treatment. Men who witnessed their fathers beat their mothers are twice as likely to beat their wives. In fact witnessing violence in one's family of origin is the most consistently demonstrated background factor among wife abusers - more common than being a victim of child abuse. The cycle also operates in such a way that victimisation can lead to further victimisation. It has been established through research that girls who were sexually abused as children, for example, are more likely to grow up to suffer rape as adults and to become victims of wife battering. However the transmission of violence is not confined only within the family, there is good research which shows that delinquents and violent criminals have had more child abuse in their backgrounds.

In conclusion - family violence research has recorded some important achievements in its short history. It has greatly contributed to the awareness about the problem by documenting its scope and its impact. It has been a very important vehicle for sensitising professionals and the public as well about the problem and certain aspects of the problem like marital rape and adolescent sexual abusers that were poorly recognised and not very well understood. It has identified certain risk factors that can be utilised in identifying those at greatest likelihood of becoming victims and perpetrators. These are not discoveries that add up to a cure for family violence but they are substantial achievements on which we can build programmes of intervention and prevention. As the field gains momentum and adds new investigators and conquers some of the problems of methodology that we still face, the possibility is high that further research will contribute greatly to the reduction of the toll of family violence.

2.6.3 Understanding: An Ecological Perspective

Garbarino (1990) president of The Erikson Institute for Advanced Study in Child Development, Chicago, explained and defined the ecological perspective of child mistreatment. Excerpts from Dr Garbarino's presentation now follow:

I was asked to speak about an ecological perspective on child maltreatment and I think such a perspective is important particularly for practitioners, particularly for those whose day-to-day work is very much caught up in the concrete details and who often form I think very strong - sometimes premature - conclusions about causation, about effect, and about the range of possibilities. The field of child abuse and neglect has suffered from its very beginning from premature closure. By that I mean the belief that we know all that we need to know already. At one of the early national congresses in the United States on child abuse there was only one major symposium on research and the title of the session was "Research on Child Abuse - Too Much or Too Little?" And fourteen years ago many of those speaking seemed to say too much, that we knew all that we needed to know. So there is great value I think to a critical perspective - an ecological perspective - that challenges what we take for granted that we know about child mistreatment. There are two particular principles to this ecological perspective. The first is that all human phenomena are influenced by the context in which they occur. And so if we ask the question "Does X cause Y?" or "Does A produce B?" the answer is almost always "It depends." A good example of this is identical twins. We know that the

I.Q. of human beings is influenced by genetics and for many years people have been taught that identical twins (genetically identical twins) invariably develop quite similar intelligence. Much of this conclusion is based on research which examined identical twins who grew up together - in comparison with identical twins who were separated and grew up in separate lives. However what was not taken into account in most of that research was the similarity of the environments in which separated twins grew up. At least two investigators have recalculated the similarity of genetically identical twins growing up in very dissimilar, unlike, environments in contrast to twins who grew up in similar but separate environments. Identical twins growing up in similar but different environments have I.Q.'s correlated at 0.8 which is high. But identical twins growing up in unlike, radically different environments have I.Q.'s correlated at 0.2. The point is that the context, particularly the community context, in which a child is living has a great deal to do with the influence that any causal factor will have on their life. A case in point is the inter-generational transmission of abuse. If we ask the question "Are abused children going to be abusive adults the answer is "It depends." Under some conditions there is a strong connection - under other conditions a very weak one. And it appears that the strength of the connection has a great deal to do with the community's response to the child as a victim. It is fair to say that we have some confidence, for example, that sexually abused children need not suffer long-term sexual disfunction because of being victimised - if they receive high-quality treatment. If they do not then perhaps the odds of them becoming perpetrators or sexually dysfunctional may be quite high. It depends. Are handicapped children more at risk for abuse? It depends. In some settings the birth of a handicapped child produces an outpouring of compensatory resources within the family and from the community. In other settings it does not and it is in those latter settings that the connection between handicap and abuse is strong. So we must never give in to the temptation to think that we know what will cause what simply because of our experience - because alternative situations may produce a very different pattern.

The second principle of Human Ecology that we should listen to is the idea that all systems are connected. That systems at all levels of the environment from the organism through to the macro system of the society are all connected. There is a process of feedback among those systems. As a result we have the principle that you can never do just one thing. You can never do one thing because each action sets in motion a set of reverberations which are often difficult if not impossible to predict. So, for example, in our efforts to prevent certain kinds of sexual abuse we might well create vulnerability in some other domain. The point is that we must always be modest in thinking that we know the consequences of what we do. We must never give in to the temptation to think what will cause what because of our experience - because alternative situations might produce a very different pattern.

A second theme to introduce is an ecological perspective in the question of defining child maltreatment - what it means. It is very important to recognise that child maltreatment (child abuse and neglect) is nothing; it does not exist in any objective sense. What child abuse and neglect is - is a social judgment that we make in which we have concluded that a particular way of treating children is both inappropriate and damaging. It is both inappropriate and damaging because there are many activities with children which are damaging but are not thought to be inappropriate. For example, removing a male's foreskin or putting holes in ear lobes. The point is that this type of physical assault is not considered inappropriate. Thus it cannot be defined as abuse. By the same token there are many things which might be judged inappropriate in the treatment of children which we do not believe are sufficiently harmful to allow us to call them abusive. To

call something abuse or neglect means that there has been a political process in which a decision is reached that is authoritative - that says we have persuaded our community to understand a particular way of treating children as being dangerous to them and dangerous in a way which is not socially acceptable.

Consider the bottom line - of death to children and consider the following terms: fatal child abuse, murder, infanticide, euthanasia and abortion. A session this morning raised the question of how it is we shift a label from socially acceptable killing of defective children to murder. The point is that there is no simple absolute rule because within the same group - this group here - there are those who would elect to choose the term murder when others would choose to use the term abortion and others would simply view it as medical procedure. The point is that we never have objective categories. We always have a social judgment based on a dialogue. A dialogue in which values and science are constantly at work with each other. Thus defining abuse is a dynamic process.

2.6.4 New protection work: Multidisciplinary Co-operation

Krugman (1990) a paediatrician, Professor of Paediatrics at The University of Colorado School of Medicine, and Director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Colorado, United States, spoke of how to organise multidisciplinary approaches to child mistreatment. Professor Krugman began by praising the outstanding programme which had brought together individuals such as David Gil, David Finkelhor, James Garbarino and others who had helped us understand the problems of abuse and neglect: Excerpts from Professor Krugman's presentation now follow:

Such an international context is critical in the light of what has to be done in the course of the next decades. It helps when we understand the sociological and political nature of abuse and neglect and it helps us to have realistic expectations for what it is we can do for prevention. But an understanding of the social, political, economic and ecological concepts of abuse and neglect somehow becomes less important at the time of sitting down with a parent who has just smashed a child's head against the wall, or when sitting down with a father who for ten years has been sexually abusing his daughters, or when we are with a mother who has a cocaine and alcohol addiction and wants to keep her pregnancy because that baby is going to make her life better. While needing to understand the broad political concepts of the field it is also necessary to know how to address those very individual, very singular, types of cases that many deal with every day. These very real clinical situations occur all over the world, every day, and the professionals who deal with them have really a number of problems that they need to face. The first is that they have to recognise that abuse exists and they have to recognise its high risk potential in people who are not yet abusing their children. The propensity to physically abuse someone is probably in all of us but it is only

the fact that many of us are able to control our impulses that there is not more abuse and neglect in the world. Besides just recognising the problem, however, the level of danger to the child has to be assessed. We have to identify and plan treatment programmes for not only the child but for the family if we are dealing with intra-familial abuse, or for whoever it is who is abusing the child. There is a substantial proportion of abuse and neglect in the U.S. that is perpetrated by children and adolescents. We may not have any difficulty in suggesting that an adult should go to prison but it becomes more difficult when we talk about an eight year old offender who has molested three and four year old children. We also need to follow up and evaluate these cases to be sure that we have done no harm to either the child we are trying to treat or to the family we are trying to rehabilitate. And I make the assumption that nothing can be done to anyone that is harmless and everything has some side effect. The question is do we recognise it.

Over thirty years ago in 1958 in three cities in the U.S. - in Denver, Los Angeles and Pittsburg - a group of professionals got together to form the first multidisciplinary child protection team. They realised that abuse and neglect of children was not just a medical problem, not just a legal problem, not just a social problem but it was a problem of a child and a family and it required help from different sources. What I would like to do now is briefly discuss the multidisciplinary approach and how to organise it on five different levels. The five levels are:

- 1 Case level
- 2 Institutional Level
- 3 Community Level
- 4 National Level
- 5 International Level

and if we are to make progress in this field we need multidisciplinary approaches at all five levels.

1 Case Level

First let me introduce a simple case which was one of the first I saw as an intern in training in 1968. I was working in the emergency room in a hospital when a mother came in at 11 o'clock at night with a three months old baby that was not breathing. The mother said that the baby was fine when she took the baby to the movies, then when the lights went up and the movie was over she noticed the baby was not breathing. She rushed to the hospital, we examined the baby, the baby was dead. Next day the post mortem revealed two skull fractures, a massive brain haemorrhage, twelve broken ribs and fourteen major injuries to the abdomen. Henry Kempe at the time was my attending physician. He asked me to go back and look at the mother's and the baby's records to see if we could figure out how this happened. The records showed that the mother had first attended the child clinic in her eighth month of pregnancy with a weight gain of only four pounds. After the birth for three days she did not seem to want to feed the baby or give it a name. Nevertheless the baby was sent home with the mother. The mother re-visited the hospital once when the baby had a rash, and once when the baby had a cold. No one recognised that the mother was looking for help. Four weeks later the baby was admitted with a broken arm and the police and social services investigated the mother. The social services said that the home was neat and tidy so the baby was sent home. The next time the baby was seen it was dead.

Now as I repeated the case at our next conference Dr Kempe put marks on the wall

every time a professional was mentioned by name. By the time we finished the case conference twenty seven professionals in medicine, nursing, social work and law enforcement had been involved in the case; any of whom could have prevented that baby's death and none of whom did. It was a lesson that having a lot of professionals involved in a case does not necessarily mean it will have a good outcome. Those professionals have to work together and collaborate so that all the information can be brought together from different sources into a multidisciplinary approach. This now seems relatively simple and relatively well done all over the world. What is not so well done is when we move up to the next level which is the institutional or agency level.

2 Institutional Level

In the U.S. there are a large number of child protection teams that are linked to Social Service Agencies or to other kinds of institutions. In general these teams are of two types. One type is a diagnostic team which reviews cases and helps with difficult cases. The second type of team is a monitoring team where they review about sixty cases a week. Both are important in any institution dealing with abuse and neglect but both are not always available to all institutions. The two teams do not always agree and can make each other very angry with different priorities. The trick is to get both functions into all agencies that are dealing with abuse to be sure of the quality with the monitoring team but at the same time make sure that the complicated cases are ensured of a good diagnosis and good treatment.

3 Community Level

Every community in the world has some problems with abuse and neglect. In some parts of the world it is a very important problem because it is responsible for most of the infant mortality and much of the mental disorders in children and adults. In the U.S. for example one of the leading causes of death is non-accidental injury (or child abuse). There are other parts of the world where the leading cause of death in children is related to sanitation or improper, or lack, of immunisation. While child abuse and neglect may exist it does not necessarily become the top priority for a community where 40% of the children are dying within the first year of life of infection, de-hydration or malnutrition. So in approaching the problem it needs a community context. The best way to understand a community context is to bring together the leaders, the professionals, the parents, and others, to talk about what the problems are and how they are going to be solved.

It has often been said that there are three types of needs that people have and these are:

- 1 What you think you need
- 2 What I think you need
- 3 What you really need.

Until you get what you need you are not going to pay any attention to what I think you need. So to go to a community and say they have to deal with abuse and neglect where children are dying of malnutrition makes little sense. You are not going to deal with abuse and neglect until you get a good sanitation system. Then they might decide you are worth listening to.

On the community level in the U.S. there are many examples of multidisciplinary community councils which address the problem of abuse and neglect. Bringing

members of a community together in a multi-disciplinary way is very effective in focusing attention on the problem of abuse and neglect. The National and International levels are much more difficult.

4 National Level

The reason it is difficult at a national level is that very few governments in the world are organised in such a way that a multidisciplinary approach can work. In the United States we have a Health Department, a Social Services Department and a Legal Department and each is responsible for all issues dealing with adults and children. Each deals with health, welfare and legal issues so when the budget is allocated to various programmes they usually go to adults. There is nobody who thinks about abused children across all of those systems. The bureaucracy that they work in is organised in such a way it is not easy to cooperate and collaborate across departments. When you want to get someone from the Health Department to talk to someone from the Social Services Department they do appear not to know how to talk to each other. The way forward is to elevate thinking about child abuse and neglect to a high level in the national bureaucracy and have high visibility.

5 International Level

The issues of child abuse and neglect all over the world need to be dealt with in a way that responds to the needs of, and can help, those who are dealing with this particular problem. It means helping others to solve their problems - it does not mean telling people how to solve their problems. This is going to take a fair amount of time.

If we are to do well in this work we need commitment. There are ten letters in this word and there are ten principles that I think are important. The word commitment to me stands for:

C Community awareness. We must let our communities know this is a problem and for those communities such as the U.S. and the U.K. where awareness is at an all-time high we need to make people aware of the complexity of the problem. Not just that child abuse exists but that there is something we can do about it.

O Open. We need to be open (and honest) to new ideas and not think that what we learned in 1958, or 1968, or 1978, or even 1988 is necessarily true today.

M Mental Health. We need to pay attention to mental health. I do not mean therapy - I am talking about mental health for us as professionals. It is very difficult for paediatricians, social workers, lawyers, law enforcers and others who work in this field because their colleagues in their own professions do not always value or understand what they do. In that case if our colleagues in our own professions are not going to support us it is critical that we support each other. It is not good for physicians to say that social workers do not know what they are doing, that psychiatrists say they do not know what kind of treatment to do, and all of us working in this field wind up criticising each other because no one is going to support us except ourselves. So we need to pay attention to our own mental health.

M Multidisciplinary Co-operation. We have just discussed this.

I Innovation and Implementation. We need to not only have new innovations for getting programmes to people but we need to implement what we know works.

After knowing for twenty years in the U.S. that a home visitation system would prevent physical abuse of children we still do not have organised home visitations throughout the United States. That is a disaster.

T Treatment. Particularly for children and particularly in places where they do not get it.

M Money. We need that. I think we may have plenty but sometimes we do not use it wisely.

E Evaluation. We need evaluation to get the money.

N New Politics. The politics of abuse and neglect need to change. What I mean by new politics is that this is not a political party problem - it is a child's problem, it is a family's problem. We need all parties to pay attention to this problem.

T Time. We need Time. This is not something that is going to be solved right away. Working in abuse and neglect is something like trying to empty the ocean with a bucket. You could go to the ocean with your bucket and start to bail bucket after bucket out and actually if you went out at high tide and left six hours later, at low tide, you would feel pretty good. That is why we need evaluation - long-term evaluation because if you left after six hours you would not know that the ocean is coming back. Similarly after two years you might get pretty tired of just bailing because the ocean is still coming in. That is the time you have to look behind you because you have created a large lake. Every bucket is a child and a family that you helped and you need to keep that perspective.

Finally through ongoing enquiry, evaluation, research and through education and training we can make a great deal of progress.

2.7 Summary

The foregoing review of the work of researchers and professionals suggests that progress has been achieved towards better understanding, treating and preventing child mistreatment. Progress has also been made in society's awareness of this problem. Despite this progress however it has been shown in this chapter that the extent and seriousness of the problem is still high.

This area of research which has moved from clinical and sociological models to a more interactionist approach only dates back to the early 1970's when a truly scientific field emerged. Lynch (1990) presents a physician's perspective of how research in this area began with

reluctant suspicions that a parent or caregiver could deliberately inflict severe physical injuries on babies and small children; and how this evidence was slowly and reluctantly accepted by professionals.

According to Finkelhor (1990) research has made progress in the three areas of prevalence, risk, and consequences: that a great deal is known about prevalence, there is a fair amount of evidence about the risk factors involved, and there is a substantial body of knowledge concerning the effects on its victims. However it is acknowledged that it is easier to count than explain. Finkelhor views the field of child mistreatment as having some problems of methodology which need to be conquered in addition to further research being required to examine the values people have and to provide measures for dealing with this.

Garbarino (1990) claims that there are two current problems: (1) defining what child mistreatment is and (2) premature closure: (1) Providing a definition is difficult because definitions are never objective categories; there is always a social judgment based on a dialogue in which values and science are constantly working together. It is very important to recognise that child mistreatment does not exist in any objective sense. Thus it is very difficult to provide a universal definition of child mistreatment because the definition changes over time and different cultures, and is influenced by what society considers it to be. It is then left to the professionals in the field to interpret - perhaps it should not be - society's perspective. Child mistreatment therefore is a social judgment which concludes that a particular way of treating children is both inappropriate and damaging. Garbarino cautions against premature closure:

(2) The field of child mistreatment has suffered from its beginning from premature closure where people have assumed that all that is needed to be known is known and often form very strong conclusions about cause and effect and the range of possibilities.

Garbarino (1990) offers an ecological model showing how all human phenomena are influenced by the context in which they occur and how all systems from the micro to the macro are connected.

Krugman (1990) advocates that new protection work requires professionals to really work together in multidisciplinary co-operation and collaborate at all levels so that all information can be brought together. This approach should operate from the individual case study to the international level. For co-operation to extend to an international level and guard against cultural conflicts the issues of child mistreatment need to be dealt with in a way that responds to and helps the needs of those who are dealing with the problem. This means helping people to solve their problems and not telling them how to solve their problems.

In Chapter 3 we will examine actual cases of families who had been officially registered on a Central Child Abuse Register in connection with the physical abuse or physical neglect of the children in their care.

CHAPTER 3

THE FIRST STUDY: FAMILIES IN CRISIS

The research for this thesis began with an investigative analysis of the records of thirty families who had come to the attention of the preventive services of the state and had been officially registered on a Central Child Abuse Register in connection with the physical abuse or physical neglect of their children. This first study examined some of the causes which led parents and/or caregivers to such a crisis situation.

Most parents are expected by society to provide love and care for their children. Yet there are large numbers of children who suffer varying degrees of mistreatment in their own homes. This mistreatment is often claimed to be "for the child's own good" and is regularly explained as punishment in order to instil discipline. However, when parents increase the degree of punishment to such a point that they severely mistreat their children then they not only damage the children and the children's basic needs for safety and security in the family but they run the risk of intervention by the various Child Protection Services of the state. When the state intervenes to protect children from crisis situations with their own parents it has sometimes done so in such a manner that has led in recent years to public accusations that for many families the "cure" is worse than the "disease". Leading from the above discussion one question which can be asked is "What is a crisis situation?"

Broadly speaking, a crisis is a point in time when a decision is made that a situation (or a course of action) will continue, be changed, or reach a point of termination. The preceding factors of an abusive

crisis are not easy to isolate. They could be identified as an accumulation of irritating issues with which a person finds it difficult to cope. These antecedent agents tend to be present in most family situations at all times in either one form or another of intensity and degree.

Martin (1976) emphasises that the crisis the parent reports may not be considered a crisis by other people. The important element however is that the parent reacts to an event, no matter how minor, as a major crisis:

The crisis may be being tired, the breakdown of the washing machine, the husband being late for supper. In all fairness, the crisis may be more devastating in the hard light of reality - the loss of a job, an abortion, learning of a mate's infidelity. Nonetheless, the clinician must look for the adult's perception of a crisis rather than the objective data that one has occurred (pp27 & 28).

One definition of how a crisis arises is - when a person's coping mechanisms weaken to such an extent that they are overwhelmed by issues of conflict (North et al, 1983). Among typical family coping mechanisms would be included: their attachments in terms of good relationships with various members of the family; their development in having been given the opportunity to imitate and acquire positive models to guide them; decent conditions in which to live; and surrounded by a relatively stable atmosphere to protect them. It is useful to define the well-functioning family as a unified system and thus whatever happens to one component affects, however slightly, the balance and relationships of the whole system. Bearing in mind that whilst functioning as a system in one context the family is also operating as a component of the wider environmental system.

This study makes no claim that the thirty participant families are representative of all abusive families. Nevertheless it is hoped that the results of the study will produce factors of a universal generalisability. Research of this nature requires a sympathetic understanding of the build up of conditions surrounding these families which resulted in abuse or neglect. This makes neutrality rather difficult to attain but bias can be positive as well as negative. The bias here is to try and understand the motives of the people concerned - many of whom strongly react to institutionalised "objectivity".

3.1 Aims of the Study

The aims of this study were to examine what causes had led parents and/or caregivers to crisis situations where they physically abused or neglected children in their care. The underlying assumption is that an analysis of families in this crisis situation will provide indications of certain underlying factors which led to the situation. By such an analysis a feasible typology of causes can be discovered.

3.2 Context of the Study

A Central Child Abuse Register in the London Borough of Bexley was the context of this study. The function of Child Abuse Registers is defined in the review of policy and procedures of Bexley London Borough (1980):

The purpose of keeping Child Abuse Registers is to facilitate and improve the protection of, and services to, children subjected to or at risk of abuse (p16).

The main advantage of a Central Register is the ability to provide readily available information to all relevant agencies by acting as the

focal point for a multi-disciplinary co-ordination of information. This multi-disciplinary approach is intended to ensure that the proper health, development and well-being of children are adequately safeguarded. In addition to the above, a Central Register avoids unnecessary duplication of services from different agencies. Used correctly the Register is of benefit to all practitioners in an area in terms of improved communications through the multi-disciplinary co-operation of all services.

Background

The concept of Central Child Abuse Registers originated in the U.S.A. during the late 1960's as a response to the recognition of the "battered baby syndrome" (Kempe et al, 1962). In the U.S.A. mandatory reporting laws were introduced with the majority of states operating their Central Register through social services or welfare departments and a few through a law enforcement agency. In the U.K. however emphasis was placed on voluntary co-operation between local agencies, also there is no legislation requiring reporting.

In different local authorities in the U.K. there are significant differences between criteria used for the organisation of Central Registers. In 1973 the first Report of the Committee of Inquiry was set up following the death of Maria Colwell. One of the major findings was of a breakdown in communications when a number of independent agencies are involved in one case. In 1974 a government circular advised local areas to set up Area Review Committees (ARC) with a brief to devise procedures to facilitate good communications between the many disciplines to enable inter-agency co-ordination of individual cases.

In 1976 the Department of Health and Social Security defined the minimum requirements and strengthened its recommendations that all areas should establish a Central Register.

Operations

For Central Registers to serve their true purpose it is essential that the reasons for their existence are clear to all professionals and agencies in the area. Jones (1982a) gives the original reasons for their formation. A summary of these reasons follows:

- 1 recording suspicion as an aid to future diagnosis where a pattern of two or more incidents could confirm a diagnosis which single ones do not.
- 2 preventing "hospital shopping" to evade detection.
- 3 statistics and research (p59).

Jones further adds that most registers now have five functions which should provide:

- 1 detailed information which is readily available.
- 2 identification of repeated events which relate as a pattern of abuse.
- 3 good communications between and co-ordination of agencies to avoid duplication of services to the child and the family.
- 4 regular monitoring of the child and family.
- 5 statistical data to show the nature and extent of the problem to enable planning and development of services in the area (p60).

In 1980 The Department of Health and Social Security issued a further document in an attempt to establish standard Central Registers throughout the U.K. This communication offered detailed guidance for local areas to set up a Central Register co-ordinated by a specialist in the field of child abuse to give professional advice and consultation.

The Consultant/Co-ordinator

Considering the wide variety of professionals involved and their different definitions of child abuse it is essential to have an effective

consultant/co-ordinator. Personal responsibilities of the consultant/co-ordinator include:

- 1 effective and efficient administration of the register and promotion of its use.
- 2 convening of case conferences.
- 3 chairing of case conferences.
- 4 recording and minuting of case conferences
- 5 promoting inter-agency liaison.

Right of Access

Known agencies such as Education, Medical, Police, and Social Services have access to the register at all times. Access is restricted however to a limited number of people to ensure that strict confidentiality is maintained. It has been argued by some that the families should have a right of access in order to correct any misinformation. This issue however extends to all agencies which keep records of citizens.

Criticisms

Two main criticisms in the past have been that the public has not known about the existence of Central Registers and also concern that reporting may lead to automatic application of inter-agency procedures and investigation of the circumstances. Jones (1982a) warns of an over-emphasis on procedures and acknowledge that whilst a formal framework is essential this can never be a substitute for individual skill and knowledge. For in the final analysis when the worker is alone with the parents and child what is important is that the right things are said and done.

Finally, Bexley London Borough (1980) conclude in their report that it is important to bear in mind that:



The need is to devise a system which will facilitate effective professional intervention, afford protection for the child against child abuse, and safeguard the liberties of the parents (p 19).

The process by which the Central Register gathers its information, makes its collective decisions, and then confirms these decisions to the different practitioners gives rise to a rich variety of documentation. These communications come from sources such as Social Workers, Medical Officers, Police Officers, Nursing Services, Teachers, The National Society for the Prevention of Cruelty to Children, and the public. This information is collated at the Central Register and where necessary an "Initial Case Conference" is arranged. All concerned agencies are invited to attend. Of particular interest in the use of these primary sources is the comprehensiveness and genuine characteristics of the documentation.

3.3 Design and Method of the Study

The conceptual analysis of the study was based on the work of Miles and Huberman (1984) with particular reference to the construction and method of content analysis:

3.3.1 Content Analysis

The primary consideration of this first study was to examine families in the crisis situation of child abuse. To achieve this aim we chose the research technique of content analysis for the practical implementation of data collection.

Three analysts give the following definitions of content analysis. Kerlinger (1973) states that content analysis while certainly a method of analysis is more than that; it is also a method of observation.

Instead of observing the behaviours of people directly or asking them to respond to questionnaires, or interviewing them, the investigator uses the communications that people have produced themselves and these communications are then analysed. North et al (1983) explain that content analysis is a technique used for systematically collecting, analysing, and making inferences from messages that people have sent to each other. Krippendorff (1980) defines content analysis as a research technique for making replicable and valid inferences from data that is completely independent of the research; that in psychology, content analysis is an honoured practice although it may not be generally labelled as such.

From the above three definitions by analysts it can be seen that content analysis is a means of studying other people who are engaged in conveying meaning to others. The data are the verbal, or graphic, symbols which make up the content of communications such as letters, reports, memos and notes.

The use of questionnaires and in-depth interviews is very important and have opened up many new areas to analysis. A complete dependence upon these kinds of data however can lead to a restriction in the range of problems amenable to study and the kinds of hypotheses that can be tested. How for example could we approach the study of the causes which lead people to seriously abuse their children? Obviously the parents will certainly not be available for an in-depth interview, or responses to a questionnaire, just before the abusive crisis nor probably after the crisis. An unobtrusive research technique such as content analysis is required for such a sensitive area as this. Content analysis is a non-

reactive technique which does not put undue influence on a situation thus jeopardising the validity of the findings. Techniques of measurement which interfere with the usual behaviours of people create increasingly "contaminated" observations the deeper the investigator probes. People do react to being the source of a scientific study which results in errors being introduced into the data being analysed.

Krippendorff (1980) outlines some of these factors which influence reactions. In summary these factors are:

- 1 an awareness of being observed and tested.
- 2 having to assume a role (either as interviewer or interviewee).
- 3 giving stereotypic answers.
- 4 the interactional effects between the investigator and the "subjects" of the study.

Krippendorff continues that techniques which are prone to influence are experiments, projective tests, the insensitive use of interviews, and investigator administered questionnaires. The reason is that all four techniques are conducted by an investigator who has assumed control over the conditions to which a "subject" is asked to react. These subjects are also expected to respond to a language that is often not their own such as the data language which is sometimes taught to them in experiments.

Content analysis in contrast to the above is using material which has been generated in its own practical environment; and this material is from a source which uses a language, a logic, and categories that are neither needed for, nor compatible with, the requirements of the analyst. The emphasis here is on the meaning of the communications. From the

above discussion it can be seen why content analysis promises to yield particularly valid results. The research benefits consist of drawing inferences from existing material and from an analysis of this material we hope to find patterns emerging.

3.3.2 The Families

The initial stage involved consultation with the Consultant/Co-ordinator to obtain a representative selection of thirty families from the records of the Central Register. The sample consisted of fifteen families registered for Physical Abuse and fifteen families for Physical Neglect.

The validity of a sample is usually based on the assumption that the people chosen at random are sufficiently similar to each other for the purposes of the study. Hence by examining a large enough percentage it is possible to make inferences about the entire universe of the particular population. In practice however even with a very large sample these assumptions cannot be confirmed with any great certainty. It is not an easy matter to decide whether the people chosen are similar with respect to certain variables no matter how large the population.

Jones (1982a) cautions that whilst research findings based on analyses of large numbers of abusive parents are very useful in defining the population at risk they add little to the understanding of specific cases. At the other extreme are descriptive studies which increase the understanding of the individual parent but also include many characteristics of "normal" parents. A way is needed of dividing the child abusing population into smaller groups which can distinguish clearly between the abusing population and other groups. The authors

state that unfortunately none of these studies has identified causal or predictive factors of reliable significance.

With regard to control groups Lynch and Roberts (1982) acknowledge that the problem of finding a group of children to be compared meaningfully with a sample of abused children is still not solved. The authors' way of tackling the control group problem is to also assess the unharmed brothers and sisters of the abused children. In this way environmental influences can be kept reasonably constant.

3.3.3 Conceptual Analysis

A framework of five general concepts was decided upon prior to the fieldwork to focus the collection of the data and provide a "start-list." These specified concepts were in the domains of five problem categories. The first four categories concerned problems related to the parents and the fifth concept to the children. The five categories were represented by five master codes which were semantically close to the terms they represented. At the initial stage the orientation was:

| <u>General Concepts</u> | <u>Possible Sub-divisions</u> |
|-------------------------------|--------------------------------|
| Alcohol Problems (ALC) | 1 to 5 Ordinal Scale |
| Family Discord (DIS) | Nominal Variables |
| Psychiatric Problems (PSY) | Presence or Absence Dichotomy |
| Caring Responsibility (CARE) | Positive or Negative Dichotomy |
| Child Behaviour Problems (CB) | Nominal Variables |

Detailed sub-categories were needed to refine the five general categories and distinguish differences that otherwise might be blurred. Rather than "force-fit" the data into pre-existing sub-categories these

were generated out of the content of the documentation. Thus the sub-codes were composed of the practical descriptions used by the families, the specialists, and their perceptions of the situations. As stated we anticipated that the sub-codes would develop and change as the field experience progressed. For example, some would not work whilst others would fade and others would emerge during data collection. The codes nevertheless had to have some conceptual and structural order to avoid what Miles and Huberman (1984) term "over-load" (too many categories).

Miles and Huberman (1984) make the following observations:

There is more going on out there than our initial expectations have dreamed of, and few field researchers are foolish enough to avoid looking for these things (p60).

The data was arranged and condensed into related sub-codes. In this way the final classifications present a structure drawn exclusively from the primary sources.

Miles and Huberman (1984) warn of the dangers of research which isolates words from numbers; although words may be more unwieldy than numbers they render more meaning than numbers alone and should be "hung onto" throughout the data analysis:

Converting words into numbers, then tossing away the words, gets a researcher into all kinds of mischief...Focussing solely on numbers shifts our attention from substance to arithmetic...Also, when word-derived numbers don't make sense, there is usually no very satisfactory way of making them more intelligible with more numbers, which is all one has at hand. The solution to this problem...is to keep words and any associated numbers together throughout the analysis. Essentially, words and numbers keep one another analytically honest (pp54 & 55).

Table 3.1 presents the five main categories and the generated sub-categories:

Table 3.1

List of Main Categories (N=5) and Sub-categories

| Category | Code |
|-----------------------------------|-------|
| 1 <u>Alcohol Problems</u> | 1.0 |
| Heavy and regular drinking - male | 1.1 |
| " " " " - female | 1.2 |
| Drunk and incapable - male | 1.3 |
| " " " " - female | 1.4 |
| Drunk and violent - male | 1.5 |
| " " " " - female | 1.6 |
| 2 <u>Family Discord</u> | 2.0 |
| Poor housing conditions | 2.1 |
| Cramped housing | 2.1.1 |
| Cold housing | 2.1.2 |
| Damp housing | 2.1.3 |
| Many changes of housing | 2.1.4 |
| Homemaking difficulties | 2.2 |
| No positive models | 2.2.1 |
| Unable to cope | 2.2.2 |
| No control over children | 2.2.3 |
| Unwashed children | 2.2.4 |
| Unhygienic conditions | 2.2.5 |
| Wet mattresses | 2.2.6 |
| Financial worries | 2.3 |
| Refusal to recognise problems | 2.4 |
| Unstable atmosphere | 2.5 |
| 3 <u>Psychiatric Problems</u> | 3.0 |
| Absence of - male | 3.1 |
| " " - female | 3.2 |
| Clinical treatment - male | 3.3 |
| " " - female | 3.4 |
| Been in care - male | 3.5 |
| " " " - female | 3.6 |
| Depression - male | 3.7 |
| " - female | 3.8 |
| 4 <u>Caring Responsibility</u> | 4.0 |
| Positive - male | 4.1 |
| " - female | 4.2 |
| Negative - male | 4.3 |
| " - female | 4.4 |

Table 3.1 (Continued)

| Category | Code |
|-----------------------------------|-------|
| 5 <u>Child Behaviour Problems</u> | 5.0 |
| Anxiety | 5.1 |
| Disruptive actions | 5.2 |
| Demanding | 5.2.1 |
| Lying | 5.2.2 |
| Stealing | 5.2.3 |
| Aggression | 5.2.4 |
| Absence from school | 5.3 |
| Development problems | 5.4 |
| Failure to thrive | 5.4.1 |
| Speaking | 5.4.2 |
| Hearing | 5.4.3 |
| Enuretic | 5.4.4 |
| General development delay | 5.4.5 |
| Lack of concentration | 5.5 |

3.3.4 Analysis of Responses

The category codes were listed on an Amstrad 1640HD personal computer. Scoring was manually double-checked to ensure that no errors had been made in the transfer of coded data to the computer. The data list was then transferred for analysis to the ISIS Central Computer System of the University of London. Analyses of the data were conducted using the SPSSX statistical software packages.

3.4 Data Analysis

The data presented here was drawn from the research sample families (N=30) and children on the records (N=60) of the central registry. The analysis was by Physical Abuse (N=15 families = 22 children) and Physical Neglect (N=15 families = 38 children). The analyses which now follow are under the two main headings of Descriptive Data Analysis and Conceptual Data Analysis.

3.4.1 Descriptive Data Analysis

An initial case conference had been held for each of the families following the reporting of, or risk of, Physical Abuse or Physical Neglect. The details of the descriptive data analysis are given in Appendix 3 (Table A3.1 to Table A3.11). The analysis revealed the following characteristics of past and present family members.

Summaries from the tables in Appendix 3 now follow:

Table A3.1: Age Distribution of Mothers (N=30)

Physical Abuse: The age range of the mothers was from 20 to 37 (range=17) years with a modal age group of 20 to 24 and a mean age group of 25 to 29 years.

Physical Neglect: The age range of the mothers was from 19 to 40 (range=21) years with a bi-modal age group of 20 to 24 and 30 to 34 years and a mean age group of 30 to 34 years.

Table A3.2: Age Distribution of Adult Males Living with Family (N=22)

Physical Abuse: The age range of adult males living with the family was from 20 to 45 (range=15) years with a bi-modal age group of 20 to 24 and 40-44 and a mean age group of 35 to 39 years.

Physical Neglect: The age range of adult males living with the family was from 20 to 44 (range=14) years with a modal age group of 20 to 24 years and a mean age group of 30 to 34 years.

Table A3.3: Number Distribution of First Male Partners (N=30)

Physical Abuse: 5 adult males who were the first partners of the mothers were no longer living with the family; this situation affected 20 children (including 7 abused children).

Physical Neglect: 14 adult males who were the first partners of the mothers were no longer living with the family; this situation affected 40 children (including 34 neglected children).

The chi square test of association yielded a χ^2 value of 11.62 ($p < 0.001$) demonstrating that the two groups differed very significantly in respect of the relative frequencies of first male partners no longer living with the family.

No significant difference ($p < 0.1$) was found between the two groups on the frequencies of second male partners leaving the family. Physical Abuse (N=0 families); Physical Neglect (N=4 families) which affected 13 children, all 13 of whom were neglected.

Table A3.4: Age Distribution of Children Living with Family (N=85)

Physical Abuse: The age range of the children living with the family was from under 11 months to 19 years (plus 2 pregnancies) with a modal age range of 3 to 5 years and a mean age group of 3 to 5 years.

Physical Neglect: The age range of children living with the family was from under 11 months to 19 years of age (plus 3 pregnancies) with a modal age group of 3 to 5 years and a mean age group of 3 to 5 years.

Table A3.5: Age Distribution of Children No Longer Living with Family (N=11)

Physical Abuse: 5 children were no longer living with the family; this total affected 3 families.

Physical Neglect: 6 children were no longer living with the family; this total affected 4 families.

Table A3.6: Age Distribution of Abused Children (N=60)

Physical Abuse: The age range of the abused children was from under 11 months to 14 years (plus 2 pregnancies) with a modal age range of 0 to 11 years and a mean age group 3 to 5 years.

Physical Neglect: The age range of the abused children was from under 11 months to 19 years of age (plus 3 pregnancies) with a modal age group of 3 to 5 years and a mean age group of 3 to 5 years.

Table A3.7: Age, Sex and Ordinal Position Distribution of Abused Children (N=60)

Table A3.7 presents an overall perspective of the data analysed in Tables A3.1 to A3.6.

Table A3.8: Distribution of Births (N=98) to Mothers (N=30)

Physical Abuse: The distribution of births (N=48) ranged for each mother from 1 to 6 with a modal number of 3 births and a mean of 3 births.

Physical Neglect: The distribution of births (N=50) ranged for each mother from 1 to 8 with a modal number of 2 births and a mean of 2 births.

Table A3.9: Age Distribution of Mothers (N=30) at Birth of Each Child (N=98)

Table A3.9 shows in particular the ages of the mothers at the birth of each child.

Physical Abuse:

1st child - 40% (16-19 years); 2nd child - 33% (18-21 years);
3rd child - 33% (20-25 years); 4th child - 26% (22-25 years);
5th child - 20% (24-33 years); 6th child - 0% - -
7th child - 7% (34-37 years).

Physical Neglect:

1st child - 73% (16-19 years); 2nd child - 53% (18-21 years);
3rd child - 46% (20-25 years); 4th child - 20% (22-25 years);
5th child - 26% (22-33 years); 6th child - 13% (30-37 years);
7th child - 7% (34-37 years); 8th child - 7% (34-37 years).

Note: 7th and 8th children are twins.

Table A3.10: Distribution of Intervals between Births after First Child (N=68)

Table A3.10 presents in particular the number of children born with an interval of less than 3 years from the birth of the previous child.

Table A3.11: Age Distribution of All Family Members (Living With Family or Not) at Initial Case Conference

Table A3.11 presents an overview of the age distributions of all family members (with family or not) at the initial case conference. This focuses on everyone who is, or has been, a member of the family - mother, adult

males (husband, ex-husband, co-habitee, or boyfriend), and the children.

The table illustrates the following data from left to right:

Family number

Age of mother

Age of 1st and 2nd males not with the family

Age of males with the family

Age of children no longer with the family

Age of children living with the family

Ordinal position and sex of abused children

3.4.2 Conceptual Data Analysis

The conceptual data analysis was based on the total of abused children (N=60): Physical Abuse (N=22) and Physical Neglect (N=38). The raw data for the five major concepts and the sub-divisions was coded and collated. The chi square test of association was cross-tabulated for each of the 43 sub-categories (See Table 3.1). The five major categories analysed were:

| | |
|----------------------------|--------------------------|
| 1 Alcohol Problems | Computer Codes: 01 to 06 |
| 2 Family Discord | Computer Codes: 07 to 19 |
| 3 Psychiatric Problems | Computer Codes: 20 to 27 |
| 4 Caring Responsibility | Computer Codes: 28 to 31 |
| 5 Child Behaviour Problems | Computer Codes: 32 to 43 |

Yates correction applied for expected frequencies of less than 5.

The details of the analysis of the five conceptual categories are given in Appendix 3 (Table A3.12 to Table A3.16). The tables illustrate the frequencies and significant differences. The analysis of the five categories revealed the following significant differences:

Table A3.12: Alcohol Problems by Children's Experience (N=60)

Chi square: No significant differences were found between the Physical Abuse and Physical Neglect families across the six Alcohol Category Problems.

Table A3.13: Family Discord Problems by Children's Experience (N=60)

Chi square: There were 3 very significant differences and 1 significant difference between the Physical Abuse and Physical Neglect families:

| | | | |
|---------|--------------------------|---------------|----------------------|
| Code 8 | Cold housing | PA 9%/PN 45% | (Sig 0.004, p<0.005) |
| Code 16 | Wet mattresses | PA 0%/PN 42% | (Sig 0.004, p<0.005) |
| Code 11 | No positive models | PA 5%/PN 34% | (Sig 0.008, p<0.01) |
| Code 13 | No control over children | PA 23%/PN 53% | (Sig 0.02, p<0.05) |

Table A3.14: Psychiatric Problems by Children's Experience (N=60)

Chi square: There was 1 very significant difference between the Physical Abuse and Physical Neglect families:

| | | | |
|---------|-----------------------------|---------------|----------------------|
| Code 23 | Clinical treatment - female | PA 73%/PN 32% | (Sig 0.002, p<0.005) |
|---------|-----------------------------|---------------|----------------------|

Table A3.15: Caring Responsibility Problems by Children's Experience (N=60)

Chi square: There were 2 significant differences between the Physical Abuse and Physical Neglect families:

| | | | |
|---------|-------------------|----------------|--------------------|
| Code 29 | Positive - female | PA 0%/PN 22% | (Sig 0.05, p<0.05) |
| Code 31 | Negative - female | PA 100%/PN 79% | (Sig 0.05, p<0.05) |

Table A3.16: Children's (N=60) Behaviour Problems

Chi square: There were 3 significant differences between the Physical Abuse and Physical Neglect families:

| | | | |
|---------|-----------------------|---------------|--------------------|
| Code 40 | Hearing | PA 18%/PN 0% | (Sig 0.02, p<0.05) |
| Code 32 | Anxiety | PA 68%/PN 40% | (Sig 0.03, p<0.05) |
| Code 43 | Lack of Concentration | PA 23%/PN 3% | (Sig 0.04, p<0.05) |

3.5 Results

Two main areas of analysis have been presented in this chapter.

Firstly a descriptive analysis of the two groups in terms of biographical features was given. Secondly, a conceptual analysis examined the relationship between the two groups and the five major

conceptual categories. The following discussion is a summary of the main features of the descriptive and conceptual analyses.

3.5.1 Descriptive Data Results

Physical Abuse Families

Distribution of Children: For the 15 Physical Abuse families at the date of the Initial Case Conference there was 51% (N=21) abused children at home (plus one unborn child at risk) out of a total of 41 children. The sexes of the abused children were 12 males and 9 females. The age range was from 0 months to 14 years. The total distribution of children in each family was: 20% (N=3) families had 1 child, 20% (N=3) families had 2 children, 33% (N=5) families had 3 children, and 27% (N=4) families had 4 or more children. The ordinal positions of the total number of children and the abused children were: 36.5% (N=15) 1st Children; 60.0% (N=9) were abused. 27.0% (N=11) 2nd Children: 63.5% (N=7) were abused. 22.0% (N=9) 3rd Children; 44.0% (N=4) were abused. 14.5% (N=6) 4th or more Children; 16.5% (N=1) were abused.

The above figures show that the ordinal positions for the abused children (N=21 plus 1 unborn) were 1st Child (41%; N=9), 2nd child (32%; N=7), 3rd child (18%; N=4), and 4th or more children (4.5%; N=1).

The Adults

The age range of the mothers (N=15) was 20 to 37 years with a modal age group of 20 to 24. The age range of the adult males living at home (N=15) was 20 to 45 years. 33% (N=5) of the mothers had a first male partner who had left home. 20% (N=3) of the mothers had children who were not living with them.

Age Distribution of Mothers at Births

The age range of the mothers at the birth of their first child was

16 to 25 years with a modal age group of 20 to 21 years. The intervals between the birth of each child are of particular interest and range from 8 months to 10 years. Between the 1st and 2nd births (N=13) the intervals were: less than 1 year 23% (N=3), less than 2 years 46% (N=6), less than 3 years 84% (N=11). Between the 2nd and 3rd births (N=10) the intervals were: less than 1 year 10% (N=1), less than 2 years 50% (N=5), less than 3 years (N=0).

Physical Neglect Families

Distribution of Children: For the 15 Physical Neglect families at the date of the Initial Case Conference there was 86% (N=38) abused children at home out of a total of 44 children. The sexes of the abused children were 18 males and 20 females. The age range was from 0 months to 19 years. The total distribution of children in each family was: 20% (N=3) families had 1 child, 40% (N=6) families had 2 children, 6% (N=1) family had 3 children, and 33% (N=5) families had 4 or more children. The ordinal positions of the total number of children and the abused children were:

34.0% (N=15) 1st Children; 93.3% (N=14) were abused.
 27.0% (N=12) 2nd Children: 83.3% (N=10) were abused.
 13.5% (N=6) 3rd Children; 83.3% (N=5) were abused.
 25.5% (N=11) 4th or more Children; 81.8% (N=9) were abused.

The above figures show that the ordinal positions for the abused children (N=38) were 1st Child (37%; N=14), 2nd child (26%; N=10), 3rd child (13%; N=5), and 4th or more children (24%; N=9).

The Adults

The age range of the mothers (N=15) was 19 to 40 years with a bi-modal age group of 20 to 24. The age range of the adult males living at home

(N=7) was 20 to 44 years. Every family had a mother and seven families had an adult male living at home. 93% (N=14) of the mothers had a first male partner who had left home and 26% (N=4) had a 2nd male partner leave home. Of the adult males living at home (N=7) one was the 1st male partner, four were the 2nd male partners, and two were the 3rd male partners. 26% (N=4) of the mothers had children who were not living with them.

Age Distribution of Mothers at Births

The age range of the mothers at the birth of their first child was 16 to 33 years with a modal age group of 18 to 19 years. The intervals between the birth of each child are of particular interest and range from 9 months to 5 years. Between the 1st and 2nd births (N=14) the intervals were: less than 1 year 14% (N=2), less than 2 years 43% (N=6), less than 3 years 57% (N=8). Between the 2nd and 3rd births (N=7) the intervals were: less than 1 year (N=0), less than 2 years 14% (N=1), less than 3 years 71% (N=5).

The abused children in the two groups are compared below by age and sex.

Ages and Sex of Abused Children

The two groups had different age distributions at the date of the Initial Case Conference. The age was younger for Physical Abuse (0 to 14 years) than Physical Neglect (0 to 19 years). The two groups were similar for children aged less than five years, Physical Abuse (48%) and Physical Neglect (51%). There was a more marked difference for the children aged less than three years, Physical Abuse (43%) and Physical Neglect (34%). The highest age group in one year for Physical Abuse was 23% (0 to 11 months) and for Physical Neglect was 16% (2 to 3 years). For children aged less than five years there were 60% boys and 40% girls in Physical Abuse and there were 44.5% boys and 55.5% girls in Physical

Neglect. For children aged less than three years there were 67% boys and 33% girls in Physical Abuse and there was a complete reversal for Physical Neglect with 33% boys and 67% girls.

In Physical Abuse 59% of the children were boys and 41% were girls. In Physical Neglect 53% of the children were girls and 47% were boys. In Physical Abuse there were more boys than girls in almost every age group whilst in Physical Neglect there were more girls than boys.

3.5.2 Conceptual Data Results

The five major concepts (Alcohol Problems, Family Discord, Psychiatric Problems, Caring Responsibilities, and Child Behaviour Problems) will now be analysed by significant differences for the children in Physical Abuse (N=22) and Physical Neglect (N=38). There were twelve significant differences between the two groups over the five categories (nine adult categories and three child categories). The nine adult categories with significant differences were as follows:

| Sig | Category |
|------|---|
| .004 | Cold Housing |
| .03 | Damp Housing |
| .008 | No Positive Models |
| .02 | No Control over Children |
| .004 | Wet Mattresses |
| .002 | Clinical Treatment - female |
| .05 | Positive Caring Responsibility - female |
| .04 | Negative Caring Responsibility - male |
| .05 | Negative Caring Responsibility - female |

The three child categories with significant differences were as follows:

| Sig | Category |
|-----|-----------------------|
| .03 | Anxiety |
| .02 | Hearing Problems |
| .04 | Lack of Concentration |

Alcohol Problems

There were no significant differences between the two groups of families for alcohol problems. 95% of Physical Abuse families and 75% of Physical Neglect families had no known alcohol problems. However in

Physical Abuse 5% (N=1) of the children lived with an adult male who was a heavy and regular drinker; in Physical Neglect 6% (N=2) of the children lived with an adult male who could be drunk and violent, 3% (N=1) of the children lived with a mother who was a heavy and regular drinker, and 16% (N=6) of the children lived with a mother who could be drunk and incapable (an offence when in charge of children).

Family Discord

For Family Discord there were five significant differences between the two groups. In order of significance the differences were in Homemaking Difficulties (Wet mattresses, No positive models, and No control over children) and Poor housing conditions (Cold housing and Damp housing). Problems of wet mattresses concerned 42% (N=16) of the children in Physical Neglect families in contrast to children in Physical Abuse families who had none. Living in cold houses affected 45% (N=17) of children in Physical Neglect families and 9% (N=2) of the children in Physical Abuse families. Adults who had no positive models to copy were responsible for 34% (N=13) of the children in Physical Neglect families as opposed to 5% (N=1) of the children in Physical Abuse families. Adults who had no control over the children affected 53% (N=20) of the children in Physical Neglect families and 23% (N=5) of the children in Physical Abuse families. Living in damp housing affected 24% (N=9) of the children in Physical Neglect families as opposed to none in the Physical Abuse families. It can be seen from the above five family discord problems were all heavily weighted against the Physical Neglect families.

Psychiatric Problems

There was one significant difference for Psychiatric Problems which required clinical treatment between the two groups. Mothers who had

clinical treatment for psychiatric problems had 73% (N=16) of the children in Physical Abuse families and 32% (N=12) of the children in Physical Neglect families.

Caring Responsibility

There were three significant differences for Caring Responsibility between the two groups. The differences in order of significance were in Negative caring (both male and female) and Positive caring (female). Physical Abuse families had 91% (N=20) and Physical Neglect families had 69% (N=26) of children with an adult male at home who had a negative caring responsibility. Mothers in the same category affected 100% (N=22) of the Physical Abuse children and 79% (N=30) of the Physical Neglect children. 22% (N=8) of the children in the Physical Neglect families had a mother who provided positive care in contrast to none in the Physical Neglect families.

Child Behaviour Problems

There were three significant differences between the two groups for Child Behaviour Problems. The differences in order of significance were in Hearing problems, Anxiety, and Lack of concentration. Children with hearing problems were found in 18% (N=4) of the Physical Abuse families in contrast to none in the Physical Neglect families. Problems of anxiety affected 68% (N=15) children in the Physical Abuse families and 40% (N=15) in the Physical Neglect families. Lack of concentration affected 23% (N=5) of the children in the Physical Abuse families and 3% (N=1) in the Physical Neglect families.

3.5.3 Highest Distributions for Abuse and Neglect Groups

The preceding results have presented significant differences for the five major concepts. Of final interest is a brief list of the categories with percentages over 50%:

| | Physical Abuse | Physical Neglect |
|---------------------------------|----------------|------------------|
| <u>Family Discord</u> | | |
| Unstable atmosphere: | 95% | 92% |
| Unable to cope: | 73% | 74% |
| Unhygienic conditions: | 59% | 76% |
| <u>Psychiatric Problems</u> | | |
| Depression - female: | 59% | 74% |
| <u>Caring Responsibility:</u> | | |
| Negative - female: | 100% | 79% |
| Negative - male: | 91% | 69% |
| <u>Child Behaviour Problems</u> | | |
| Anxiety: | 68% | 40% |
| Demanding: | 41% | 55% |

For the Physical Abuse group the adult tendencies over 50% in order of significance were: a negative caring responsibility of mother (100%); an unstable family atmosphere (95%); a negative caring male (91%); adult(s) unable to cope (73%); unhygienic conditions in the home (59%); Mothers suffering from depression (59%). For the Physical Neglect group the adult tendencies over 50% in order of significance were: an unstable family atmosphere (92%); a negative caring responsibility of mother (79%); unhygienic conditions in the home (76%); adult(s) unable to cope (74%); mother suffering from depression (74%); a negative caring responsibility of adult male (69%).

For the Child Behaviour Problems the tendencies over 50% were: in physical abuse families 68% of the children displayed anxious behaviour and in physical neglect families 55% of the children were demanding.

3.6 Discussion

Thus far in our examination of child mistreatment we have produced detailed research findings concerning conditions of everyday living which precipitated official preventive action for the thirty families involved in the study. Fifteen of the families had been officially reported for physical abuse and fifteen for physical neglect of the children in their care. In examining the specific conditions which precipitated state intervention we presented two forms of analysis; Descriptive Data and Conceptual Data analyses were employed to assess detailed conditions involved in the day-to-day living of these families.

The findings of this first study confirm the view of Kadushin and Martin (1981) that trying to impose a single cause and effect to the process of abuse creates a situation that does not exist in actuality. This artificial explanation is a linear pattern attempting to account for an inter-locking process which cannot be separated in this way. Each act of behaviour is both a cause to a previous effect and an effect for a subsequent cause.

Garbarino and Gilliam (1980) agree with the above explanation. In addition they offer a view of abuse and neglect which is not generally acknowledged. They claim that whilst abuse and neglect are distinct in principle there is an overlap in practice so that rarely is only one type of abuse noted when a family is observed over a long period of time. They also claim that some estimates indicate abuse and neglect occurring together fifty-percent percent of the time and that they can also occur in sequence so that passive abuse by one parent exposes the child to active abuse by the other. They also state that the consequences of abuse are not well documented

and the task should be to go beyond damage and focus on risk. Their concern is to pay attention to those patterns of behaviour which would cause most children to suffer physical or psychological harm. They liken abuse and neglect to a fever:

Many of us are drawn to the fever analogy in explaining the meaning of child abuse and neglect. Typically we speak of abuse and neglect as indicators of underlying problems with the family, just as fever indicates infection in the body... Most fevers are not, in themselves, intrinsically dangerous. They are generally indicators, posing no direct threat to the organism. Very high fevers, on the other hand (particularly among young children) are themselves dangerous. We would liken this to child abuse and neglect (p8).

The stresses discussed in this study do not of themselves produce abusive behaviour, but neither does stress necessarily make people stronger if the environment they are in is overwhelmingly negative. It would appear that people who are prone to violence or apathy will become worse when aggravated by the atmosphere of their environment even if this is in part self-inflicted.

Garbarino and Gilliam (1980) describe how demographic mapping can identify the characteristics of neighbourhoods that are likely to be at high risk for child abuse. In the U.S.A. work has begun in this area of research. They add that without denying the obvious importance of psychological factors the part played by economic and/or social impoverishment can be incorporated into the assessment.

Gil (1970) in the conclusion of his U.S. nationwide research of child abuse in the family writes that of great interest to the furtherance of knowledge of these families are the factors which contributed to the troubled histories of all the individuals involved:

Of considerable interest in terms of the forces contributing to child abuse are findings concerning the troubled past history of many abused children, their parents and perpetrators, and the relatively high rates of deviance in areas of bio-psycho-social functioning of children and adults involved in abuse incidents (p139).

In conclusion, a selection of notes from the case files are presented to illustrate and create the charged atmosphere in which the families live:

Physical Abuse Families

The fifteen families registered for physical abuse had one third of the children less than six months old. Two of these children were suspected of not being the husband's child and three had mothers who were put into institutionalised care at a very early age. With the pre-school children the pressures were of the children as a group whose ages were very close together (for example, three children in twenty-five months). Relationships between parents and three teenagers had escalated dangerously as each side retaliated without understanding the other's point of view. Details of two mothers and three teenagers now follow:

Two Mothers

- 1 The mother was placed in care from the age of one to eighteen years of age; this includes children's homes, orphanages, foster homes and a Special Unit. At eleven years of age she was diagnosed as a hysterical epileptic. She is now on heavy medication and has bursts of violent anger. She has admitted hostility to her child and wants to hurt her.
- 2 The mother is dangerously frustrated and feels trapped by her baby. At the age of five she was admitted into a psychiatric hospital and has been diagnosed as a psychotic and of ESN (Educationally Sub-Normal) intelligence. She is on anti-depressant pills. When things go wrong she tends to say, "It's not working anymore." She says her head feels numb and she keeps remembering and dreaming when she was a child and

that she is very tired and bored with the routine of her life. She talks to the baby and the dog in the same way.

Three Teenagers

1 Both the mother and the father are at the end of their tether and have admitted that they cannot control their teenage son. They say that they use physical punishment because other methods of control don't work. The son has threatened both his parents (particularly his mother). The family situation is a hot-bed of tension - especially after a recent car accident. The father has started using a leather strap. School reports say that the boy's behaviour is pretty diabolical, he irritates teachers and is constantly fiddling - missing pens have been found in his possession. He is attention-seeking in class, is getting a bad name and is truanting. He was referred to the Educational Psychologist who recommended him for remedial handwriting.

2 The father reacts violently to his teenage son's behaviour and says he believes in "strong" discipline which means he uses the belt and clips the boy round the ear. The son has complained of ringing in the ears and sees things move (for example, a stationary car). Sometimes he wets the bed and hides the sheets in the cupboard or sleeps on the floor in case he might wet the bed. School reports say that he is in a small "Special Needs Class" and still causes problems with staff. He can't settle to anything and is not making progress in reading and arithmetic. He can be quite charming on a one-to-one basis but does things such as shaking his fist at a teacher driving along the road to school.

3 The boy lives with his mother and step-father. He was supposed to

stay with his father over the holidays but his father returned him early, dropped him off at the end of the road with his suitcase and told him he didn't want to see him anymore. The boy has been stealing and when this was found out his step-father hit him and locked him in his bedroom. He stole again and was locked in his bedroom every night for weeks with a bucket for the toilet. He got out and broke some things in the bedrooms and urinated in his sister's bedroom. He suffers from nightmares almost every night and shouts, "Leave him alone, don't touch me." His stature is very small and he has a hearing aid. He feels rage at being abandoned by his own father and has projected the rage onto his step-father who is a violent man and is easily provoked. School reports say that the boy is presenting behaviour problems and is below average in most areas of the curriculum. He can be inattentive and disruptive and has been turned out of lessons. He has now been transferred to another school because of behaviour problems.

Physical Neglect Families

In the Physical Neglect families the general impression is one of women living mainly on their own with their children. The borough in which they live is approximately ten miles South East of London and is the last built-up area on the River Thames before the river marshes of the estuary begin. Garbarino and Gillam (1980) warn that neglect is probably a greater social threat than active abuse and most estimates claim the rate of neglect is three to four times greater than physical abuse and probably accounts for more deaths. Neglect is exposing children of all ages to needless risk and can produce some very self-destructive behaviours in its victims. But neglect is also broken promises, not knowing where a young person is late at night and

withdrawal of communication

The Homes

There is no heating or hot water and the house is filthy...

This style of house is notorious for its dampness. It is cold and filthy and the bedrooms are cluttered with unwashed clothes...

The whole house is in a disgusting state. There are plastic sacks full of rubbish and mouldy food in the kitchen. Soiled bedding and general dirt and filth...

The house has been fumigated...

The Mothers

The mother is in chaos and needs help. She is over-loaded and has been in crisis for ten years. She seems to have lost her grip on things...

The mother left the child for hours in a locked, parked car - the child was cold and distressed. Another time she did not collect the child from nursery school until the next day...

The mother's control is nil. She has three young children by three different fathers...

The mother has four small children, no hot water, no heating and no washing machine. She has no concept of airing washing and she puts wet damp things on the children...

The mother works in a highly-strung profession and took amphetamines for two years before her pregnancy and into pregnancy. She has sent an abusive telex to the absent father's place of employment. When not herself she could be potentially dangerous...

The Children

All the children had blue lips and their hands were frozen. The two babies were mauve coloured. It took two baths to get the children clean, the dirt was ground in...

He (aged 7) was absolutely filthy. He spat, was verbally abusive, and aggressive. He has been seen out at 1.30 am...

The nursery school has run out of clothing for him, he is wetting and soiling every day. His bed was wet from the night before and he was cold and withdrawn...

The two children have a marked interest in pain. They were incredibly interested in the pain a little girl was feeling when she fell down.

Krugman (1985) gives research on "survivors" as one of the challenges for the coming decade. He states that there must be more research on survivors, for after twenty-four years a great deal is known about abused children and their families but their natural history is still unknown.

Martin (1976) writes of one variable which may increase the child's chance of survival in an abusive home. He acknowledges his reluctance to use the word "intelligence" because of its now accepted connotations and decides that perhaps the street word "moxie" is more appropriate to describe the survivors.

A brief character sketch of two potential survivors is given below. The information has been assembled from various professional reports in their files. One of the potential survivors is a seven year old boy who has recently fallen on hard times and the other is a five year old girl who has never known anything except hard times. On a personal note - we would like to add that if the two accounts appear to be de-personalised by being nameless this was a considered decision. Firstly, the two children had to remain relatively anonymous and therefore

specific identifiers had to be omitted. Secondly, the children were nearly called Adam and Eve but eventually, because they represent all children in their predicament, they stand for Everychild and so they became He and She.

A Boy

He is seven years old and lives with his mother and infant brother. The mother has not recovered from the shock of being left on her own with the children. She is drinking and this quickly affects her. The boy is very articulate and has a good general knowledge which must have come from his home's environment. His mother tells him her problems and is very emotionally dependent on him. They are moving into a house (think it will be cold) - should be rehoused in about a month. She collected him from school and the three of them sat in the park. She had a bottle and was drinking steadily and crying. Some children from the school came by and were taunting them. She denied she had been drinking but she could not put a match to her cigarette. The boy is very anxious for her.

A Girl

She is five years old and lives with her mother and four year old sister. The mother is on her own and tends to ignore the children if they do not demand her attention. She had to pester her mother for something to eat but was told there was nothing in the house (half-eaten crisps and some sweet papers on the table). The mother took responsibility for her own large family before she had the girls but she is clearly depressed now and looks very pale and tired. The elder child has become quite adept at gaining attention; she knows how to

survive and can already find warmth, food and affection. She manipulates adults in order to satisfy these needs and takes her "little" sister with her. She takes her sister to visit a neighbour's daughter after school and at weekends, and stays at mealtimes and watches the family eat. She is very defensive about her mother and comforts her little sister. In contrast to this she has been seen roaming the streets at night and rolling down the grassy banks beside the motorway. Her school report says that she tends to show off, demands attention from visitors, and can be jealous of other children's needs for attention, but she is not jealous of an unhappy child. They say she does not fit into the school routine and makes little effort. When questioned about her lateness and absence from school she says, "Dunno" or repeats a suggestion made by another child. On one occasion when she was absent from school she brought her sister at lunchtime and they were both taken in and fed. She is very charming and attractive to both adults and children. She has no close friends and tends to boss and dominate. Twice she has pulled a child out of a group so she could get in. The school reports that she has made no educational progress.

The results of this research into families in crisis are in agreement with Gil (1978) who found relatively high rates of deviance in both children and adults involved in incidents of mistreatment. The deviance in the functioning of the individuals was matched by high rates of deviance in the family structure. This deviance was reflected particularly in the Physical Neglect families where many of the mothers were trapped into a cycle of short-term relationships. Also the age distribution of abused children and their parents was found to be less skewed toward younger age groups than had been thought on the basis of earlier studies which

were mainly hospital based. This difference in findings can be accounted for by the fact that younger children tend to be more seriously injured when abused and are thus over-represented among hospitalised abused children. More boys than girls seem to be subjected to physical abuse. Mention should be made of observations which support the hypothesis that some children play a contributory role in their own abuse, since their behaviour seems to be more irritating to adults than the behaviour of other children in the family. Such atypical behaviour may derive from the personal characteristics of the child, from environmental experiences, or from both.

At the present time most controversies regarding child mistreatment centre on the type and degree of severity that constitute sufficient justification for the state to intervene. Whilst the rights of parents must be an important consideration in this controversy, the physical and psychological welfare of the child at risk of severe mistreatment is of greater importance. The primary issue is the harm that might happen to children at risk by leaving them with their parents versus the harm caused by separating them from their parents and placing them "in care".

A brief insight into the troubled histories of some families who have come to the attention of state preventive services has been presented in the findings of this first study. In the next chapter we will employ a selection of this preliminary information into the content of a questionnaire in order to examine the values and underlying attitudes of professional carers (and non professional carers) towards various aspects of child mistreatment.

CHAPTER 4

THE SECOND STUDY: ATTITUDES OF DIFFERENT GROUPS

The major hypothesis of the second study was that the values of child mistreatment of different groups can indicate the characteristics of underlying group attitudes. Different groups of people tend to have shared concepts with regard to definitions and these shared concepts are processes which have been formulated by their particular group. Thus definitions are individual and/or group social constructs whilst the reality of the phenomenon continues to exist, irrespective of the different definitions.

Dale et al (1986), all of whom were previously members of a child protection team, emphasise the importance of teamwork in therapeutic teams which help families in crisis situations; they describe how the processes of shared group concepts develop:

Processes are sequential patterns of behaviour which occur normally and spontaneously in any social group, and which constitute rules and regulations of behaviour which are often unrecognised and unacknowledged (p12).

According to the above authors, the benefits of using therapeutic teams with high-risk families fosters a quality of assessment and therapeutic service which is far higher than that which any individual practitioner could achieve and consistently maintain. Dale et al justify their claims by stressing that individuals are not left alone to deal with, and take responsibility for, crucial decisions; also that such teams provide an effective way of avoiding the onset of "burn-out" for the workers. However teams which operate consistently in an area of high emotional intensity such as the physical and sexual abuse of children can become

susceptible to certain developments which can seriously affect the quality and appropriateness of the work which they undertake. The authors cite a lack of clarity regarding aims and objectives as one of the greatest threats to a team's stability. They describe with great insight how a team (in this case a therapeutic team) can become "dangerous":

At one extreme, the level of energy may extend into innovatory activity which may become dangerously narrow, zealous, and evangelical. The team may rigidly adhere to a therapeutic model which becomes practised to the point of perfection, while losing all awareness that families do not seem to be benefiting from it. The team may respond by developing a theoretical rationale for this and "perfecting" their model even further, whilst becoming so obsessed with their own processes that the interventions with families only represent the latest strategy in internal team rivalry. The team may enjoy power and influence, become "hooked" on this, and simply seek more at the expense of the humanity of their therapy (p209).

Giovannoni and Becerra (1979) outline the current position regarding the ambiguities surrounding definitions of child mistreatment. They write that many people assume that there are clear definitions of child abuse and neglect. However this is not the case. There are no clear-cut definitions of what is encompassed by the terms. This ambiguity of definition creates problems and disagreements among the professionals who work daily with abuse and neglect situations. These ambiguities are less well known among the general public and even among related professionals such as mental health workers and school teachers. The problems mainly concern defining parental actions, which have taken place within the family, as abusive or neglectful.

According to Giovannoni and Becerra (1979) two of the key professions involved in the child protection services are police officers and social workers. That these two professions have entered the area of child mistreatment at different times and with different orientations; and perform different and sometimes conflicting roles in the management of child mistreatment. The authors' claim that:

From the early part of this century on, there is scattered evidence that these professionals have not always been fully in accord either as to what should be considered mistreatment or as to the proper ways to deal with it. These differences of opinion among professionals have been expressed in two ways. The first is through published writings of leaders in the different disciplines concerned with conceptual definitions of mistreatment, designating criteria as appropriate or inappropriate for categorizing specific cases. Such writing essentially reflect policy stances within the particular disciplines. The other way differing viewpoints are expressed is in the actual work setting, where professionals must interact around specific cases, requiring them to agree at least partially on criteria for categorizing these cases (p77).

Giovannoni and Becerra (1979) claim that to-date there has been little systematic investigation into areas of agreement or disagreement within the caring professions; that at the present time most explicit controversies centre on the type and degree of severity of mistreatment that constitutes sufficient justification for removing children from their parents. The authors assert that whilst the rights of parents are a very important consideration in this controversy, the welfare of children at risk is of even greater importance. The specific issue is the relative harm that might befall children by leaving them with their parents or placing them in temporary foster families.

Although the different approaches based on different purposes are understandable we have seen from the above that on both policy and the practice levels the perceptions of professionals responsible for the case management of child mistreatment are not always in agreement.

4.1 Aims of the Study

The aims of this study were directed towards an examination of the extent to which the values of different groups as to what constitutes child abuse can be characterised by underlying professional and/or personal attitudes. The different groups consisted of adults who were involved in various Child Protection Services and adults who were not.

4.2 Design and Method of the Study

The design and analysis of the questionnaire was based on the work of Rust and Golombok (1989) with particular reference to their chapters setting out the construction and analysis of psychometric questionnaires.

The study was designed to be conducted in the following four stages:

Stage 1 - The Design of the Questionnaire

Stage 2 - The Pilot Questionnaire

Stage 3 - The Questionnaire

Stage 4 - Analysis of Responses

4.2.1 Stage 1: The Design of the Questionnaire.

The purpose of the questionnaire was to examine the values of different groups towards various aspects of child abuse.

The blueprint

The blueprint categories consisted of eight content areas and four manifestations. For the Content Areas a list of items was drawn up from reviews of the professional literature on child abuse and from The First Study of this thesis which examined actual case studies of families.

The items were categorised to provide the following eight content areas which were generally considered to be important in the area of child abuse:

- 1 Responsibility of TV and Video
- 2 Responsibility of Society
- 3 Responsibility of Social Services
- 4 Responsibility of Parents
- 5 Physical Neglect
- 6 Physical Abuse
- 7 Sexual Abuse
- 8 Motives/Intentions

The content areas of Physical Neglect, Physical Abuse, Sexual Abuse and Motives/Intentions were placed at the end of the questionnaire as these are of a more personal nature and possibly more demanding in terms of responses.

For the manifestations, as in the content areas, account was taken of the relevant information to obtain the following manifestations: Physical Neglect, Physical Abuse, Sexual Abuse, and "Other Areas" Categories. Bearing in mind that in questionnaires of a psychological nature what is described as a content area and what is described as a manifestation may not always be clear cut. The "Other Areas" Category mainly involved Social Services items which incorporated all three areas of abuse and procedures. This was necessary because Social Services are responsible for investigating all areas of abuse that come to their attention, plus the crucial decisions resulting from the investigation. When social workers evaluate a complaint as valid, they have two options. One is to refer the case within the department and to allocate a social worker to the family. The second option is to prepare evidence for a petition to the court for the child to be made a ward of court; if the petition is granted then the social services must provide a substitute home for the child, or supervision if the child is to remain at home.

Identical percentages could not be assigned to all the matrix cells as the eight content areas were too diverse. A decision had to be made to write more items for the two content areas of Social Services and Sexual Abuse as these were considered in the literature to be more controversial than the other categories and so received double rating. Thus there were six content areas with a weighting of 10% each (N=20 items): Responsibility of TV & Video, Society, Parents, and also Physical Neglect, Physical Abuse, and Motives/Intentions - plus the above two content areas with a weighting of 20% each (N=40 items). The following blueprint illustrates the 200 items derived from the eight content areas by the number of manifestations for each content area:

Table 4.1
Questionnaire Blueprint
Framework for Specific Behaviours Relating to Child Abuse
by Specific Content Areas (N=8)

| Content Areas | | Responsibility of | | | | Physical Neglect | Physical Abuse | Sexual Abuse | Motives/ Intentions | No of Items |
|--|---------------------|-------------------|---------|--------------------|---------|---------------------|-------------------|-----------------|------------------------|-------------------|
| | | TV & Video | Society | Social Services | Parents | | | | | |
| M a n i f e s t a t i o n s | Physical Neglect | 6 | 8 | - | 8 | 20 | - | - | 2 | 44 |
| | Physical Abuse | 9 | 3 | - | 7 | - | 20 | - | 3 | 42 |
| | Sexual Abuse | 5 | 6 | 13 | 5 | - | - | 40 | 13 | 82 |
| | Other Areas | - | 3 | 27 | - | - | - | - | 2 | 32 |
| | Totals | 20 | 20 | 40 | 20 | 20 | 20 | 40 | 20 | 200 |
| | Percentages | 10% | 10% | 20% | 10% | 10% | 10% | 20% | 10% | 100% |

Writing items

Rating scale items were used with possible responses lying along a 4-point continuum ranging from Strongly Agree, Agree, Disagree, to Strongly Disagree. To avoid "acquiescence" (the tendency to agree with items regardless of their content) some items were reversed to ensure an equal number in each direction.

4.2.2 Stage 2: The Pilot Questionnaire

This stage involved personally distributing the pilot questionnaire to ten respondents in various occupations including Commerce, Housewives, Psychologists and Schoolteachers to solicit broad reactions to content order, question wording, and item face validity. A separate Comments Section consisting of three blank pages was added at the end of the questionnaire. This procedure yielded a number of comments concerning

the ambiguity and what appeared to be the repetitiveness of several items. On the whole respondents reported positively about content order but commented that the questionnaire was "too long". A perhaps more serious complaint related to comments which indicated that some of the items were "knowledge-based" rather than "statements of attitudes".

Item Analysis

Analysis of the obtained data initially involved an examination of the frequency distributions for each of the 200 items with the intention of deleting those items which did not "discriminate" between respondents. This involved an examination of the Facility of each item. The Facility Index gave an indication of the extent to which respondents had answered an item in the same way (this involved summing the score for the items for each respondent and then dividing this total number by the total of respondents). The mean scores for any items which were equal or approaching the extreme scores were deleted. The criteria for item deletion was set at less than 25% or more than 75% response frequency in "agree" or "disagree" categories on the 4-point scales. Although it is also important to ensure that the mean scores do not simply mean that everyone had chosen the middle options. These procedures resulted in 80 items being deleted thus leaving 120 items. The retained 120 items still had to adequately represent the original 8 Content Areas and therefore decisions had to be made that could not be based entirely on the statistical means of the item ratings. For overall balance the remaining 120 questions were further examined and altered where necessary to ensure a Positive/Negative balance in the item wording.

4.2.3 Stage 3: The Questionnaire

The population surveyed was a representative sample of people living in

two very different parts of the country: the South-East of England (London Boroughs) and the North-East of England (Newcastle upon Tyne). (See Appendix 4: Survey questionnaire: Attitude to Children Inventory). All the questionnaires were distributed personally, or delegated to one person in a small group to be responsible for the distribution and collection. The only request was to collect as many completed questionnaires as possible; no restrictions were placed on the selection of respondents. Those persons responsible for distributing the questionnaires reported that less than ten per cent of respondents declined to co-operate. Whilst the sample was possibly not representative of the total population there is no special reason why it should be biased so far as our findings are concerned. Further research however would be required before the results can be generalised to all groups. The respondents represented seven occupational groups and were divided into two main groups of Professional Carers and Non-Professional Carers. The Professional Carers consisted of three groups involved in varying degrees in the protective services: social workers, police officers, and nurses. Non-Professional Carers consisted of schoolteachers, commercial and industrial workers, housewives, and lecturers and students. Table 4.2 illustrates the group frequency of the participant sample:

Table 4.2
Frequency Data on Participant Sample (N=121)
by Group (N=7)

| Group | f | %f |
|---------------------------------|-----|-------|
| 1 Social Workers | 13 | 10.7 |
| 2 Police Officers | 12 | 9.9 |
| 3 Nurses | 18 | 14.9 |
| 4 Schoolteachers | 20 | 16.5 |
| 5 Commercial/Industrial Workers | 33 | 27.3 |
| 6 Housewives | 17 | 14.0 |
| 7 Lectures, students etc | 08 | 6.7 |
| Total | 121 | 100.0 |

4.2.4 Stage 4: Analysis of Responses

The returned completed questionnaires of the participants' responses (N=121) were coded and listed on an Amstrad 1640HD personal computer. Scoring was manually double-checked to ensure that no errors had been made in the transfer of coded data to the computer. The data list was then transferred for analysis to the ISIS Central Computer System of the University of London. Analyses of the data were conducted using the SPSSX statistical software packages.

4.3 Descriptive Data Analysis

The respondents (N=121) supplied four categories of descriptive data regarding their experience with children. The four categories consisted of the following four groups:

- Group 1 Professional Carers or not.
- Group 2 Working Experience with Children or not.
- Group 3 Sex of Respondents.
- Group 4 Parents or not.

This information was required in order to examine the perceptions of different groups and to contrast any significant group differences - bearing in mind that each respondent was in each of the four groups. For the following presentation of findings brief comments will be made on the data following each tabular presentation of the findings.

Table 4.3

Frequency Data on Respondents (N=121) by Professional Carers

| Professional Carers | f | %f |
|---------------------|-----|-------|
| No | 78 | 64.5 |
| Yes | 43 | 35.5 |
| Total | 121 | 100.0 |

64.5% (N=78) of the respondents were not professional carers.

Table 4.4

Frequency Data on Respondents (N=121) by Working Experience with Children

| Working Experience | f | %f |
|--------------------|-----|-------|
| No | 68 | 56.2 |
| Yes | 53 | 43.8 |
| Total | 121 | 100.0 |

56.2% (N=68) of the respondents had no working experience with children.

Table 4.5

Frequency Data on Respondents (N=121) by Sex

| Sex | f | %f |
|--------|-----|-------|
| Male | 32 | 26.4 |
| Female | 89 | 73.6 |
| Total | 121 | 100.0 |

73.6% (N=89) of the respondents were female.

Table 4.6

Frequency Data on Respondents (N=121) by Parents

| Parents | f | %f |
|-------------|-----|-------|
| Parents | 82 | 67.8 |
| Non Parents | 39 | 32.2 |
| Total | 121 | 100.0 |

67.8% (N=82) of the respondents were parents.

4.4 Item Analysis

Various analyses were used in order to obtain indicators of the respondents' underlying attitudes. Repeating the procedures used in the pilot study the initial analysis of the data involved an examination of the frequency distributions for each of the 120 items in order to delete those items which did not "discriminate" between respondents. The criteria for item deletion was set at less than 25% and/or more than 75% response frequency in "agree" or "disagree" categories on the 4-point scale. These procedures resulted in 45 items being deleted thus leaving 75 items.

Firstly, a 9 factor solution was analysed with 75 items which were reduced to 68 items (7 items were deleted with a loading of less than .35). Secondly, a 7 factor solution was analysed with 68 items which were reduced to 60 items (8 items were deleted with a loading of less than .33). Thirdly, a 5 factor solution was analysed with 60 items which were reduced to 53 items (7 items were deleted with a loading of less than .18). Finally, a 5 factor solution was analysed with the 53 items. This final analysis suggested that the original 8 content areas could be reduced to the following 5 empirically derived categories of child mistreatment: Parental Responsibility, Child Sexuality, Social Work, Physical Punishment, and Males versus Females. Five sub-scales for each of these areas were created. During the scale construction and processing a further 14 items were deleted. These were found to be either redundant (too close) or they correlated at a high level with more than one scale. Allowing for overlap of items this procedure resulted in 14 items being deleted thus leaving 39 items for further analysis. An inventory of the 39 items was used to undertake a comparative profile analysis of the four groups of respondents. The inventory now follows:

4.4.1 Profile Analysis of 39-Item Inventory

The 39-Item Inventory and the corresponding content areas are shown in in the following table:

Table 4.7
Content Areas (N=8) by 39-Item Inventory

| | Content Areas | | | | Physical Neglect | Physical Abuse | Sexual Abuse | Motives/ Intentions | No. of Items |
|---------|------------------------------|---------|-----------------|---------|------------------|----------------|--------------|---------------------|--------------|
| | Responsibility of TV & Video | Society | Social Services | Parents | | | | | |
| I | 21 | 52 | 3 | 55 | 7 | 57 | 12 | 30 | - |
| t | 51 | 92 | 13 | - | 66 | 65 | 28 | 40 | - |
| e | 61 | 112 | 23 | - | 116 | 87 | 48 | 60 | - |
| m | 71 | - | 53 | - | - | 107 | 49 | 110 | - |
| | 91 | - | 63 | - | - | 117 | 54 | - | - |
| N | 101 | - | 83 | - | - | - | 58 | - | - |
| u | - | - | - | - | - | - | 59 | - | - |
| m | - | - | - | - | - | - | 68 | - | - |
| b | - | - | - | - | - | - | 69 | - | - |
| e | - | - | - | - | - | - | 78 | - | - |
| r | - | - | - | - | - | - | 82 | - | - |
| Totals | 6 | 3 | 6 | 1 | 3 | 5 | 11 | 4 | 39 |
| Percent | 15% | 7.5% | 15% | 3% | 7.5% | 13% | 28% | 11% | 100% |

Table 4.7 shows the frequencies of the 8 content areas in the 39-Item Inventory. In rank order these were:

Sexual Abuse 28% (N=11); Responsibility of TV & Video 15% (N=6);
 Responsibility of Social Services 15% (N=6); Physical Abuse 13% (N=5);
 Motives/Intentions 11% (N=4); Responsibility of Society 7.5% (N=3);
 Physical Neglect 7.5% (N=3); Responsibility of Parents 3% (N=1).

Four sets of T-Tests were carried out on the 39-Item Inventory. The purpose of this procedure was to examine any significant group differences within each of the four respondent groups. Thus the analysis involved the four respondent groups by the 39-Item Inventory.

The following four tables show the means and significant differences (in order of significance) of the four respondent groups by the 39-Item Inventory. The asterisk (*) indicates a significant difference: (**) for 0.001 to 0.01 and (*) for 0.02 to 0.05.

Table 4.8

T-Test: Means and Significant Differences (N=14) of the 39-Item Inventory for

Group 1 - Professional Carers (N=43) and Non-Professional Carers (N=78)

| Item | Mean | | Sig |
|------|------|-------|---------|
| | PRF* | NPRF* | |
| 116 | 2.1 | 1.6 | 0.001** |
| 110 | 2.6 | 3.1 | 0.001** |
| 55 | 2.9 | 3.3 | 0.002** |
| 68 | 2.2 | 2.8 | 0.002** |
| 30 | 1.9 | 1.5 | 0.006** |
| 60 | 3.0 | 3.3 | 0.01* |
| 59 | 2.5 | 3.0 | 0.01* |
| 83 | 2.7 | 2.2 | 0.01* |
| 48 | 2.2 | 2.6 | 0.01* |
| 91 | 1.7 | 2.1 | 0.01* |
| 82 | 1.7 | 2.1 | 0.02* |
| 112 | 2.6 | 2.2 | 0.02* |
| 40 | 2.3 | 1.9 | 0.03* |
| 117 | 2.7 | 2.4 | 0.04* |

PRF* Professional Carers
NPRF* Non-Professional Carers

Table 4.8 illustrates 36% (N=14) significant differences between Professional Carers and Non-Professional Carers and that 36% (N=5) of the 14 items were very significant. The item numbers show the content areas of the 14 items were Sexual Abuse 29% (N=4); Motives/Intentions 29% (N=4); TV and Video 7% (N=1); Society 7% (N=1); Social Services 7% (N=1); Physical Abuse 7% (N=1); Parents 7% (N=1); Physical Neglect 7% (N=1).

Table 4.9

T-Test: Means and Significant Differences (N=11) of the 39-Item Inventory for Group 2 - Working Experience (N=53) and No-Working Experience (N=68)

| Item | Mean | | Sig |
|------|--|------|---------|
| | WE* | NWE* | |
| 112 | Society should always put the abuser of a child in prison.....2.2 | 2.8 | 0.000** |
| 101 | TV should not use sexual images of females to sell products or to excite.....2.3 | 1.8 | 0.001** |
| 117 | Hitting a child is an effective means of punishment.....2.4 | 2.9 | 0.002** |
| 91 | There is too much sexual stereotyping of women on television.....2.0 | 1.6 | 0.005** |
| 30 | Anyone who has brought up a child has at times smacked the child a little harder than intended.....1.6 | 2.0 | 0.007** |
| 68 | Excessive masturbation by a child is a sign of emotional problems of which sexual abuse may be the cause.....2.6 | 2.1 | 0.007** |
| 110 | What we eat can affect our intentions.....3.0 | 2.5 | 0.01* |
| 54 | Almost as many boys as girls are sexually abused.....1.9 | 2.3 | 0.01* |
| 7 | Physical punishment can have long-term beneficial effects on a child's behaviour.....2.2 | 2.6 | 0.02* |
| 116 | Allowing a child to live in grossly unhygienic conditions is the most serious form of neglect.....1.8 | 2.1 | 0.04* |
| 48 | A detailed use of sexual play by a child is often the result of personal experience of sexual abuse.....2.5 | 2.1 | 0.04* |
| WE* | Working Experience | | |
| NWE* | Non-Working Experience | | |

Table 4.9 illustrates 28% (N=11) significant differences between respondents with Working Experience and No Working Experience and that 54.5% (N=6) of the 11 items were very significant. The item numbers show the content areas of the 11 items were Sexual Abuse 28% (N=3); TV and Video 18% (N=2); Physical Neglect 18% (N=2); Motives/Intentions 18% (N=2); Society 9% (N=1); Physical Abuse 9% (N=1).

Table 4.10

T-Test: Means and Significant Differences (N=7) of the 39-Item Inventory for
Group 3 - Males (N=32) and Females (N=89)

| Item | Mean | | Sig |
|------|--|---------|---------|
| | Males | Females | |
| 101 | TV should not use sexual images of females to sell products or to excite.....2.6 | 1.9 | 0.002** |
| 107 | No child ever invites physical abuse.....2.6 | 2.1 | 0.005** |
| 28 | It is natural for a child to be interested in sexually stimulating another child.....2.6 | 3.1 | 0.01* |
| 68 | Excessive masturbation by a child is a sign of emotional problems of which sexual abuse may be the cause.....2.8 | 2.3 | 0.01* |
| 49 | It is acceptable for a boy up to the age of seven to have a bath with a woman.....2.0 | 2.5 | 0.02* |
| 7 | Physical punishment can have long-term beneficial effects on a child's behaviour.....2.0 | 2.5 | 0.03* |
| 58 | A child who tries to force another child into sexual activity has probably had personal experience of this.....2.5 | 2.0 | 0.04* |

Table 4.10 illustrates 18% (N=7) significant differences between Males and Females and that 28% (N=2) of the 7 items were very significant. The item numbers show the content areas of the 7 items were Sexual Abuse 58% (N=4); TV and Video 14% (N=1); Physical Neglect 14% (N=1); Physical Abuse 14% (N=1).

Table 4.11

T-Test: Means and Significant Differences (N=2) of the 39-Item Inventory for
Group 4 - Parents (N=82) and Non-Parents (N=39)

| Item | | Mean P* | NP* | Sig |
|------|--|------------|-----|---------|
| 78 | The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent..... | 2.4 | 1.9 | 0.003** |
| 71 | Exposure to TV violence "thickens the skins" of children to real tragedies of violence such as wars..... | 2.0 | 2.4 | 0.05* |

P* Parents
 NP* Non-Parents

Table 4.11 illustrates 5% (N=2) significant differences between Parents and Non Parents and that 50% (N=1) of the 2 items was very significant. The item numbers show the content areas of the 2 items were Sexual Abuse 50% (N=1); TV and Video 50% (N=1);

The previous analyses of the four groups by the 39-Item Inventory showed the number of significant differences in each group to be as follows:

- Group 1 Professional Carers or not - 14 sig. differences
- Group 2 Working Experience with Children or not - 11 " "
- Group 3 Sex of Respondents - 7 " "
- Group 4 Parents or not - 2 " "

From the foregoing analysis it appears that one's profession (Table 4.8) and personal working experience with children (Table 4.9) is significantly related to one's perceptions of seriousness of child mistreatment. In addition to professional experience an analysis of the personal

characteristics of the respondents was required to determine whether these might also influence the patterns of agreement or disagreement. Two particular personal characteristics were germane: the sex of the respondents and their own experience of child-rearing. In our society rather rigid roles are assigned to most males and females and because of this one might expect that in matters of child mistreatment the sex of the respondent would influence perceptions of the seriousness of the items.

There were significant differences attributable to the sex of the respondents on 18% (N=7) of the 39-Item Inventory (Table 4.10). The seven items consisted of: physical punishment (N=2), childhood sexuality (N=4), and sexual images of females on TV (N=1). Among these seven items females tended to agree more than males that "TV should not use sexual images of females to sell products or to excite", that "no child ever invites physical abuse", that "excessive masturbation by a child is a sign of emotional problems", and that "a child who forces another child into sexual activity has probably had personal experience of this." Males tended to agree more than females that "it is natural for a child to be interested in sexually stimulating another child", that "it is acceptable for a seven year old boy to have a bath with a woman", and that "physical punishment can have long-term beneficial effects on a child's behaviour." The other personal characteristic examined was child-rearing experience. Significant differences were attributable to child-rearing experience on 5% (N=2) of the 39-Item Inventory (Table 4.11). Parents tended to agree more than non-parents that "exposure to TV violence "thickens the skins" of children to real tragedies of violence such as wars", but they tended to disagree more than non-parents that "the sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent."

From the analyses of the 39-Item Inventory two of the five empirically derived categories of child mistreatment (detailed on page 90) were selected for further analysis. The analysis showed that these two selected categories shared underlying commonalities across the four groups of respondents. The two generated categories tended to congregate around those items concerned with Child Punishment (N=5) and those involving Child Sexuality (N=4):

The items in the Child Punishment Category (N=5) were:

- 7 Physical punishment can have long-term beneficial effects on a child's behaviour.
- 30 Anyone who has brought up a child has at times smacked the child a little harder than intended.
- 55 Smacking a child always teaches the child that physical violence solves problems.
- 107 No child ever invites physical abuse.
- 117 Hitting a child is an effective means of punishment.

The items in the Child Sexuality Category (N=4) were:

- 48 A detailed use of sexual play by a child is often the result of personal experience of sexual abuse.
- 58 A child who tries to force another child into sexual activity has probably had personal experience of this.
- 59 It is acceptable for a girl up to the age of seven to have a bath with a male adult.
- 78 The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent.

The four respondent groups will now be examined to determine group differences towards the above two categories of Child Punishment (Tables 4.12 to 4.15) and Child Sexuality (Tables 4.16 to 4.19).

Table 4.12

Values of Child Punishment Items (N=5) by
Professional Carers (N=43) and Non-Professional Carers (N=78)

In Order of Significance

| Item | Mean | | Sig |
|---|------|-------|---------|
| | PRF* | NPRF* | |
| 55 Smacking a child always teaches the child that physical violence solves problems | 2.9 | 3.3 | 0.002** |
| 30 Anyone who has brought up a child has at times smacked the child a little harder than intended | 1.9 | 1.5 | 0.006** |
| 117 Hitting a child is an effective means of punishment | 2.7 | 2.4 | 0.04* |
| 107 No child ever invites physical abuse | 2.3 | 2.0 | 0.1 |
| 7 Physical punishment can have long-term beneficial effects on a child's behaviour | 2.4 | 2.2 | 0.2 |
| <p>55 There was a very significant difference (0.002, $p < 0.005$) between the two groups. Professionals were more likely to agree (2.9) than Non-Professionals (3.3) that smacking a child always teaches the child that physical violence solves problems.</p> | | | |
| <p>30 There was a very significant difference (0.006, $p < 0.01$) between the two groups. Non-Professionals were more likely to agree (1.5) than Professionals (1.9) that anyone who has brought up a child has at times smacked the child a little harder than intended.</p> | | | |
| <p>117 There was a significant difference (0.04, $p < 0.05$) between the two groups. Non-Professionals were more likely to agree (2.4) than Professionals (2.7) that hitting a child is an effective means of punishment.</p> | | | |
| <p>7. and 107. There were no significant differences between the two groups.</p> | | | |
| <p>* PRF = Professional Carers</p> | | | |
| <p>* NPRF = Non-Professional Carers</p> | | | |

Table 4.13

Values of Child Punishment Items (N=5) byWorking Experience with Children (N=53) and No-Working Experience (N=68)

In Order of Significance

| Item | Mean | | Sig |
|--|------|------|---------|
| | WE* | NWE* | |
| 117 Hitting a child is an effective means of punishment | 2.9 | 2.4 | 0.002** |
| 30 Anyone who has brought up a child has at times smacked the child a little harder than intended | 2.0 | 1.6 | 0.007** |
| 7 Physical punishment can have long-term beneficial effects on a child's behaviour | 2.6 | 2.2 | 0.02* |
| 55 Smacking a child always teaches the child that physical violence solves problems | 2.9 | 3.1 | 0.2 |
| 107 No child ever invites physical abuse | 2.3 | 2.1 | 0.2 |
| 117 There was a very significant difference (0.002, $p < 0.005$) between the two groups. Respondents with No Working Experience were more likely to agree (2.4) than those with Working Experience (2.9) that hitting a child is an effective means of punishment. | | | |
| 30 There was a very significant difference (0.007, $p < 0.01$) between the two groups. Respondents with No Working Experience were more likely to agree (1.6) than those with Working Experience (2.0) that anyone who has brought up a child has at times smacked the child a little harder than intended. | | | |
| 7 There was a significant difference (0.02, $p < 0.05$) between the two groups. Respondents with No Working Experience were more likely to agree (2.2) than those with Working Experience (2.6) that physical punishment can have long-term beneficial effects on a child's behaviour. | | | |
| 55. and 107. There were no significant differences between the two groups. | | | |

* WE = Working Experience with Children

* NWE = No-Working Experience with Children

Table 4.14
Values of Child Punishment Items (N=5) by
Males (N=32) and Females (N=89)

In Order of Significance

| Item | Mean | | Sig |
|---|--|--------|---------|
| | Male | Female | |
| 107 No child ever invites physical abuse | 2.6 | 2.1 | 0.005** |
| 7 Physical punishment can have long-term beneficial effects on a child's behaviour | 2.0 | 2.5 | 0.03* |
| 55 Smacking a child always teaches the child that physical violence solves problems | 3.2 | 3.0 | 0.1 |
| 30 Anyone who has brought up a child has at times smacked the child a little harder than intended | 1.7 | 1.8 | 0.5 |
| 117 Hitting a child is an effective means of punishment | 2.5 | 2.7 | 0.5 |
| 107 | There was a very significant difference (0.005, $p < 0.005$) between the two groups. Females were more likely to agree (2.1) than Males (2.6) that no child ever invites physical abuse. | | |
| 7 | There was a significant difference (0.03, $p < 0.05$) between the two groups. Males were more likely to agree (2.0) than Females (2.5) that physical punishment can have long-term beneficial effects on a child's behaviour. | | |
| 30, 55, and 117. | There were no significant differences between the two groups. | | |

Table 4.15
Values of Child Punishment Items (N=5) by
Parents (N=82) and Non-Parents (N=39)

In Order of Significance

| Item | Mean | | Sig |
|---|------|-------|-----|
| | PRT* | NPRT* | |
| 107 No child ever invites physical abuse | 2.1 | 2.4 | 0.1 |
| 7 Physical punishment can have long-term beneficial effects on a child's behaviour | 2.4 | 2.2 | 0.4 |
| 30 Anyone who has brought up a child has at times smacked the child a little harder than intended | 1.7 | 1.8 | 0.6 |
| 55 Smacking a child always teaches the child that physical violence solves problems | 3.1 | 3.0 | 0.6 |
| 117 Hitting a child is an effective means of punishment | 2.6 | 2.6 | 0.9 |

There were no significant differences between the two groups on the above five items.

* PRT = Parent

* NPRT = Non-Parent

Table 4.16
Values of Child Sexuality Items (N=4) by
Professional Carers (N=43) and Non-Professional Carers (N=78)

In Order of Significance

| Item | Mean | | Sig |
|--|------|-------|-------|
| | PRF* | NPRF* | |
| 59 It is acceptable for a girl up to the age of seven to have a bath with a male adult | 2.5 | 3.0 | 0.01* |
| 48 A detailed use of sexual play by a child is often the result of personal experience of sexual abuse | 2.2 | 2.6 | 0.01* |
| 78 The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent | 2.2 | 2.4 | 0.2 |
| 58 A child who tries to force another child into sexual activity has probably had personal experience of this | 2.1 | 2.2 | 0.6 |
| 59 There was a significant difference (0.01, $p < 0.01$) between the two groups. Professionals were more likely to agree (2.5) than non-professionals (3.02) that it is acceptable for a girl up to the age of seven to have a bath with a male adult. | | | |
| 48 There was a significant difference (0.01, $p < 0.01$) between the two groups. Professionals were more likely to agree (2.2) than non-professionals (2.6) that a detailed use of sexual play by a child is often the result of personal experience of sexual abuse. | | | |
| 58. and 78. There were no significant differences between the two groups. | | | |

* PRF = Professional Carers

* NPRF = Non-Professional Carers

Table 4.17

Values of Child Sexuality Items (N=4) by
Working Experience with Children (N=53) and No-Working Experience (N=68)

In Order of Significance

| Item | Mean | | Sig |
|--|------|------|-------|
| | WE* | NWE* | |
| 48 A detailed use of sexual play by a child is often the result of personal experience of sexual abuse | 2.1 | 2.5 | 0.04* |
| 59 It is acceptable for a girl up to the age of seven to have a bath with a male adult | 2.5 | 2.8 | 0.08 |
| 78 The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent | 2.1 | 2.3 | 0.2 |
| 58 A child who tries to force another child into sexual activity has probably had personal experience of this | 2.2 | 2.1 | 0.8 |

48 There was a significant difference (0.04, $p < 0.05$) between the two groups. Respondents with Working Experience were more likely to agree (2.1) than those with No-Working Experience (2.5) that a detailed use of sexual play by a child is often the result of personal experience of sexual abuse.

58. 59. and 78. There were no significant differences between the two groups for these four items.

* WE = Working Experience with Children

* NWE = No-Working Experience with Children

Table 4.18
Values of Child Sexuality Items (N=4) by
Males (N=32) and Females (N=89)

In Order of Significance

| Item | Mean | | Sig |
|-----------------|---|--------|--------|
| | Male | Female | |
| 58 | A child who tries to force another child into sexual activity has probably had personal experience of this | | 0.004* |
| | 2.5 | 2.0 | |
| 48 | A detailed use of sexual play by a child is often the result of personal experience of sexual abuse | | 0.3 |
| | 2.5 | 2.3 | |
| 78 | The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent | | 0.4 |
| | 2.4 | 2.2 | |
| 59 | It is acceptable for a girl up to the age of seven to have a bath with a male adult | | 0.9 |
| | 2.7 | 2.7 | |
| 58 | There was a very significant difference (0.004, $p < 0.005$) between the two groups. Females were more likely to agree (2.0) than Males (2.5) that a child who tries to force another child into sexual activity has probably had personal experience of this. | | |
| 48. 59. and 78. | There were no significant differences between the two groups for these four items. | | |

Table 4.19
Values of Child Sexuality Items (N=4) by
Parents (N=82) and Non-Parents (N=39)

In Order of Significance

| Item | Mean | | Sig |
|--|------|-------|---------|
| | PRT* | NPRT* | |
| 78 The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent | 2.4 | 1.9 | 0.003** |
| 58 A child who tries to force another child into sexual activity has probably had personal experience of this | 2.4 | 2.2 | 0.2 |
| 48 A detailed use of sexual play by a child is often the result of personal experience of sexual abuse | 2.2 | 2.1 | 0.8 |
| 59 It is acceptable for a girl up to the age of seven to have a bath with a male adult | 2.7 | 2.7 | 0.8 |

78 There was a very significant difference (0.003, $p < 0.005$) between the two groups. Non-Parents were more likely to agree (1.9) than Parents (2.4) that the sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent.

48. 58. and 59. There were no significant differences between the two groups for these four items.

* PRT = Parent

* NPRT = Non-Parents

The previous analysis of the four groups by Child Punishment Items and Child Sexuality Items showed the number of significant differences in each group to be as follows:

Child Punishment Items

| | | | |
|---------|---|-----|-------------------|
| Group 1 | Professional Carers or not | - 3 | sig. differences. |
| Group 2 | Working Experience with Children or not | - 3 | " " |
| Group 3 | Sex of Respondents | - 2 | " " |
| Group 4 | Parents or not | - 0 | " " |

Child Sexuality Items

| | | | |
|---------|---|-----|-------------------|
| Group 1 | Professional Carers or not | - 2 | sig. differences. |
| Group 2 | Working Experience with Children or not | - 1 | " " |
| Group 3 | Sex of Respondents | - 1 | " " |
| Group 4 | Parents or not | - 1 | " " |

As the numbers of respondents were unequal for the various breakdowns of the four grouping categories it may have been that some of the effects were due to inter-correlations between these independent variables. Multiple regression analysis was therefore carried out for the nine questionnaire variables (see page 97) which showed significant differences for more than one of the groupings:

Child Punishment Items (N=5):

Q7 showed significant effects for "working experience" and for "sex" of respondents. Multiple regression showed that this effect could be accounted for by "working experience" alone.

Q30 showed significant effects for "working experience" and for "professional carers". Multiple regression showed there was no evidence that the effects were dependent on each other.

Q117 showed significant effects for "working experience" and for

"professional carers". Multiple regression showed that this effect could be accounted for by "working experience" alone.

Child Sexuality Items (N=4):

Q48 showed significant effects for "working experience" and for "professional carers". Multiple regression showed that this effect could be accounted for by "working experience" alone.

4.5 Results

The following summaries examine the differences between the four groups which were presented in the previous tables regarding Child Punishment and Child Sexuality Items.

4.5.1 Child Punishment Results

Professionals were more likely to agree than Non-Professionals that "smacking a child always teaches the child that physical violence solves problems", were more likely to disagree than Non-Professionals that (1) "anyone who has brought up a child has at times smacked a little harder than intended", and that (2) "hitting a child is an effective means of punishment." The Group with Working Experience was more likely to disagree than the group with none that "hitting a child is an effective means of punishment", that "anyone who has brought up a child has at times smacked the child a little harder than intended", and that "physical punishment can have long-term beneficial effects on a child's behaviour." Females were more likely to agree than Males that "no child ever invites physical abuse." Males were more likely to agree than Females that physical punishment can have long-term beneficial effects on a child's behaviour". There were no significant differences between Parents and Non-Parents regarding Child Punishment.

From the preceding results it can be seen that groups with No Professional Responsibility for Children, No Working Experience with Children, and Males were more likely to be in favour of physical punishment than groups with Professional Responsibility for Children, Working Experience with Children, and Females who were all more likely to be against physical punishment. Of interest is the result that there were no significant differences between Parents and Non-Parents regarding the physical punishment of children.

4.5.2 Child Sexuality Results

Professionals were more likely to agree than Non-Professionals that "it is acceptable for a girl up to the age of seven to have a bath with a male adult", and that "a detailed use of sexual play by a child is often the result of personal experience." The group with Working Experience was more likely to agree than the group with No Working Experience that "a detailed use of sexual play by a child is often the result of personal experience." Males were more likely to disagree than Females that "a child who forces another child into sexual activity has probably had personal experience of this." Parents were more likely to agree than Non-Parents that "the sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent."

From the above results it can be seen that groups with Professional Responsibility for Children, Working Experience with Children, Females, and Parents were more likely to disagree than groups with No Professional Responsibility for Children, No Working Experience with Children, Males, and Non-Parents that sexual knowledge and sexual coercion are the result of personal experience. Groups with Professional Responsibility for Children, Working Experience with Children, Females and Parents were

more likely to agree than the other group that "people who choose careers involving contact with children are more likely to be potential abusers", and that "it is all right for a girl up to the age of seven to have a bath with a male adult."

Thus the results showed significant differences in the attitudes of two main divisions: Division 1 consisted of Professional Carers, Working Experience with Children, Females, and Parents (Parents for Child Sexuality only - not Child Punishment). Division 2 consisted of Non-Professional Carers, No Working Experience with Children, Males, and Non-Parents (Non-Parents for Child Sexuality only - not Child Punishment).

The previous analyses indicate that the attitudes of Professional Carers and people with Working Experience of Children were significantly related to their professions. In addition, one particular characteristic in the results drew attention and this was the sex of respondents. Females were in Division 1 and Males were in Division 2. This finding led to a focus of attention on items which showed a significant difference by sex in addition to the Child Punishment and Child Sexuality items which have already been analysed previously by Sex of Respondent in the previous summaries. There were two further items which showed significant differences by sex of respondent and they both related to sexuality. The two items were in order of significance:

Q101 TV should not use sexual images of females to sell or excite.

Q68 Excessive masturbation by a child could be a sign of emotional problems of which Sexual Abuse may be the cause.

The following table (Table 4.20) presents the two items:

Table 4.20
Values of Sexuality Items (N=2) by
Males (N=32) and Females (N=89)

In Order of Significance

| Item | Mean | | Sig |
|------|--|--------|---------|
| | Male | Female | |
| 101 | 2.6 | 1.9 | 0.002** |
| 68 | 2.8 | 2.3 | 0.01* |
| 101 | There was a very significant difference (0.002, $p < 0.005$) between males and females. Females were more likely to agree (1.9) than Males (2.6) that TV should not use sexual images of females to sell or excite. | | |
| 68 | There was a significant difference (0.01, $p < 0.01$) between the males and females. Females were more likely to agree (2.3) than Males (2.8) that excessive masturbation could be a sign of emotional problems of which Sexual Abuse may be the cause. | | |

Overall, the differences between males and females showed that females tended to agree more than males that TV should not use sexual images of females to sell or excite; that excessive masturbation by a child could be a sign of emotional problems of which sexual abuse may be the cause; and a child who forces another child into sexual activity has probably had personal experience of this.

4.6 Discussion

The study was designed initially to examine the values of different groups towards specific items of child mistreatment in order to

discover indications of underlying attitudes. The results showed significant differences in the attitudes of two main divisions each made up of four groups. The two divisions were:

Division 1 which consisted of Professional Carers, Working Experience with Children, Females, and Parents.

Division 2 which consisted of Non-Professional Carers, No Working Experience with Children, Males, and Non-Parents.

The Child Punishment results showed that Division 2 Respondents were more likely to think that it is acceptable to use physical punishment as a means of disciplining children which is in contrast to Division 1 Respondents.

The Child Sexuality results showed that Division 1 Respondents were more likely than Division 2 Respondents to agree that sexual knowledge and sexual co-ercion are the result of personal experience, and that it is acceptable for adult males to bathe with female children. Also, Division 1 Respondents were more likely to agree with the idea that people who choose to work with children are more likely to be potential abusers.

The Sex of Respondents results showed a difference in attitudes between Males and Females regarding Child Punishment, Child Sexuality, Female Sexuality, and Emotional Problems. Males tended to agree more than Females with the notion of hitting or spanking a child. Also, Male attitudes differed to those of Females in that they tended to agree that child sexuality is not related to personal experience, and that people who choose to work with children are not potential sexual abusers.

However Males tended to agree more than Females that female children should not bathe with adult males. Females tended to agree more than Males that sexual images of Females should not be used to excite and that excessive masturbation by a child could be a sign of emotional problems.

The above results indicate that differences in attitudes between Males and Females may be far more prevalent than is currently recognised or admitted. This indication of a difference in attitudes between Males and Females led to a consideration of what the effects of these fundamental differences of child punishment and child sexuality would be in the family situation.

If a difference in attitudes between Males and Females is widespread then it would appear to exist in many families. If this should be so then how is it that this aspect of family life is not more publicly acknowledged? Also, if conflict over basic matters is quite widespread then it cannot be causing particular problems in a few families only. Attention is usually only given to conflict and violence in the family in the relatively rare conditions where it escalates to such an extent as to become dangerously abusive. In such dangerous situations does this happen to people whose coping mechanisms have become weakened by the conditions in which they live?

In contrast to these relatively rare, dangerous conditions there may be a great many family situations where parents are suffering from less pronounced forms of conflict which, whilst not sufficient to be regarded as serious, are certainly serious enough to produce a wide range of

mistreatment towards children in their care and control. This mistreatment would include degrees of conflict involving Child Punishment, Child Sexuality, Female Sexuality, and Emotional Problems in the family.

Gelles and Straus (1988) describe how their research into family conflict began in the 1970's when emotions concerning public acts of violence were running high. Whilst others attended to public acts of violence they were drawn to private acts of violence because they believed that violence in the family was at the root of societal violence. They write of how the fear of public violence in the U.S. cuts across age, social, and racial groups and as real as the fear of public violence is, so is the amount of crime; there is a very real danger on the streets. However, the cruel irony of staying home because one fears violence in the streets is that there is a real danger of personal attack in the home. Offenders are not strangers but family members. The research of Gelles and Straus began with surveys of college students but later they began "venturing" out into the community to interview people in their homes. They discovered that to conduct research on family conflict and violence is to balance on a fine edge of emotion; there is anger - anger at clinicians who are too quick to take children away from their parents, and equal anger at clinicians who wait too long. They discovered that people can choose to be non-violent and are capable of raising a generation of children who will never perceive violence as a legitimate means of self-expression or problem solving.

Leading from the above discussion one question that can be asked is "Do people resist the notion of conflict in the family?" Two other related

questions are "Is conflict in the family widespread?" and "If this is so then why is conflict in the family widespread?". To address these problems we shall in the next chapter give an overview of modern family conflict and societal violence theory and practice. This overview does not pretend to be exhaustive but it serves the purpose of showing the difficulties, both from the theoretical design and practical implementation perspectives, in dealing with the multivariable problem of child mistreatment.

CHAPTER 5

FAMILY CONFLICT AND SOCIETAL VIOLENCE: LITERATURE

In order to gain further understanding of child mistreatment this chapter presents an overview of family conflict and societal violence theories which offer explanations as to why conflict and violence occur both in family homes and on a large scale in society. The three questions raised from The Second Study analysis will now be used to examine the research literature. The three questions were:

Do people resist the notion of conflict in the family?
 Is conflict in the family widespread?
 If this is so then why is conflict in the family widespread?

5.1 Family Conflict

Research into child abuse and family violence is not as long established as is often thought. Finkelhor (1990) at The International Congress on Child Abuse and Neglect points out that child abuse and family violence research is rather young and is, in fact, approximately only twenty years old. That although research is usually dated back to the 1960's and the work of Henry Kempe and his colleagues on the Battered Child Syndrome a truly scientific field did not emerge until the early 1970's. (As detailed in Chapter 2).

5.1.1 Is Conflict in the Family Widespread?

To examine the question "Is conflict in the family widespread?" we will consider the work of two major centres in the U.S. where nationwide research has been conducted into family conflict and violence. The two centres are:

- 1 The Center for Social Change, Practice and Theory at Brandeis University, Massachusetts, under the direction of Professor David Gil, Professor of Social Policy.

- 2 The Family Research Laboratory at the University of New Hampshire under the direction of Professor Murray Straus, Professor of Sociology.

Gil (1970) examines a series of nationwide studies of child abuse through an analysis of nearly 13,000 reported incidents during a two year period (1965 - 1967). He found that physical violence against children in the family is widespread in the United States and is part of the widely accepted way of child-rearing:

One of the more important insights gained through the nationwide studies of child abuse reported in this volume was that violence against children is not a rare occurrence, but may be endemic in our society because of a child rearing philosophy which sanctions, and even encourages, the use of physical force in disciplining children (pV11). The dynamics of child abuse were thus found to be deeply rooted in the fabric of our culture (pV111).

Straus conducted the only major study to have investigated violence in the general population of the USA and found that every American neighbourhood had violent families. In Straus, Gelles and Steinmetz (1980) the introduction reads:

Drive down any street in America. More than one household in six has been the scene of a spouse striking his or her partner last year. Three American households in five (which have children living at home), have reverberated with the sounds of parents hitting their children. Where there is more than one child in the home, three in five are the scenes of violence between siblings. Overall, every other house in America is the scene of family violence at least once a year. As high as these figures may seem, they are only national averages. Some neighborhoods are actually more violent than this, while other neighborhoods are somewhat less violent. But whatever the case, every American neighborhood has violent families (p3).

The results of the above two nationwide studies claim that conflict and physical violence in the family is widespread. This image however of conflict and violence in the family is not the popular one that most people appear to have of family life even if their own personal experience is contrary to this view. The next related question is:

5.1.2 Do People Resist the Idea of Conflict in the Family?

The following three findings propose that people do resist the idea of conflict in the family and offer reasons why this is so:

Gil (1970) found that many parents experience guilt as a result of their aggressive impulses and fantasies towards their children which conflicts with the popular stereotype of American family life:

Such aggressive impulses and fantasies may be a rather common experience of parents in the course of rearing children, yet they are in conflict with the ideal of constant parental love, and many parents may, therefore, tend to deny and repress such feelings and to react to them with a vague sense of guilt (pp16 & 17).

Jones (1982) found a marked reluctance amongst the public and professionals alike to discard what might be termed "sentimental notions" of the family and to recognise the role which conflict and sometimes violence plays in the family:

For our own security and peace of mind, we tend to cling to an idealised picture of family life: to see the family as a centre of solidarity, love and acceptance rather than of conflict and potential violence (p3).

Gelles (1978) found that although American social scientists have had a long tradition of studying violent behaviour outside the home and its causes, the study of intra-family violence in the American family did not begin until the early 1970's:

Despite this intensive examination of violence in the United States, there was, until 1970, a perceptual blackout on either seeing or studying violence in families. This selective inattention to the topic of family violence tended to produce a thesis that violence between family members was either rare, dysfunctional, or a pathology traceable to mental illness or psychopathy. What makes this thesis paradoxical, and what makes the perceptual blackout of violence between family members difficult to understand, is that research carried out in the 1970's (Straus, Gelles and Steinmetz, 1977) indicates that violence between family members is more common in the United States than violence between any other individuals, except during war or riots (p169).

The third and final question to be asked is:

5.1.3 Why is Conflict in the Family Widespread?

To begin to account for "the why" of conflict and violence in the family two explanations are presented:

Straus (1978) questions what accounts for the use of violence to deal with conflicts within the family; that factors other than conflict must be present. The reason offered here is that children learn that physical force works when all else fails and they learn this in the family from an early age through physical punishment. That the result of this is that they learn to associate violence with love, that it is all right to hit people in the family, and that when something is really important it is justifiable to use physical force:

Physical force is the ultimate resource on which most of us learn as children to rely if all else fails and the issue is crucial (p38). One fundamental starting place is the fact that we are talking about families which are part of a violent society. One of the most fundamental of these other factors is the fact that the family is the setting in which most people first experience physical violence, and also the setting which establishes the emotional context of violence. Learning about violence starts with physical punishment, which is nearly universal (p45).

According to Straus (1978) three unintended consequences result from the use of physical punishment and these are:

- 1 the association of love with violence.
- 2 it establishes the moral rightness of hitting other family members.
- 3 the lesson that when something is really important, it justifies the use of physical force (p45).

Garbarino and Gilliam (1980) assert that child abuse is an indicator of the poor quality of family life of those involved; and this poor quality of life is where people are experiencing any combination of economic, social and psychological deprivation:

From its beginning as a field of inquiry, the study of child maltreatment has been dominated by a clinical aura of pathology. David Gil and others noted that from the first public statements, professionals and public alike defined child abuse as qualitatively deviant from normal caregiver-child relations - different in kind, not simply degree; sick rather than in error. The position that child abuse is best understood as a point along a more general continuum of caregiver-child relationships, has been and continues to be a minority view. Seen this way, child abuse and neglect are only parts of a more general phenomenon: the maltreatment of children. The problem of child abuse can be understood only as part and parcel of the overall society's commitment to the welfare of children and families. We believe that child maltreatment is an indicator of the overall quality of life for families. It is concentrated among people who have the least going for them economically, socially and psychologically, and who thus comprise high-risk families. The rationale for this view emerges from an ecological approach to the problem, one that systematically deals with the interaction of person and environment (p20).

The replies to the three questions we have addressed so far show that conflict and physical violence in the family is widespread and some of the reasons why this is so have been offered in research findings; although most people appear to resist the idea that it even exists. As stated in the results of the Second Study there were significant differences in values and underlying attitudes between males and females regarding "Child Punishment" and "Child Sexuality". Basically the results of this research indicated that males are more likely than females to favour physical punishment as a means of disciplining children and that males are more likely than females to see a child as a sexual being. A further question to ask is "How do these basic differences in values and underlying attitudes between males and females affect the family situation with regard to the mistreatment of children?"

5.2 Physical Abuse and Conflict in the Family

Reid (1988) claims that physical abuse of children is the end product of the denial of a person's very basic need for satisfactory work:

Low job satisfaction and unemployment are risk factors in child abuse (p40).

Gelles and Straus (1988) in their documentation of findings resulting from two decades of research in the U.S. conclude that violence in the family is not a product of mental illness but the result of social circumstances that the majority of American families experience at one time or another. Their findings reveal abusive widespread behaviour such as child battering, wife-beating, sexual abuse, marital rape, and abuse of the elderly that thrives behind closed doors from rural communities to Manhattan. The authors cite economic adversity and worries about money as pervading factors in the typical violent home. One thirty-four-year-old wife of an assembly-line worker told how she had beaten, kicked, and punched both her children. So had her husband. The mother spoke about the economic problems that hung over their heads and how the husband's violence was related to his not being able to give the family what they needed:

He worries about what kind of job he's going to get, or if he's going to get a job at all. He always worries about supporting the family. I think I worry about it more than he does...It gets him angry and frustrated. He gets angry a lot. I think he gets angry at himself for not providing what he feels we need. He has to take it out on someone, and the kids and me are the most available ones (p85).

The above authors found stressful life circumstances to be the hallmark of the violent family and the greater the stress the individuals are under the more likely they are to be violent toward their children. Also, violent parents are likely to have experienced, or been exposed to, violence as children. Although this does not pre-determine that they will be violent (and likewise, some abusive parents grew up in non-violent homes), there is the heightened risk that a violent past will lead to a violent future. The authors comment that nothing provokes greater outrage than seeing the battered body of a defenceless infant. However, the myth that only young innocents are victims of abuse hides the teenage

victim. Teenagers are as likely to be abused as are children under three years of age. Why are the youngest children and teenagers at the greatest risk of abusive violence? With younger victims of physical abuse there are a number of factors that make them high risk. The answer seems to be that they are demanding, produce considerable stress, and cannot be reasoned with verbally. Parents of teenagers offer the same explanations for why they think teenagers are equally at high risk.

Straus and Gelles (1978) add that there was a common sense outcome to their research in that it would appear that if a couple want to prevent abuse and conflict in the family then they should either have no children or eight or nine. One explanation for this is that at a certain point children become resources that insulate the family from conflict.

5.3 Sexual Abuse and Conflict in the Family

Reid (1988) as quoted above cites denial of personal needs in the form of marital satisfaction as a potential risk factor in child sexual abuse:

Poor marital satisfaction may increase the risk of child abuse in the family (p40).

Walters (1975) presents evidence from consulting on over two thousand abuse cases to show that when sexual involvement occurs in a family it is where there are long-standing disagreements over differences of personal values and unvoiced hostility. Walters advocates that we can best understand why sexual abuse occurs by looking at the most typical situation - a father who is sexually involved with his daughter. In Walters' experience this involvement is the father's ultimate act of hostility or hatred towards the mother. He asks why a father would select his own child to have a sexual involvement and gives the

following reasons:

The basic reason for being involved with one's child is anger toward one's spouse (p121). Usually, the marriage has been anything but harmonious and the abuse event becomes the justification for separation or divorce for a couple who have long considered their marriage "dead"...In many instances, there are long-standing disagreements over personal values, finances, child-rearing, food, clothing and every other aspect of life. More often than not, the couple have not had sexual relationships for a year or more (p124).

Walters stresses that this is not to paint a picture of a home with arguments, violence, and a sexually frustrated male which is rarely seen. Rather, arguments are few and far between:

Differences in opinions and values are not resolved; they are not even discussed. Long ago the couple reached some kind of accommodation but it had no effect on unvoiced hostility between them (p124).

Finkelhor (1979) found in an investigation into the family backgrounds of students in the social sciences (N=796: 530 females and 266 males) "some valuable and provocative results" (p130). 19.2% of the females and 8.2 % of the males had been sexually victimised as children" (p53). As to whether an experience was sexual, or not, is something decided by a respondent in a survey, not the researcher, so the instructions to the respondents read as follows:

We would like you to try to remember the sexual experiences you had while growing up. By "sexual" we mean a broad range of things, anything from playing "doctor" to sexual intercourse - in fact, anything that might have seemed "sexual" to you.

The "might have seemed" was included as a deliberate attempt to see if respondents would volunteer some amorphously defined experiences. A list of conventional kinds of sexual activities was then given for the respondent to choose from plus an open category marked "other" (p49).

Finkelhor found that marital conflict and family disruption are environments that contribute to the risk of sexual victimisation. Being a child of an unhappy marriage, missing a father, or particularly,

missing a mother leave a girl especially vulnerable to sexual abuse. In addition, a stepfather or stepbrothers, when they are present in the family, are associated with sexual victimisation, not just because they themselves take advantage of a girl, but because they increase the likelihood of a non-family member also doing so. Another conclusion that the research reconfirmed was the importance of a mother in protecting a girl from sexual abuse. Finkelhor (1979) claims that girls without mothers are at a very high risk, and so also are girls whose mothers are inadequate or incapacitated because of illness, alcoholism, or poor education. On the question of crowding the findings were more equivocal. Crowding itself does not seem to increase sexual victimisation and incest but large families do. That all large families make boys more vulnerable to sexual victimisation, but only families with a larger number of brothers do so for girls.

Finkelhor (1979) asks the following question in his conclusions "Is sexual contact among family members harmful to children, and if so, does it stem from something intrinsic to the experience or only to the prejudices of our culture about such experiences?" The findings from the study show that these experiences are harmful:

What about the idea that the harm of an adult-child sexual experience is mostly in the societal reaction, that the experience becomes traumatic only because people react to it as being so? This is a point of view that favors de-emphasizing the dangers of sexual relations between family members and encouraging a freer, less self-conscious family atmosphere. What we can contribute, on the basis of the present study, is the assurance that within our own culture these experiences are predominantly negative. In the majority of cases, they are foisted on the children, involve force and coercion at least of a psychological sort, and are reacted to negatively, especially by the girls. In our statistical profiles there is little room for romanticizing these experiences. There is clear evidence that they are noxious and traumatic. The discomfort may be aggravated by the reaction the child receives from others about the experience. However, our study finds that there is much that is discomforting in the experiences themselves, independent of the reaction of others (p152).

5.4 Typology of Circumstances of Child Abuse

Gil (1970) in his nationwide study found that although the circumstances precipitating incidents of abuse are quite diverse there seemed to be underlying this diversity a rather simple structure. A factor analysis of 1,380 abusive incidents produced the following typology of circumstances of child abuse:

- a. Psychological rejection leading to repeated abuse and battering;
- b. Disciplinary measures taken in uncontrolled anger;
- c. Male babysitter acting out sadistic and sexual impulses in the mother's temporary absence, at times under the influence of alcohol;
- d. Mentally or emotionally disturbed caretaker acting under mounting environmental stress;
- e. Misconduct and persistent behavioral atypicality of a child leading to his own abuse;
- f. Female babysitter abusing child during mother's temporary absence;
- g. Quarrel between caretakers, at times under the influence of alcohol (pp 140 & 141).

5.5 Societal Violence

Gil (1990) who is one of the main influences in the area of conflict and violence research spoke in a keynote address at The International Congress On Child Abuse And Neglect about his search to understand the deepest sources of violence in human relations both at the individual and societal level because this tendency can only be overcome if we understand it at its roots. Also that it is not enough to be upset with the symptoms without seeing the links between the many different symptoms - without reaching the roots. Gil asserts that all interpersonal violence is always the result of being violated oneself in everyday life and acknowledges that at the moment his work is still in the hypothetical stage. Edited excerpts from a transcript of Professor Gil's address now follow:

I am certainly not pretending that I know all the roots - I have some thoughts on some roots - which I would like to share with you. But before doing so it is important to know that while I am focussing on social-cultural forces I am not disregarding each individual case who is victimised and I am certainly not thinking that we need not help each individual case at the moment that individual is hurting. So while I will not talk about working with individuals and helping them, I take it for granted that this is crucial and we should avoid the dichotomy "either you do that or the other" - we must do both all the time, simultaneously, in interaction.

Capacity for violence is part of human nature but in the same way capacity for love and co-operation and caring is also part of human nature. Neither of these tendencies is inevitable in its manifestation. Whether we relate violently or lovingly is a function of our values and ideologies. So in one important, and all I can say is, hypothesis to me is that we do not have to be violent with one another. Nothing in our genes forces this upon us. It is only our reluctance to think things through from scratch that gives us the illusion that we must interact violently when violence occurs around us. Well - in the search for roots I began to understand the concept of societal violence. What is that?

Societal violence are conditions of living which obstruct the development of human beings - some, many, all - which are normal parts of a way of life in given societies. It is not so easy to acknowledge - and here I am reminded of Henry Kempe's struggle against society's denial of child abuse - that societal violence is practised in every existing society. When you have poverty, when you have unemployment, when you have crime, when you have discrimination of race, sex, age, physical conditions, whatever. When this is taken for granted this is societal violence - which is with us today.

So, once more, the concept of societal violence is the arrangements that are taken for granted by the participants which result in an obstruction of human development - one person or millions - and whenever that happens you are in the context of societal violence. Now in my understanding what we are so upset about, interpersonal violence, domestic violence are merely reactions on the individual level to conditions of society affecting people. These are not primary behaviours, these are reactive behaviours. All interpersonal violence is always a consequence of being violated oneself in everyday life in our normal existence. Why is that?

Structural violence inhibits development. When developmental constructive energy - spontaneous growth energy - is blocked it does not disappear. Energy never disappears in the universe. We learned this in Physics. All of our universe is based on many principles and that is one. Energy cannot disappear, it can only be transformed. Growth energy, developmental energy, which is blocked moves into destructive channels and becomes destructive behaviour. Self-destructive as suicide, mental illness, other destructiveness as crime, or domestic violence and many other variations. But the underlying process is blocked human creative productive energy that cannot actualise itself, that cannot be expressed and as a result finds other outlets which are not so nice.

Erich Fromm came to similar conclusions. Fromm (1941) says, "The more the drive towards life is thwarted the stronger is the drive towards destruction. The more life is realised the less is the strength of destructiveness. Destructiveness is the outcome of un-lived life." If I had read this important work of Fromm in time I would have saved a decade or two of search. So - we do not have to re-invent the wheel. In one beautiful formulation we have it here. That destructiveness is the

outcome of un-lived life and whenever we inhibit the living of life, destructiveness inevitably follows - towards the self or towards others. Let me move to the question "What is the cause of societal violence?"

If we have identified societal violence as the source of interpersonal destructiveness and therefore if we would like to overcome societal violence in our various systems we have to understand what is its dynamic. Where does it come from? Societal violence is the root of most problems I have seen and know and have experienced and continue to experience. Societal violence is where people have no choice what they want to do. How they want to use their creativity and productivity with which they are born and which is prevented from unfolding. This is the oppressive process which obstructs human development. The price of this is where we come together - the destruction of children. Are there any answers? There are answers at different levels. A major answer is, of course, what you do in the child protection services and centres. That is an immediate answer but it does not change the dynamics which re-produce the problems. It even sometimes creates the illusion that we are doing what we should be doing whilst things deteriorate on a massive scale. The answers require equal rights to be creative and productive.

I have looked at the new United Nations Convention on the Rights of the Child and hard as I looked I did not find the notion of the right to be creative and productive. Now I am not saying we should not ratify this document - it is an improvement on the mess we are in. But it does not reflect a commitment to a non-violent way of life in which each individual has the same rights and responsibilities to build life or to enjoy what is being built.

The desirable social change may never come about. We have to acknowledge the sad truth that this species, our species, has no assurance of survival and we may self-destroy. However, we have to start where we are and we have to look for policies that are absorbable within the existing way of life but strain that life to the limit and push us further towards possible development. Work-life can be a joy. School is the equivalent, or the preparation for work-life. When people think that the only good thing about school is to get out of it in the holidays it makes you wonder what value we attach to creativity and productivity.

I have given you the essence, and the key issue we have to address is structural violence. And we have to address it in ourselves. There has not been a week without a war since World War Two. Not a week without massive destruction somewhere on the globe. We have to understand that we have through non-violent engagement with each other to promote the choice, the voluntary choice of a different relationship of people to one another, and to our base - the globe. That we have to keep this goal clearly in mind, that the world is for all of us in the same way. And any attempt to monopolise more of the world for fewer people is a game that has proved its total meaninglessness and we have to move in alternative directions.

We have to understand that unless we transform the existing system that deprives people all over the world of creative work we have no chance to eliminate violence on the domestic scene. Because violence on the domestic scene is merely a reaction of people who are violated in their everyday lives.

5.6 Summary

In this chapter research findings have been presented which claim that family violence is widespread in the U.S. (Straus, 1980; Gil, 1970); although this idea is resisted by most people because it is in conflict with the popular stereotype of family life (Jones, 1982). However there is research which shows that family violence is more common than violence between any other individuals, except during war or riots (Gelles, 1978).

One explanation for violence against children is that it is part of a widely accepted way of child-rearing; and we learn from childhood that physical violence works if all else fails and thus associate physical force with love, and hitting members of the family (Straus, 1978). Also that violence exists when people's basic needs are blocked by circumstances; this can mean that lack of job satisfaction may manifest as physical abuse, and lack of sexual satisfaction may manifest as sexual abuse which are both dangerous results of frustration of an individual's level of basic needs (Reid, 1988). A taxonomy of circumstances of child abuse was presented which includes uncontrolled anger, psychological rejection, emotional disturbance, and uncontrolled sexual impulses (Gil, 1970). Finally, Gil (1990) offered a hypothesis to explain some of the roots of societal violence, of which family violence is seen as a reaction, and how when human developmental energy is blocked it is expressed in violent ways; and when the developmental needs of a person are blocked this growth energy moves into destructive behaviour, either against the self as suicide, or against others, either in the family or society.

In Chapter 8 we will examine developmental needs, with particular reference to psychological needs and the mistreatment of these needs.

CHAPTER 6

PSYCHOLOGICAL NEEDS AND MISTREATMENT: LITERATURE

To understand some of the roots of psychological mistreatment it is necessary to present explanations for the motives of the people involved in this most insidious area of mistreatment. This chapter will look at two main areas. First is the area of Developmental Needs and the resulting harmful psychological consequences of the frustration of these needs. The second area is the Emotions and the effects of emotional mistreatment.

6.1 Developmental Needs

The theory of developmental needs is based on the belief that all human beings are born with certain intrinsic needs which are closely linked to whatever motivates them in order to satisfy the needs. These needs must be fulfilled if a person is to achieve full individual potential. There are a number of theories about developmental needs but the one that is probably the most well-known, and of which others are largely variations, is that formulated by Maslow.

6.1.1 Maslow's Theory of Human Needs

The theory of human needs as defined by Maslow (1968, 1970) combines, amongst others, the functionalist tradition of James and Dewey with the holism of Gestalt psychology and the dynamism of Fromm and Reich. This synthesis Maslow names as a holistic-dynamic theory. Maslow's (1970) theory divides human needs into six main categories and these are: physiological needs, safety needs, belonging needs, self-esteem needs, self-fulfilment needs, and self-transcendence needs.

A summary of the six needs follows:

Physiological Needs

The physiological needs are the important basic requirements for survival and are usually taken as the starting point of needs theory. Maslow (1970) claims that there are two lines of research which make it necessary for a revision of customary ideas regarding these "so-called" physiological needs. First is the development of the concept of homeostasis and second is the finding that appetites (preferential choices among foods) are a fairly efficient indication of actual, or lack of, needs in the body:

Homeostasis refers to the body's automatic efforts to maintain a constant, normal state of the blood stream. Cannon (1932) describes this process for (1) the water content of the blood, (2) salt content, (3) sugar content, (4) protein content, (5) fat content, (6) calcium content, (7) oxygen content, (8) constant hydrogen-ion level (acid base balance), and (9) constant temperature of the blood. Obviously this list could be extended to include other minerals, the hormones, vitamins, and so on.

Young (1941, 1948) summarised the work on appetite in its relation to body needs. If the body lacks some chemical, the individual will tend (in an imperfect way) to develop a specific appetite or partial hunger for that missing food element (pp15 & 16).

According to Maslow (1970) it would seem impossible as well as useless to attempt to make any list of fundamental physiological needs for they can come to almost any number one might wish depending on the degree of specificity of description. What is important to point out is that any of the physiological needs and the behaviour involved with them serve as channels for all sorts of more subtle needs as well. This is to say, people who think they are hungry may actually be seeking food for comfort, or dependence, rather than for vitamins or proteins. Conversely, it is possible for example to satisfy the hunger need in part by other activities such as drinking water. Undoubtedly these physiological needs are the most prepotent of all needs. What this means specifically is that in a person who is missing everything else in life to an extreme degree it is most likely that their major motivation would be the

physiological needs rather than any others. In Maslow's (1970) theory a person who is lacking food, safety, love, and esteem would probably hunger for food more strongly than for anything else. Thus if all the needs are unsatisfied, and the organism is then dominated by the physiological needs, all other needs may become simply non-existent or be pushed into the background. It is then fair to characterise the whole organism by saying that it is simply hungry and the intelligence, memory and habits may be defined simply as hunger-gratifying tools. Capacities that are not useful for this purpose would lie dormant. The urge to write poetry, the desire to acquire a new pair of shoes or a new car, an interest in history are, in extreme cases, forgotten or become of secondary importance. Freedom, love, community feeling, respect, philosophy, may all be waived aside as unnecessary extras. Maslow questions what happens when the physiological needs are filled? A need that is filled is no longer a need and becomes unimportant in the dynamics of the person. However the basic needs may emerge again if they are denied or thwarted. When the physiological needs are gratified higher needs emerge and these rather than the physiological hungers then dominate the organism.

Safety needs

The safety needs may be categorised roughly as the need for physical safety, security, stability, protection, law and order and freedom from fear and anxiety and chaos. Maslow asserts that a good and stable society is one which protects its citizens from physical dangers. All that has been said of the physiological needs is equally true, although in a lesser degree, of the safety needs; a person may equally well be wholly dominated by the need for safety. Attempts to seek safety and stability are seen in the very common preference for the familiar rather than the unfamiliar, or for the known rather than the unknown. The tendency to

have some organised belief system that appears to organise the universe and the people in it can be safety seeking. People who are worried about the unpredictable in their lives try frantically to order and stabilise their world and take this need to extremes in order that no unexpected or unfamiliar event will appear. Maslow (1970) describes his perceptions of how these people order their world to avoid the unexpected in their lives:

They hedge themselves about with all sorts of ceremonials, rules and formulas so that every possible contingency may be provided for and so that no new contingencies may appear. They manage to maintain their equilibrium by avoiding everything unfamiliar and strange and by ordering their restricted world in such a neat, disciplined, orderly fashion that everything in the world can be counted on. They try to arrange the world so that anything unexpected (dangers) cannot possibly occur. If, through no fault of their own, something unexpected does occur, they go into a panic reaction as if this unexpected occurrence constituted a grave danger (p19).

If both the physiological and safety needs are gratified there will emerge the need to belong and the whole cycle already described will begin again.

Belonging Needs

The belonging needs include the need to give and receive affection in addition to the love needs which Maslow stresses have nothing to do with sex. When these needs are not met a person will feel keenly the absence of friends, mate, or children. Such a person will hunger for affectionate relationships with people in general and forget that when hunger was the foremost need the need for love seemed unreal and unimportant. Maslow acknowledges that there is very little scientific information regarding the belongingness needs. What is known in a general way is the destructive effects on people of having to move too often, of disorientation, of the general over-mobility that is forced by industrialisation, of being without roots, or of despising one's roots, of being torn away from one's home, one's family, and friends, of being transient or a newcomer rather than a native. These effects show the deep importance of one's own "kind" and one's familiar environment.

Maslow (1970) asserts that any good society must satisfy the need, one way or another, for social contact and belongingness in order to stop widespread feelings of alienation and loneliness. He believes that in our society the thwarting of the belongingness need is the most commonly found core in cases of maladjustment and more severe pathology.

Self-Esteem Needs

All people in society, with a few pathological exceptions, have a need to feel a high evaluation of themselves; for self-esteem or respect, and for the respect of others. Gratification of the self-esteem need leads to feelings of self-confidence, worth, strength, and of being useful and necessary in the world. There is a danger however if one bases one's feelings of worth on the opinions of others rather than on one's real capacity and competence. Thus the most healthy self-esteem is based on a person's deserved respect from others and has been personally earned. Thwarting of the opportunity to satisfy self-esteem needs produces feelings of inferiority and helplessness and can lead to neurotic tendencies. Maslow (1970) stresses that it is important to distinguish between the actual competence and achievement which comes naturally and easily out of one's own true inner nature which is one's Real Self rather than the achievement based on sheer will power and determination which arises out of an idealised pseudo-self.

Self Fulfilment

Even if all the previous needs are satisfied, if an individual is not engaged in work which gives personal satisfaction there may still often (but not always) arise a new discontent and restlessness to develop.

Maslow describes his perception of this need:

Musicians must make music, artists must paint, poets must write if they are ultimately to be at peace with themselves. What humans can be they must be. They must be true to their own nature. This need we may call self actualization (p22).

The specific form that self actualization needs take will vary greatly from person to person. In one individual the need may take the form of the desire to be an excellent parent, in another person the need may be expressed athletically, and in another in inventing things or doing something that one is really interested in doing. However the common feature of the need for self actualisation is that its emergence usually rests upon the prior satisfaction of the physiological, safety, love and self-esteem needs.

Self Transcendence

Maslow (1970) likens the word transcend to the word "surpass" in the sense of being able to do more than one thought one could do or more than one has done in the past. This final need is to transcend a life where one is stimulus-bound and actuality-bound and to rise to the realm of the possible as well as the actual. This means, for example, to be unpopular when it is the right thing to do and not to be manipulated by others. Also to be role free and a natural person rather than acting a role. Maslow argues that his investigations found as many transcendents among businessmen, industrialists, managers, educators and political people as he found among the professionally "religious", and the poets, intellectuals, musicians and others who are supposed to be transcendents.

Maslow makes it clear that the hierarchy is not a fixed order and that it is not nearly so rigid as it may seem. He acknowledges that it is true that most people appear to have the basic needs in about the order that has been indicated. There are however a number of exceptions such as some people regard self-esteem as more important than love. Also there are some people who have been starved of love in the earliest months of their lives and so they have lost forever the desire and the ability to

give and to receive affection.

According to Maslow (1970) it is a false impression to believe that a need must be satisfied 100% before the next need emerges. That in actual fact most people are partially satisfied in all their basic needs and partially unsatisfied in all their basic needs at the same time. A more realistic description of the hierarchy would be in terms of decreasing percentages of satisfaction as we ascend. Finally these needs must be understood not to be exclusive or single determinants of behaviour. An example can be found in any behaviour that seems to be physiologically motivated such as eating or the act of making love and so forth. Any behaviour may be a channel through which various impulses flow - or to put it another way, most behaviour is multi-motivated. Within the sphere of motivational determinants any behaviour tends to be determined by several or all of the basic needs simultaneously rather than by only one of them. Thus eating may be partially for the sake of filling the stomach, and partly for the sake of comfort and amelioration of other needs. One may make love not only for sexual release but also to convince oneself of one's sexuality, to feel powerful, or to win affection. It would be possible to analyse a single act of a person and see in it the expression of physiological needs, safety needs, love needs, esteem needs and self-actualisation. Thus no one trait or one motive accounts for a certain kind of act.

Adams (1990) claims that the work of Maslow and his description of human needs in a kind of hierarchy gives some of the best understanding of human motivation. That a pyramid structure is usually presented to reflect Maslow's ideas. This pyramid structure is shown in the

but in the satisfaction of psychological needs.

6.1.2 Effect of Failure to Meet Needs

Hart et al (1987) claim that psychological mistreatment is the frustration of a person's efforts to fulfil their current level of developmental needs. They offer an etiological theory of child psychological mistreatment based on the aforementioned theoretical works of Maslow and present an explanation of how the frustration of a person's needs could lead to destructive behaviour:

Maslow (1968, 1970) and others have indicated that failure to meet deficiency needs may produce maladaptive, ineffective, and destructive patterns of living. Maslow indicated that his orientation to basic needs was shared "by most clinicians, therapists, and child psychologists" (1968, p21) whether or not they would phrase them as he did. It is our opinion that this continues to be a supportable position, and that the Needs Hierarchy clarifies the nature of psychological maltreatment (p9). In addition we assume that psychological maltreatment is an attack on basic motivational or needs systems (Maslow, 1970; Glasser, 1965) and that human beings are best understood from developmental and holistic perspectives... (p218). Egeland and Erickson...have suggested that the major source of influence causing caretakers to psychologically maltreat is their own state of unmet needs (p19).

Gil (1987) is primarily concerned with the impact of socio-cultural factors on developmental needs and examines whether these needs can be realised and innate human capacities unfold freely within the established style of life in the U.S.A. According to Gil there are five basic needs which are inter-related:

- (1) Basic Material Goods and Services
- (2) Meaningful Human Relations
- (3) Meaningful and Creative Participation in Socially Valued Productive Processes
- (4) A Sense of Security
- (5) Self-actualization (p165 & 166)

Gil's theory cites the conditions and processes of modern life as interfering with the fulfilment of people's developmental needs; and that under such circumstances, natural innate capacities do not usually develop freely and fully and thus development needs are stunted. Gil

proposes that modern society is a development-inhibiting, or people-abusing, social environment. That this way of life is often acknowledged to affect people living in poor and low-income homes but paradoxically this is also true, though in different ways, for people living in high income and affluent homes. Material adequacy and affluence do not by themselves lead directly to the development of security, belonging, self-esteem, and actualisation needs. Wealth alone cannot insulate individuals from the frustrating effects of selfish, unequal, and antagonistic patterns of everyday life. Gil (1990) in a keynote address to The International Congress On Child Abuse And Neglect suggests four categories of developmental needs for each human being (physical, psychological, social, and spiritual) and the resultant violent effects when these needs are frustrated:

The human being is born with developmental needs - physical, psychological, social and spiritual. When the environment precludes the fulfilment of these needs there is a violent reaction. When human, constructive, creative, developmental energy is blocked it moves into destructive channels and find other outlets which are not so nice. Violence in the family is merely a reaction of people who are violated in their everyday lives.

Langmeier and Matejcek (1975) found in their empirical research with institutionalised children that although basic needs will be much the same in all human cultures the accepted values of particular environments must be taken into account. They claim that the further we ascend the hierarchy of needs and the more detailed and specific we become in particular cultures then the greater the differences will appear to be:

In different cultures, particular needs are experienced with varying degrees of urgency. We can only assess the effect of psychological deprivation, therefore, in terms of generally accepted values in a given culture or social class or individual family. In this sense, these effects will be reflected in the extent to which an individual suffering the effects of long-term non-satisfaction of needs is unable to adapt himself to situations which are normal and desirable in a given society... This definition of course refers only to psychological needs and ignores material, biological needs which may, but need not be, at the same time adequately satisfied (p16).

6.2 The Needs of Children

Kellmer Pringle (1978), late Director of The National Children's Bureau in the U.K., claims that it is remarkable that so little attention has been paid to the needs of children who are abused compared with the considerable and still expanding literature on the needs and problems of their parents. That abusing parents' socio-economic background, health, personality, and personal and marital history has received a good deal of attention. In contrast, very little research has been undertaken into the emotional, social and intellectual effects on children of being subjected to parental abuse; or of growing up rejected and ill-treated although not to the point of maiming or death which are, after all, only the publicised tip of the iceberg of child abuse.

According to Kellmer Pringle, this lack of apparent interest in, or concern for, the psycho-social needs of the abused child is quite strikingly demonstrated in the official reports into fatal cases in the U.K. None of these reports even refer to likely psychological damage arising from physical abuse; yet surely this must have been evident before the final tragedy. Kellmer Pringle continues that the first case which led to a full enquiry concerned Maria Colwell (Department of Health and Social Security, 1974) who was almost eight years old by the time she died. Maria was shuttled back and forwards between her foster parents, whom she wanted to be with, and the home of her mother and step-father. In the end she was taken to hospital suffering from injuries which had been inflicted on her at her mother's home and included severe stomach bruising; she weighed only 36 pounds when the average for her age and height should have been between 46 to 50 pounds.

Kellmer Pringle (1978) maintains that in no case so far has the question ever been raised regarding whether, and to what extent, a killed child's psychological needs had also not previously been met by the family; and whether on these grounds alone earlier intervention should have taken place which might have prevented the subsequent tragedy:

For example, 6 year old Maria Colwell changed within a 15 month period from being a happy, responsive, well-behaved child to being withdrawn, sullen, solitary, depressed, unable to communicate, sitting for hours staring into space, and not responding to children or adults. Indeed the description of her behaviour shortly before she died indicated that she was in a state of severe shock, depression and deep mourning for the parents she had lost; and that the treatment being meted out to her was destroying her not only physically but emotionally.

Yet those professionally concerned (teachers, social workers, health visitors and doctors) did not apparently consider her to be in need of psychological support or treatment. Had she survived, the emotional damage done to her would very probably have had long-term effects on her ability to make relationships. The enquiry report hardly touches on this vital issue, nor does it call for more closer attention to be given in future to early danger signs that a child is being emotionally damaged. Neither does it emphasize the need to provide treatment for the inevitable emotional consequences engendered by physical ill-treatment, nor does any other official report published since (p222).

Kellmer Pringle's theory asserts that there are four different sets of family circumstances which may result in child abuse: the isolated and atypical incident, the "scapegoat" child, inadequate parents, and violence (physical and verbal) as a way of life of the parents. Kellmer Pringle claims that parents in the "inadequate and violent" categories tend to show little remorse or shame: instead they justify their treatment of the child by saying that the child is naughty, has dirty habits and other shortcomings. According to Kellmer Pringle the prognosis for improvement, let alone lasting change, is very unfavourable. That many very experienced workers warn against feelings of professional omnipotence and uncritical therapeutic optimism which may result in far too much being expected in the way of improvement of very damaged parents. If the continued safety of the child cannot be ensured then

good substitute parental care should be provided. When these damaged parents, who were more often than not themselves "sinned against" as children and deserve compassion rather than punishment, are deprived of their parental rights, they are unfortunately made victims for at least the second time in their lives.

Kellmer Pringle (1978) points out that it used to be interpreted that developmental needs come into play in a hierarchical sequence, the most basic being those for sheer survival, such as the need for food and water; and only when these have been satisfied do the higher needs emerge, such as the need for a loving relationship. Now it is widely accepted that all human needs are inter-related and inter-dependent in a subtle, complex and continuous way; for example, children may fight sleep for fear that a parent might desert or hurt them. Kellmer Pringle argues that since physical needs are now more generally understood and met, the emphasis here is on psychological needs; and as few as two and as many as sixty psychological needs have been enumerated by different authors. Kellmer Pringle offers a four-fold classification of psychological needs:

- The need for love and security
- The need for new experiences
- The need for praise and recognition
- The need for responsibility

Kellmer Pringle sees these needs as having to be met from the beginning of life and they continue to require fulfilment to enable a child to grow from infancy to mature adulthood. Their relative importance changes during different stages of growth as do the ways in which they are met. Summaries of the four needs now follow:

The need for love and security

This need is met by children experiencing from birth onwards a stable, continuous, dependable relationship with their parents (or permanent

substitutes) who themselves have a rewarding relationship with each other. This is probably the most important need because it forms the basis for all later relationships not only within the family but with future friends, colleagues and eventually the child's own family. The most important feature of parental love should be that the child is valued unconditionally and this love is given without expectation or demand for gratitude. Whether children acquire a constructive or destructive attitude towards themselves and to others depends initially on their parents' attitudes to them. Also the need for security is met by providing a dependable environment and clear standards of behaviour.

The need for new experiences

Kellmer Pringle (1978) believes that if the need for new experiences is met through childhood and adolescence then the child's intelligence will develop satisfactorily. Just as the body needs food and a balanced diet for physical development - so new experiences are needed for the mind. In early childhood the most vital ingredients of this mental "diet" are play and language. Through these the child explores the objective outside world of actuality and the inner subjective world of thoughts and feelings. That one of the most important lessons for early life is learning how to learn, and learning that mastery brings joy and a sense of achievement. Kellmer Pringle believes that school is a major new experience and children's development will be greatly affected by the values of their teachers. That teachers are in a powerful position to help awaken, or rekindle, the joy and curiosity in learning about new things shown by almost all young children.

The need for praise and recognition

To develop from a helpless infant into a self-confident and self-accepting adult requires an immense amount of emotional, social and

intellectual learning. Kellmer Pringle (1978) claims that this growth requires continuous effort and is accomplished by children modelling themselves on the adults who are caring for them. The most effective incentives to sustain this learning process are praise and recognition for a job well done; and reasonable demands act as a spur to perseverance.

The need for responsibility

Finally Kellmer Pringle presents the need for responsibility which is met by allowing children to gain personal independence, at first over matters of everyday care such as feeding, dressing and washing themselves. It is also met by children having their own possessions over which they exercise absolute ownership. As children grow older the responsibility should be extended to more important areas such as being responsible for their own actions and eventually, in maturity, being able to accept responsibility for others. Kellmer Pringle asks how can responsibility be given to the irresponsible? She argues that there is no way out of this dilemma for until responsibility is given to children they cannot learn how to exercise it; and like all skills it needs to be practised under guidance which should gradually diminish.

Langmeier and Matejcek (1975) in their research into "the complex and controversial issue of basic psychological needs" (p14) offer a theory of four roughly hierarchical categories of needs for the "proper" development of a child. The four needs are: external stimuli, sensory-cognitive structures, affectional attachment, and personal values:

- 1 The need for a certain level of external stimulation, ie., for a certain amount and complexity - or variability - of stimuli in general, or of stimuli in certain modalities. This is obviously necessary for the development and maintenance of adequate levels of attentiveness and activity, which is a necessary condition for the child's active relation to the surrounding world.
- 2 The need for sensory-cognitive structuring, ie., for meaningful sequences or order of stimuli, as a necessary condition for the child's effective learning.

- 3 The need for objects permitting specific affectional attachment, i.e., for stable classes of stimuli which concentrate the child's individual activities. This is a prerequisite for the development of feelings of security.
- 4 The need for primary personal values, for stimuli (objects and goals) which are critical for the growth of personal identity and self-fulfilment; the child needs appreciation, recognition of his worth, confirmation of his autonomous conduct and approval of his assumed, distinct social roles. This again is clearly a precondition for effective personality integration (pp14 & 15).

6.2.1 Effects of Failure to Meet Children's Needs

Miller (1987) explores the sources of violence within ourselves and offers a theory that these are encouraged by widely accepted and traditional attitudes towards child-rearing which suppress the child's developmental needs. According to Miller, these child-rearing methods which use punishment and coercion and are rationalised as being for "the child's own good" are in fact psychologically damaging to the child. Miller asserts that children are born to grow, to develop, to live, to love, and to articulate their needs and feelings for their self-protection. For their development children need the respect and protection of adults who take them seriously, love them, and honestly help them to become orientated in the world. These vital needs are frustrated when children are used as objects on which adults discharge their own pent-up emotions. Miller argues that when children are exploited, beaten, punished, taken advantage of, manipulated, neglected, or deceived without the intervention of any witness, then their integrity will be lastingly impaired.

Miller maintains that the normal reactions to such injury should be anger and pain. Children in this hurtful environment however are trained not to show strong emotions and they learn to suppress their feelings, repress all memory of the trauma, and idealise those who are guilty of this treatment. This suppression of strong emotions begins in infancy and is disastrous because the suppression begins before the child's self

has had a chance to develop. Later they will have no memory of what was done to them. Disassociated from the original cause, their feelings of anger and pain will find expression in destructive acts against others (criminal behaviour) or against themselves (addictions, prostitution, psychic disorders, suicide). Miller (1984) claims that psychotherapists know how long it sometimes takes before a child's resentment, which has been repressed for thirty, or forty, or even fifty years, can be articulated and relived. These children learn from an early age that love and acceptance can be bought only by denying one's own needs, impulses and emotions (such as hate, disgust, and aversion) - at the high price of surrender of self. Children conditioned to be well-behaved have learned how to suppress emotions and are unable to recognise their authentic feelings and be comfortable with them. It is the tragedy of "well-raised" people that they are unaware of what was done to them and how they cannot articulate their own feelings thus they do to their own children what was done to them.

Miller (1984) asserts that the blocked feelings resulting from this treatment inevitably lead to "psychic and physical disturbances" (p311):

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present its bill, for it is as incorruptible as a child who, still whole in spirit, will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth (p318).

Miller believes that if mistreated children are not to become criminals or mentally ill it is essential that for at least once in their life they come in contact with a person who knows without any doubt that the environment, not the child, is at fault. In this regard, knowledge or ignorance on the part of society can be either instrumental in either

saving or destroying a life. Here lies the great opportunity for relatives and professional carers to support and believe the child. Miller (1984) concludes that people whose integrity has not been damaged in childhood, who were protected, respected, and treated with honesty by their parents will be intelligent, responsive, empathic and highly sensitive. They will take pleasure in life and will not feel any need to hurt or even kill others, or themselves: and they will use their power only to defend themselves but not to attack others.

Kellmer Pringle (1978) warns that if one of the four needs presented in this chapter (love and security, new experiences, praise and recognition, and responsibility) remain unmet then the child's development may become stunted or distorted. In practice if one need fails to be met then others are likely to be affected too.

Langmeier and Matejcek's (1975) practical work on childhood psychological deprivation is introduced as follows:

Psychological deprivation is obviously an extremely complex problem. Since it is concerned with the relationship between the demands of the developing organism and of society, it has implications for many areas of social practice (p xiii).

The authors offer the following definition of psychological deprivation:

After consideration...we think the concept of psychological deprivation is best defined in a preliminary way as follows: psychological deprivation is the physical condition produced by life situations in which the subject is not given the opportunity to satisfy some of his basic (vital) psychological needs sufficiently and for a long enough period so that their appropriate actualization and development are obstructed or distorted. As we understand it, psychological deprivation is thus a characteristic inner end product of the prolonged impact of an impoverished environment which the child reaches through the depriving situations resulting from continuing restricted interaction of the child with his physical and/or social environment (pp 13 & 14).

Reid (1988), a paediatrician, has researched the concept of cruelty for over forty years in numerous countries. The findings he presents are:

subtleness of psychological cruelty can be far more violent than physical cruelty. During the last ten years he has concentrated on child abuse which he describes as the most difficult area of cruelty to understand and correct in many respects. Reid argues that to have any hope of success in understanding child abuse we need to go more deeply into the causes of cruelty at both individual and societal levels. That cruelty at the individual or societal level continually changes within seven categories. The seven given categories are Physical, Economic, Religious, Political, Intellectual, Cultural, and Health Powers which can be used or abused and in Reid's opinion they are abused in modern societies. He asserts that the study of cruelty has been greatly inhibited by the concentration on his first category of cruelty (physical violence and aggression) as the only manifestations of cruelty:

We are programmed to think that violence and aggression are the beginning and end of cruelty, but these are just small parts of cruelty. Violence and aggression are fine words to describe animal behaviour but they do not begin to meet the human condition. For example, everything we do or say, each gesture, each word or the absence of speech, the faintest hint of body language, the slightest suggestion of disdain or disapproval or superiority may inflict or provoke cruelty. Cruelty can be as subtle as the whisper of wind in the dead of night...The child may suffer more from being ignored than from a violent or aggressive assault by a relative (p3).

Langmeier and Matejcek (1975) offer five psychologically depriving situations in the relationship of a child to the environment which should be stimulating. The depriving situations are Isolation, Separation, Frustration, Conflict, and Neglect and these are detailed below:

- 1 Isolation - if there is complete isolation from human contact over a long period of time we can expect the basic psychological needs which remain unsatisfied from the beginning will not develop and will remain at a very rudimentary level.
- 2 Separation - is frustration of the child's needs to be with parent figure. If the child is separated from those persons who were previously the source of satisfaction of his basic needs.

- 3 Frustration - the inability to satisfy an aroused need because of some impediment or obstacle.
- 4 Conflict - by conflict we mean a particular type of frustration in which the obstacle which prevents satisfaction of an aroused need is another aroused need which has a competing valence.
- 5 Neglect - is emotional withering. Their mental and particularly their emotional development is seriously disturbed (pp16 to 22).

Also, the authors claim that psychological deprivation produces four different types of children. These are given as the hypoactive inhibited regressive type, the socially hyperactive type, the socially provocative type, and the type which seeks substitute satisfaction of emotional needs. The four deprived types are given as follows:

The hypoactive inhibited regressive type. Here we are dealing with the classic type of deprived personality...Characteristic features are mental retardation and overall decreased activity, particularly in the social sphere...The child is usually incapable of emotionally responding. A specific emotional relationship to adults has not been established, and if we are dealing with a child of three years or older it is obvious that the optimal conditions for the development of such a relationship have already disappeared...He seems quiet, well behaved and adjusted, is often physically attractive, roly-poly, and smiles happily during simple play.

The socially hyperactive type. This type of deprived child would not attempt to establish contact with one particular person and is concerned more with the quantity than the quality of the available social stimuli. He spontaneously establishes contact with the environment and in this sense is hyperactive, but the contact is only superficial and multi-directional: the child is not deeply involved in it...His uninhibited spontaneous nature, his social interest and activity make him very attractive. He runs to any embrace. He seems to adapt immediately to new emotional conditions...Quite often, however, within a short time the superficiality of the child's emotional involvement becomes apparent. Those who seek a deep, permanent, full emotional relationship with the child, and those who are concerned with his intellectual development can be disappointed. It is well established that such a child, because of his extravagant social involvement, avoids other forms of activity. His play is unskilled and he has a poor school record, although his I.Q. may be average or above average.

The socially provocative type. Such a child is in a state of constant high tension which is directed towards his unsatisfied attachment needs. He demands attention, is provocative and wicked. In institutions, this child shows abnormal aggression and tantrums, and is regarded...as undisciplined. He is generally disliked. When he is alone with the supervisor, however, the picture is quite the reverse. The child is "unrecognisably" quiet, cuddlesome, and tractable...If the cause of the increased tension is lack of emotional satisfaction there is a reasonable chance that the child will settle down and adapt if he is offered the emotional security he seeks.

The type which seeks substitute satisfaction of emotional needs. These children substitute their primitive, more easily satisfied needs for their unsatisfied social needs - they are sexually precocious, over-eat, are aggressive, tease animals, and so on. Such a child (requires therapy for) redirection of his emotional strivings into appropriate channels (pp385 to 387).

One important fact that emerges from the above descriptions is the inclusion in each that every type has damaged emotional responses. That these responses manifest in opposite extremes of under, or over, reaction which appears to be quite usual in disturbed behaviour. The damaged responses range from being incapable of emotionally responding to an immediate situation to running to any new emotional situation which is soon shown to be a superficial response. We have briefly looked at theories of how the failure to meet a child's needs damages a child's emotional responses. Present research is now focusing on the emotional mistreatment of children and before we examine this research it is necessary to briefly discuss the emotions.

6.3 The Emotions

Emotions play an important part in life and sometimes more than is ordinarily realised. Which feelings or sensations are designated as emotions? We shall take a brief look at emotions in general. The more common emotions are: happiness, joy, anger, sadness, fear, anxiety, shame, tenderness, love, hate, jealousy, and pride. Several of these words refer to the same basic emotion but are differing degrees of it. For instance, anxiety and fear are related, as are happiness and joy. Emotions have been divided into broad categories according to their general effect upon us; such as strong and weak, pleasant and unpleasant, slow and sudden. Some emotions have a very calming effect such as a feeling of peace. Fear has its value for it makes us aware of that which threatens, puts us on our guard, gives us the opportunity to retreat or

protect ourselves. These feelings are related to the very primary instincts and impulses of life.

What are the mechanics of emotions? That is, how do the feelings or sensations of the emotions come about from some stimulus, for example. The James-Lange Theory offers such an explanation. William James and Carl Georg Lange appear to have arrived simultaneously at the same conclusion in 1880. Basically, the James-Lange theory of the emotions asserts that an emotion is the result of certain body changes which themselves follow directly from a given stimulus.

James (1950, First published 1880) explains these changes:

The bodily changes follow directly the perception of the exciting fact, and our feeling of the same changes as they occur IS the emotions (p449).

Buck (1976) almost a century later supports James' explanation:

Thus we do not cry because we are sorry. We see something that makes us cry and our feeling of the crying is the sorrow (p42).

According to the above theory, stimuli which are perceived produce changes in the body, and the feelings that we have of these changes occurring are what we then experience as the emotions. In other words, the change in the body comes before the feeling of the emotion. This of course is a contradiction of the general opinion and common sense explanation. Thus this theory claims that we feel sorry because we tremble and not vice versa. This theory is important because it makes awareness of an emotion dependent on response.

Emotions can be over expressive as in the case of emotionally disturbed people; here there seems to be a lack of ability to control impressions whether these be external or internal. At the other extreme a person

can use willpower to keep the emotions under control although it is not good to suppress them entirely. Such suppression is an extreme, for to consider an emotional response as a weakness to be hidden can be just as dangerous to the health as are excessive outbursts of the emotions.

Some individuals have a greater innate sensitivity to external stimuli than others. For example, some people will consider a particular incident as cruel and they will react by being angry or sad whilst other people may not be affected at all.

6.4 Emotional Mistreatment

Kempe (1990) in a press conference at The International Congress on Child Abuse and Neglect stated that the focus of research is now on psychological mistreatment:

Everyone now recognises that emotional abuse is coming to the fore not only with mistreated children but also as part of everyday life.

Gelles and Straus (1988) using over fifteen years of research into the causes and consequences of abuse in the American family view emotional mistreatment as probably the most damaging form of all types of abuse:

The most hidden, most insidious, least researched, and perhaps in the long run most damaging form of intimate victimization may be the emotional abuse of loved ones. Defining physical or sexual abuse is relatively easy compared to the formidable task of setting forth what constitutes emotional abuse. Belittling, scolding, ignoring, tearing down, harping, criticizing, are all possible forms of emotional abuse. Such abuse takes many forms and the scars while not always evident, tend to show through in discussions with victims of emotional battering... Children bear the brunt of emotional batterings that range from direct verbal attacks to outright brutal acts of cruelty... There is little doubt that direct or indirect attacks on one's self-concept leave deep and long-lasting scars. Many of the people we talk to tell us that the physical scars of family violence fade but the emotional wounds fester beneath the surface forever. No one really knows how much emotional abuse exists in families. We know from surveys that verbal violence almost always accompanies physical violence and abuse... We suspect that one reason so little research on emotional violence has been conducted is that so many of us

are guilty of occasional or even frequent emotional attacks on loved ones that the behavior is too close and too common to allow for objective research. Emotional abuse is not a case of "there but for the grace of God go I." Rather ... "We have met the enemy and he is us" (pp67 & 68).

Garbarino et al (1986) conclude that emotional mistreatment is the primary issue in child maltreatment and it is the adults who have been emotionally mistreated as children who in turn abuse children:

Although our formal statements about child maltreatment focus on physical consequences, most of us recognise that the heart of the matter lies not in the physical but in the emotional domain. This recognition permits us to distinguish between "normal domestic violence" and "abuse". There is growing recognition that emotional maltreatment is the central problem with which we are dealing, and in most cases physical injuries are only of secondary concern. Many accept as fact that "people who abuse their children were themselves abused." Government pamphlets, public service announcements on television, and conference speakers proclaim this theme. The statement implies that people who abuse their children were physically abused during their own childhood. The evidence however is not so clear-cut as these public pronouncements would suggest. As Jayaratne (1977) concludes, and an independent reading of the primary sources will confirm, it is "emotional deprivation," "rejection," and "excessive demands" that generally characterise the childhood of adults who abuse or neglect their children (p230).

In the Foreword to Brassard et al (1987) Anne H Cohn (Director, National Center for the Prevention of Child Abuse, Chicago, U.S.) describes psychological mistreatment as emotional mistreatment. That only now are researchers and clinicians focusing their attention on emotional abuse:

Psychological maltreatment is at the core of all child maltreatment. Indeed, the long-term and most insidious consequences of all forms of maltreatment are emotional. Rejection, isolation, humiliation, verbal assaults, being ignored, being terrorized - these are things that happen to children. These are the things that crush a child's self-esteem, taint a child's emotional well-being, and damage a child's potential to contribute fully in this world. These are the things that make up psychological maltreatment. Only now is the public coming to understand that emotional abuse is a serious form of child abuse. And only now are a number of child abuse professionals - researchers and clinicians alike - focusing their attention on emotional abuse. This book heralds the increased attention we now see being paid to this problem. And, just as this book reflects pioneering and concrete thinking about a problem long regarded as too abstract to define, so this book will be a catalyst for efforts long needed to bring the problem into sharp focus and eventually under control (pix).

Lauer, Lourie, Salus, & Broadhurst (1979) claim that emotional mistreatment almost always accompanies physical abuse; at this time research concentrated mainly on physical abuse:

While emotional maltreatment may occur alone, it often accompanies physical abuse, but physically abused children are almost always emotionally maltreated as well (p16).

6.4.1 Emotional Rights of a Child

According to Garbarino et al (1986) most of us experience family violence of one kind or another. Thus the issue is not who experiences family violence but it is to understand the context in which adult behaviour becomes harmful:

More recent sociologically derived evidence documents that there is ample domestic violence in the experience of most children (particularly between siblings) to "teach" it to those who are inclined to learn and use it. The issue, then, is not simply one of determining who experiences some form of domestic violence. The evidence says that most of us do (or did). The task is to understand the circumstances in which parental behavior is damaging. Emotional maltreatment - abuse, neglect, or "deprivation" - is at the heart of the matter (pp230 & 231).

Garbarino et al (1986), in addition to the above, acknowledge that a general statement which focuses on "the parents' failure to encourage the child's normal development by assurance of love and acceptance" is on target. However they ask what this means on a day-to day basis in a parent-child relationship; and how is it operationally defined as a basis for recognition? The authors view this general statement as lacking social context and claim that this deficiency has been the stumbling block in efforts to define emotional mistreatment. That the emotional rights of a child are that the child's needs should be met and no child should ever be used to gratify the parent's unmet needs:

What are the child's rightful claims on a parent or other caregiver? Briefly, we can establish that a child has a rightful claim (1) to a responsive parent, one

who recognises and responds positively to socially desirable accomplishments; and (2) to a parent who does not inflict on the child the parent's own needs at the expense of the child's. Thus, an emotionally abusive parent may reject the infant's smiling, or the toddler's exploration, the school child's efforts to make friends, and the adolescent's privacy and autonomy. Such a parent demands that the infant gratify the parent's needs ahead of the child's, that the child take care of the parent, and that the adolescent comply with the parents's wishes in all matters (including, perhaps sexual relations). (p231).

6.4.2 The Psychological Parent

According to Goldstein et al (1973) a crucial concept with respect to a child's psychological well-being is that of the child's attachment to a psychological parent, who may or may not be the biological parent. What is a psychological parent? A psychological parent is someone who allows the child's human needs to develop. The authors define this role as:

A psychological parent is one who, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality, fulfills the child's psychological needs for a parent, as well as the child's physical needs. The psychological parent may be a biological, adoptive, foster, or common law parent, or any other person. There is no presumption in favor of any of these after the initial assignment at birth (p98).

The above authors specifically define a child's psychological needs as emotional needs:

Each child needs to be a member of a family where he feels wanted and where he will have the opportunity, on a continuing basis, not only to receive and return affection, but also to express anger and to learn to manage his aggression (pp5 & 6)

One criticism Goldstein et al (1970) levy at intervention agencies is the subordination of children's psychological/emotional needs to their physical needs. That the traditionally given goal of serving "the best interests of the child" is often interpreted purely in terms of the child's physical state; and this is an unnatural separation of the child's physical and psychological needs:

In giving meaning to this goal, decision makers in law have recognised the necessity of protecting a child's physical well-being as a guide to placement. But they have been slow to understand and to acknowledge the necessity of safeguarding a child's psychological well-being. While they make the interests of a child paramount over all other claims when his physical well-being is in jeopardy, they subordinate, often intentionally, his psychological well-being to, for example, an adult's right to assert a biological tie. Yet both well-beings are equally important, and any sharp distinction between them is artificial. The artificial distinction between physical and psychological well-being is a relic of the past...(p4).

6.4.3 Emotionally Damaging Family Environments

Miller (1991) taught and practised psychoanalysis for more than twenty years and then rejected the Freudian theory of infantile sexuality. Dr Miller condemns the traditional child-rearing methods of most families as emotionally damaging to children. This condemnation is based on the common belief that basically children are expected to obey their parents and accept that what they say and do is right thus preventing them speaking out even when they are abused. These methods have an underlying attitude which effectively authorises parents to regard the mistreatment of children as a valid way of child-rearing - "for their own good". This attitude is concerned with suppressing children's strong emotions and instilling in them absolute obedience to parental rule. Above all children need and seek their parents' love and will meet all their demands to the extent that they are able; they will learn to fit into the framework provided for them by their parents from birth. Miller asks why there is no legislation to protect children from mistreatment by their families:

Why is it still not illegal to hit a defenceless child when it is an indictable offense to strike a grown-up - someone who can, after all, defend him-or-herself?...Even if most civic authorities do not know - or do not wish to know - that their refusal to pass such legislation only contributes to the growth of crime, terrorism, drug addiction, widespread psychic illness, and the survival of ignorance, they surely have to recognize the indisputable fact that children are people and have the right not to be beaten, as do we all...By categorically condemning the criminal actions of past generations, such laws would also enlighten the coming generation and help it to avoid the blind repetition of its forefathers' guilt. It would also bring an immediate change to the way parents behave...It would set an important caesura, marking the beginning of a process leading to a real humanity that would create the necessary conditions for fundamental change to our way of living (pp149 & 150).

Gardner (1988) also refers to traditional attitudes towards child-rearing which are emotionally damaging to children and how these are now being studied:

Widely accepted, yet fundamentally abusive, attitudes to children are now being questioned (Yule, V. 1985; Hodgkin, R. 1986). Examples of such views are that physical and verbal violence are justified as "discipline"; that children are private possessions; that they can do adult work as a hobby for low pay; that they cannot be trusted (for example, to tell the truth).

Garbarino et al (1986), as stated previously, view emotional mistreatment as the issue in almost all cases of child mistreatment. So far, studies have shown that there are certain types of family environments which produce damaged human beings but these studies have shown few significant adverse effects of specific incidents of mistreatment:

Rather they show that certain types of family environments (environments characterized by emotional maltreatment) produce damaged human beings. Thus, child maltreatment is an issue that bridges child welfare and mental health. As noted earlier, if there is a unifying factor in the background of adults who mistreat children, it is pervasive emotional deprivation, the destruction of ego and self-esteem, which leads to a variety of emotional deficits, among them inadequate empathy. Emotional maltreatment conveys developmentally dangerous messages of trauma, of betrayal, of powerlessness, of stigmatization. It is an assault on the psyche, an attack on the self. When it comes to defining emotional maltreatment, the message becomes the meaning (p232).

6.5. Operational Definitions of Psychological Mistreatment

Hart et al (1987) write of the insidious use of psychological mistreatment and define acts to show the way this mistreatment operates. Seven categories are given of acts which the authors define as psychological mistreatment and these are: Rejecting, Degrading, Terrorising, Isolating, Corrupting, Exploiting, and Denying Emotional Responsiveness. A summary of the seven definitions is given below:

Rejecting: treating a child differently from siblings or peers in ways suggesting a dislike for the child; actively refusing to act to help or acknowledge a child's request for help.

Degrading: calling a child "stupid"; labelling as inferior; publicly humiliating.

Terrorizing: threatening to physically hurt or kill; forcing a child to observe violence directed toward loved ones; leaving a young child unattended.

Isolating: locking in a closet or, for extended time, in a room alone; refusing to allow interactions or relationships with peers or adults outside the family.

Corrupting: teaching and reinforcing acts that degrade those racially or ethnically different; teaching and reinforcing criminal behaviour; providing anti-social and unrealistic models as normal, usual or appropriate via the public media.

Exploiting: sexually molesting a child; keeping a child at home in the role of servant or surrogate parent in lieu of school attendance; encouraging a child to participate in the production of pornography.

Denying Emotional Responsiveness: ignoring a child's attempts to interact; mechanistic child handling which is void of hugs, stroking, kisses and talk (p7)

The above categories and their definitions are offered by the authors for clarification purposes only as they acknowledge that the categories have not been operationalised:

These acts appear to cover all major forms of psychological maltreatment. They have not been operationalized. The definitions and examples...are provided only for clarification purposes. Operational definitions must be developed and validated if progress is to be made in clarifying and combating psychological maltreatment. Though presently available definitions and standards for decisions are inadequate, attempts have been made to gather data regarding the incidence of psychological maltreatment (p7).

Hart et al (1987) claim that operational definitions should be both developmentally and ecologically specific. The authors cite two further sets of operational definitions in addition to their own and these are from Garbarino et al, and the Office for the Study of the Psychological Rights of the Child:

Some agreement has developed in support of giving primary emphasis to operationalizing this set or a similar set of acts (Garbarino, Guttman, & Seeley, 1986; Office for the Study of the Psychological Rights of the Child, 1985)...the operationalized definitions which are developed should be both developmentally and ecologically specific...Acts perpetrated or stimulated through all levels of the human ecological system and their impact meaning for each developmental stage should be studied (p16).

Garbarino et al (1986), quoted above as having a similar set of operational definitions as Hart et al, perceive psychological mistreatment as an attack on the development of self and social competence and this attack takes five forms. They present a five - category definition of psychological mistreatment with four developmental stages which varies in severity from mild to severe. This theory is given in more detail in Chapter 7. A summary of the five categories now follows:

Rejecting: the adult refuses to acknowledge the child's worth.

Isolating: the adult cuts the child off from normal social experiences; prevents the child from forming friendships; and makes the child believe that he or she is alone in the world.

Terrorizing: the adult verbally assaults the child; creates a climate of fear; bullies and frightens the child; and makes the child believe that the world is capricious and hostile.

Ignoring: the adult deprives the child of essential stimulation and responsiveness; stifling emotional growth and intellectual development.

Corrupting: the adult missocializes the child; stimulates the child to engage in destructive antisocial behavior; reinforces the deviance; and makes the child unfit for normal social experience (p8).

6.6 Conceptual Models of Child Mistreatment

Hart et al (1987) describe the two main conceptual models which are currently used to explain the phenomenon of child mistreatment. Each of the two models contributes important aspects of the phenomenon. The two conceptual models are The Ecological Model and The Developmental Model. A brief summary of the two models follows:

The Ecological Model

The human ecological model...stresses the importance of the interactive effects on behavior and meanings of (a) the child as a dynamic system within her/himself, (b) The microsystems experienced as day-to-day reality by the child (e.g., family, school, daycare center, church), and (c) the exosystems and macrosystems less directly experienced by the child (e.g., parent's workplace, city council, schoolboard, courts, political units, culturally institutionalized patterns of belief and behavior) (p15)

The Developmental Model

The developmental characteristics of the child are highly relevant to the nature and impact of psychological maltreatment. It is, after all, the personal subjective meaning of maltreatment from the perspective of the victim which determines its power and focus of influence. The stage, phase or level of development of the victim in physical, cognitive and affective areas will provide context and standards of educing meaning (p15).

In summary, the ecological model is the socio-cultural context; the interaction of individual and total environment. The developmental model focuses on the developmental stages of children - the perspective of the victim. However there is a third important concept to add to the above two models and this is the theory of human needs which has been described in this chapter.

Hart et al (1987) state that psychological mistreatment work is in an embryonic stage. They assert that at this initial stage it is important to offer theories of the nature of this mistreatment. They believe its nature is the denial of a person's genuine psychological needs (as quoted in part in Chapter 2 of this thesis) but it is not psychological mistreatment to deny the gratification of current wants:

At this time, for heuristic purposes, it is important to propose formulations of the nature of psychological mistreatment. We believe the existing state of knowledge supports the following position: psychological maltreatment consists of acts which deny or frustrate efforts on the part of an individual to satisfy his/her basic psychological needs to the degree that the individual's functioning becomes maladaptively deviant...It is doubtful that any of us escape being victims or perpetrators of psychological mistreatment.

It is logically supportable to hypothesize that psychological mistreatment is a direct attack on psychological need fulfillment, and that this is what produces its destructive power (pp8 & 9).

The preceding discussion of conceptual models of child mistreatment suggests that ecological (socio-cultural), developmental (psycho-dynamic), and human needs (physical-psychological) theory compliment each other.

Thus it would appear that operational definitions should be ecologically, developmentally, and human needs specific. The phenomenon of psychological mistreatment of children can thus be conceived to range over a wide spectrum.

6.7 Summary

Theories of human needs based mainly on the work of Maslow (1970) and the results of the frustration of these needs have been presented in this chapter. For example, the great growth areas of human development are in the satisfaction of a person's physical and psychological needs (Adams, 1990). That there is no sharp distinction between a person's physical and psychological well-being for both are equally important and any sharp division is artificial (Goldstein et al, 1973). The effects of failure to meet developmental needs results in human beings who have damaged emotional responses (Gil, 1987, and Hart et al, 1987). This damage can manifest in extremes of behaviour with a person reacting to situations with either too low or too high emotion - this perspective however may be all-explanatory (Langmeir and Matejcek, 1975). That there are certain types of family environments which produce emotionally damaged human beings; and if there is one unifying factor in the childhood of adults who mistreat their children it is that the parents themselves have suffered from emotional deprivation (Garbarino et al, 1986). Perhaps the most damaging form of abuse is the intimate emotional attacks on one's self-concept by family members which leave emotional wounds that on the whole never heal; and that no one knows how much emotional abuse exists in families (Gelles and Straus, 1988). Traditional child-rearing methods of most families are emotionally damaging to children (Miller, 1991). In the next chapter we will examine the values of male and female parents towards moderate psychological mistreatment of children.

CHAPTER 7THE THIRD STUDY: ATTITUDES OF PARENTS

The results of The Second Study showed significant differences in the attitudes of two main divisions of adults. The two divisions were:

Division 1 (Professional Carers, Working Experience with Children, Females, and Parents).

Division 2 (Non-Professional Carers, No Working Experience with Children, Males, and Non-Parents).

Division 2 tended to think that (1) it was more acceptable to use physical punishment as a means of discipline and (2) that sexuality in children is not the result of personal experience or co-ercion by another.

This indication of differences in attitudes between males (Division 2) and females (Division 1) concerning the above two major aspects of child-rearing led to a consideration of what the effects of such differences in attitudes between males and females would be in the family situation. One question that can be asked is "If a difference in attitudes between males and females over fundamental child-rearing practices is widespread then does this difference exist in most families?" Another related question is "If a difference in attitudes does not exist then how or what has brought about this change in attitudes?" Even more importantly, if differences in attitudes have been reconciled are these new attitudes regarding child-rearing better or worse than the previous separately-held ones. Public attention is mainly only given to conflict and violence in the family in the extreme, or relatively rare conditions, where it escalates to such an extent as to become dangerously abusive. In contrast to these extreme conditions there may be a great many family situations where people are suffering from various degrees of more subtle

psychological mistreatment. These situations may not be regarded as sufficiently acute to be perceived as abusive, but are a consistent frustration of basic psychological needs.

7.1 Aims of the Study

The above issue has important implications regarding family life. Thus on the basis of the findings of The Second Study the main aim of The Third Study was to examine how male and female parents would evaluate incidents of moderate psychological mistreatment of children.

7.2 Theoretical Framework

The framework for the practical implementation of The Third Study is an adaptation of the work of Garbarino et al (1986) who define psychological mistreatment as an attack on the development of self and social competence. This theory takes into account the complexity of child psychological mistreatment by addressing the issue at various developmental stages and categories of mistreatment.

In summary, the authors combine all physical, sexual, and psychological aspects of child abuse into a multidimensional theory of child mistreatment (details of this theory are given below). They stress that all forms of child mistreatment include psychological aspects and consequences that will vary with the developmental stages of children, and with the socio-cultural context. Also, how subjective meanings of mistreatment acts (e.g. rejecting and terrorising) can be determined by the perceptions of both abusers and victims, and the culture involved. In addition, since the meanings of the same acts will vary with the child's developmental age, the norms (standards) of developmental

stages of the child are of fundamental importance to the evaluation, the nature, and the impact of psychological mistreatment. Thus the same adult-child interaction can be considered normal and acceptable, or deviant and unacceptable, in different social contexts and during different developmental stages of children. Mistreatment also varies in severity and ranges from mild to severe. In this regard this theory provides an excellent framework for identifying different types and degrees of psychological mistreatment.

The concepts used in this theory have not been operationally defined to allow for empirical validation (Garbarino, 1991, personal communication). While this is a problem in the general field of child abuse and neglect, the subfield of psychological mistreatment especially suffers from definitional problems. Therefore, empirical testing of psychological mistreatment theories have been limited in the literature.

In detail, Garbarino et al (1986) consider psychological mistreatment as a pattern of psychologically destructive behaviours having five forms and these are:

- 1 Isolating
- 2 Rejecting
- 3 Ignoring
- 4 Terrorising
- 5 Corrupting.

The authors claim that when children are isolated, rejected, ignored, terrorised or corrupted within the family they are then vulnerable to negative influences in the broader social environment; and that the key to stress resistance is the absence of psychological mistreatment.

The five forms of psychological mistreatment contain four developmental

stages. The four developmental stages involve the first eighteen years of life and are: Infancy (birth to two years); Early Childhood (two to five years); School Age (five to eleven years); and Adolescence (eleven to eighteen years). Within each correlation of category with development stage there are three degrees of severity and these range from mild, to moderate, to severe. This present research uses the moderate degree of severity only.

7.3 The Research Instrument

The research instrument used to assess the values of the male and female parents was a set of vignettes (N=60) depicting specific incidents of moderate psychological mistreatment of children. Vignettes consist of descriptions of actions and are an indirect way to present delicate subject matter rather than asking respondents what may appear to be personal questions. Giovannoni and Becerra (1979) give a brief description of vignettes and their use:

In several studies, opinions about specific incidents have been obtained through the vignette technique which consists of the presentation of verbal descriptions of actions to the respondents with the request that they rate each vignette by specified criteria. This technique has been used not only in research on child abuse and neglect but also in research on adult criminality and juvenile delinquency (p104).

7.4 Design and Method of the Study

The design and analysis of the questionnaire was similar to the first study (see Chapter 3) and was conducted in four stages:

Stage 1 - The Design of the Questionnaire

Stage 2 - The Pilot Questionnaire

Stage 3 - The Questionnaire

Stage 4 - Analysis of Responses

7.4.1 Stage 1: The Design of the Questionnaire

The purpose of the questionnaire was to examine the values of male and female parents towards moderate psychological mistreatment of children.

The blueprint

The blueprint categories and developmental stages for this research are from Garbarino et al (1986). The authors present psychological mistreatment as having five categories and these are:

- 1 Isolating
- 2 Rejecting
- 3 Ignoring
- 4 Terrorising
- 5 Corrupting

The above five categories have four developmental stages throughout the first eighteen years of life and the manifestations are given as:

- 1 Infancy (birth to two years)
- 2 Early childhood (two to five years)
- 3 School Age (five to eleven years)
- 4 Adolescence (eleven to eighteen years).

Three degrees of severity are given and these are:

- 1 Mild (isolated "though perhaps poignant" (p11) incidents)
- 2 Moderate (more frequent and "more generalised" (p11) incidents)
- 3 Severe (frequent and "absolute" (p11) incidents)

The items used in the blueprint matrix were all of moderate severity.

Identical allocations (N=3) were assigned to all the matrix cells (N=20).

The following blueprint shows there are 60 items derived from the five categories and the four age groups. 60 items were used for Father incidents and these were repeated for 60 items for Mother incidents thus making a total of 120 items.

Although some behaviours relate to more than one developmental stage the interest of Garbarino et al (1986) is to highlight the differences as they "proceed with efforts to be developmentally specific" (p23).

Table 7.1.

Questionnaire BlueprintFramework for Specific Behaviours Constituting Psychological Mistreatment
by Developmental Period

| Content Areas | | | | | |
|------------------------------------|----------------------|-------------------------|---------------------|-----------------------|-----------------|
| Type of Psychological Mistreatment | Developmental Period | | | | Number of Items |
| | Infancy (0 - 2) | Early Childhood (2 - 5) | School Age (5 - 11) | Adolescence (11 - 18) | |
| Isolating | 3 | 3 | 3 | 3 | 12 |
| Rejecting | 3 | 3 | 3 | 3 | 12 |
| Ignoring | 3 | 3 | 3 | 3 | 12 |
| Terrorising | 3 | 3 | 3 | 3 | 12 |
| Corrupting | 3 | 3 | 3 | 3 | 12 |
| No of Items | 15 | 15 | 15 | 15 | 60 |
| Percentages | 25% | 25% | 25% | 25% | 100% |

Category Headings from Garbarino et al (1986)

Writing Items

Rating scale items were used with possible responses lying along a 4-point rating scale ranging from Not Serious, A Little Serious, Serious, and Very Serious. The items were in the form of vignettes which depicted specific incidents of Psychological Mistreatment of Children. The vignettes consisted of descriptions of acts of moderate psychological mistreatment.

7.4.2 Stage 2: The Pilot Questionnaire

This stage involved distributing the pilot questionnaire personally to ten respondents - five male parents and five female parents in various occupations to solicit broad reactions to content areas, question wording,

and item face validity. This procedure yielded a number of helpful comments regarding some fine details of ambiguity of wording.

7.4.3 Stage 3: The Questionnaire

Copies of the questionnaire were distributed to 200 respondents - 100 male parents and 100 female parents. (See Appendix 7: Survey Questionnaire: Parent and Child Incidents). The procedure for this was the same as for the Second Study in that all questionnaires were distributed personally or delegated to one person to be responsible for the distribution and collection. The only request was to collect as many completed questionnaires as possible. Sampling criteria was based on respondents having had a child(ren) of their own; no other stipulation was placed on selection. Those persons responsible for distribution reported that very few subjects refused to co-operate. Respondents covered a wide range of occupations in the U.K. and also included owners of two private companies in Germany and Holland together with their chief executives and immediate personnel. As stated previously the questionnaire consisted of 60 Father incidents and 60 Mother incidents. In order to increase impartiality two groups were formed. Each group consisted of 50 male parents and 50 female parents. Group 1 replied first to Father incidents on the vignettes and Group 2 replied first to Mother incidents on the vignettes.

7.4.4 Stage 4: Analysis of Responses

From the returned completed questionnaires the participants' responses were (as in The Second Study) coded and listed on an Amstrad 1640HD personal computer. Scoring was manually double-checked to ensure that no errors had been made in the transfer of coded data to the computer. The data list was then transferred for analysis on to the ISIS Central Computer System of the University of London. Analyses of data were conducted using the SPSSX statistical software packages.

The analytic design of the research can be categorised into three stages. From the questionnaire-generated data the first stage of analysis provided a descriptive data of the 200 participants. The second stage involved an initial factor analysis as a means of data reduction which was followed by factor analysis of the underlying structures inherent in the parents' responses. The third stage involved a detailed examination of the nature of the relationships between correlations of different measures.

The data analysis was chosen to be in agreement with the stages of the analytic design described above. For the descriptive analysis frequency distributions and means were used. For the second and third stages factor analysis was used. A description of factor analysis now follows:

Factor Analysis

Rust and Golombok (1989) demonstrate how factor analysis is a technique which is widely used in psychometrics and can be applied to any set of data where the number of subjects exceeds the number of variables. The analysis will provide an indication of the number and nature of the relationships between the items (the observed variables) and the underlying variables thus indicating which sets of items appear to go together and which stand apart. Factor analysis identifies what are called the "factors" in the data. These factors are the hypothetical constructs which can often be used to explain the data. By selecting items which relate to particular factors it is possible to put together subtests of the construct that the factor represents. The analysis reduces complex measures to greater simplicity thus achieving its purpose of explaining a large number of variables in terms of underlying structures with fewer elements.

Kerlinger (1973) describes the power and purposes of factor analysis:

Because of its power and elegance, factor analysis can be called the queen of analytic methods. Even more forbidding in its calculations than other multivariate methods, factor analysis has become accessible with the availability of computers and with increased understanding of its purposes and uses in behavioural research. A factor is a construct, a hypothetical entity, that is assumed to underlie tests, scales, items, and, indeed, measures of almost any kind. A number of factors have been found to underlie intelligence, for example: verbal ability, numerical ability, abstract reasoning, memory and others. Similarly, aptitude, attitude, and personality factors have been isolated and identified. Even nations and people have been factored! (pp 660 & 661). Factor analysis has two basic purposes: to explore variable areas in order to identify the factors presumably underlying the variables; and, as in all scientific work, to test hypotheses about the relations among variables (p685).

Rust and Golombok (1989) caution that factor analysis is more than a statistical technique and is more of a conceptual tool. Its power lies in its processes which appear to mirror human cognition in its ability to discriminate:

Because of the powerful number crunching ability of modern computers, it is relatively easy to carry out factor analysis, and many statistical packages carry it as one of their options. However, as factor analysis for psychologists has always been more of a conceptual tool than a statistical technique, there are dangers in the amateur use of these programs. While the statistical process of factor analysis is more or less automatic, there are many decisions about options and their defaults which need to be made along the way (p121). In much the same way in which multidimensional scaling models have provided a conceptual underpinning for psychophysics, factor analysis fulfils a similar role for psychometrics. Its success may be due to more than mere statistical convenience: it could be that the figural representation of factor analysis is so powerful because it mirrors the cognitive processes whereby human beings actually make judgments about differences between objects (or persons). It may therefore represent a fundamental principle of one aspect of cognitive science (p120).

Thus factor analysis is essentially different in kind and purpose from other multi-variate methods. The basic purposes of factor analysis is to discover factors (or unities) among many variables and reduce them to fewer underlying variables (factors). In achieving this purpose, factor analysis can be said to explain the data and show the basic underlying structure of many variables and how they are similar and how

they are different.

7.5 Summary

One of the underlying concepts of The Third Study was the result of findings of The Second Study which indicated differences in values between males and females; in addition to these findings a further literature research revealed many theoretical assertions that all forms of child mistreatment include psychological mistreatment. Thus the aim of The Third Study was directed towards an examination of the values and underlying attitudes of male and female parents towards moderate psychological mistreatment of children. The framework for the practical implementation of the study was an adaptation of the work of Garbarino et al (1986) who offer a definition of psychological mistreatment as "an attack on the development of self and social competence, a pattern of psychically destructive behavior" (p8). The research instrument used in The Third Study was a set of vignettes which are an indirect way to present delicate subject matter. Finally the powerful conceptual nature of factor analysis which will be used in Chapter 8 was presented; this nature appears to mirror human cognitive processes in its ability to make judgments about differences between persons or objects.

In Chapter 8 the underlying concepts detailed in this chapter will be operationalised.

Chapter 8

THE THIRD STUDY: RESULTS

The data in this chapter were obtained from the second questionnaire survey. It will be used to examine values of male (N=100) and female (N=100) parents to moderate psychological mistreatment of children in order to discover indicators of underlying attitudes.

8.1 Descriptive Data Analysis

The respondents (N=200) supplied five categories of descriptive data.

The five categories consisted of:

Sex of Respondents

Age Group of Respondents

Number of Children

Working Experience with Children

Years of Working Experience with Children

For the following presentation of findings brief comments will be made on the data following each tabular presentation of the findings:

Table 8.1

Frequency Data on Respondents (N=200) by Sex and Age-Group

| Age Group | Males | | Females | | Total | |
|-----------|-------|------|---------|------|-------|-------|
| | f | %f | f | %f | f | %f |
| Under 20 | 0 | 0.0 | 02 | 1.0 | 02 | 1.0 |
| 20 to 34 | 13 | 6.5 | 16 | 8.0 | 29 | 14.5 |
| 35 to 49 | 49 | 24.5 | 43 | 21.5 | 92 | 46.0 |
| 50 to 65 | 33 | 16.5 | 31 | 15.5 | 64 | 32.0 |
| Over 65 | 05 | 2.5 | 8 | 4.0 | 13 | 6.5 |
| Total | 100 | 50.0 | 100 | 50.0 | 200 | 100.0 |

The ages ranged from under 20 years to over 65 years. 46% (N=92) of the respondents were in the modal age-group of 35 to 49 were composed of 24.5% (N=49) Males and 21.5% (N=43) Females.

Table 8.2

Frequency Data on Respondents (N=200) by Numbers of Children

| No. of Children | Males | | Females | | Total | |
|-----------------|-------|------|---------|------|-------|-------|
| | f | %f | f | %f | f | %f |
| 1 | 20 | 10.0 | 23 | 11.5 | 43 | 21.5 |
| 2 | 48 | 24.0 | 37 | 18.5 | 85 | 42.5 |
| 3 | 20 | 10.0 | 24 | 12.0 | 44 | 22.0 |
| 4 | 9 | 4.5 | 15 | 7.5 | 24 | 12.0 |
| 5 | 2 | 1.0 | 1 | 0.5 | 03 | 1.5 |
| 6 | - | - | - | - | - | - |
| 7 | - | - | - | - | - | - |
| 8 | 1 | 0.5 | - | - | 01 | 0.5 |
| Total | 100 | 50.0 | 100 | 50.0 | 200 | 100.0 |

Numbers of children ranged from 1 to 8. 42.5% (N=85) of the respondents had children in the modal number of 2 which included: Males 24.0% (N=48) and Females 18.5% (N=37).

Table 8.3

Frequency Data on Respondents (N=200) by Working Experience with Children

| Working Experience | Males | | Females | | Total | |
|--------------------|-------|------|---------|------|-------|-------|
| | f | %f | f | %f | f | %f |
| No | 79 | 39.5 | 47 | 23.5 | 126 | 63.0 |
| Yes | 21 | 10.5 | 53 | 26.5 | 74 | 37.0 |
| Total | 100 | 50.0 | 100 | 50.0 | 200 | 100.0 |

37% (N=74) of the respondents had working experience with children. These figures were comprised of Males 10.5% (N=21) and Females 26.5% (N=53).

Table 8.4
Frequency Data on Respondents (N=200)
by Years of Working Experience with Children

| Years of Wk. Exp. | Males | | Females | | Total | |
|----------------------|-------|------|---------|------|-------|-------|
| | f | %f | f | %f | f | %f |
| 0 | 79 | 39.5 | 47 | 23.5 | 126 | 63.0 |
| 1 | - | - | 3 | 1.5 | 3 | 1.5 |
| 2 | 1 | 0.5 | 7 | 3.5 | 8 | 4.0 |
| 3 | 2 | 1.0 | 3 | 1.5 | 5 | 2.5 |
| 4 | 1 | 0.5 | 4 | 1.75 | 5 | 2.5 |
| 5 | 2 | 1.0 | 3 | 1.5 | 5 | 2.5 |
| 6 | 2 | 1.0 | 1 | 1.0 | 3 | 1.5 |
| 7 | - | - | 1 | 1.0 | 1 | 0.5 |
| 8 | 2 | 1.0 | - | - | 2 | 1.0 |
| 9 | - | - | 3 | 1.5 | 3 | 1.5 |
| 10 | 2 | 1.0 | 4 | 1.75 | 6 | 3.0 |
| 11 | 1 | 0.5 | 1 | 0.5 | 2 | 1.0 |
| 12 | - | - | 4 | 1.75 | 4 | 2.0 |
| 13 | - | - | 2 | 1.0 | 2 | 1.0 |
| 14 | - | - | 1 | 0.5 | 1 | 0.5 |
| 15 | 2 | 1.0 | 2 | 1.0 | 4 | 2.0 |
| 16 | - | - | - | - | - | - |
| 17 | - | - | 2 | 1.0 | 2 | 1.0 |
| 18 | 1 | 0.5 | - | - | 1 | 0.5 |
| 19 | - | - | 1 | 0.5 | 1 | 0.5 |
| 20 | 2 | 1.0 | 4 | 1.75 | 6 | 3.0 |
| 21 | - | - | - | - | - | - |
| 22 | - | - | - | - | - | - |
| 23 | 1 | 0.5 | - | - | 1 | 0.5 |
| 24 | 1 | 0.5 | 1 | 0.5 | 2 | 1.0 |
| 25 | - | - | 3 | 1.5 | 3 | 1.5 |
| 26 | - | - | - | - | - | - |
| 27 | - | - | - | - | - | - |
| 28 | - | - | - | - | - | - |
| 29 | - | - | - | - | - | - |
| 30 | 1 | 0.5 | 1 | 0.5 | 2 | 1.0 |
| 31 | - | - | - | - | - | - |
| 32 | - | - | 1 | 0.5 | 1 | 0.5 |
| 33 | - | - | - | - | - | - |
| 34 | - | - | - | - | - | - |
| 35 | - | - | 1 | 0.5 | 1 | 0.5 |
| Total | 100 | 50.0 | 100 | 50.0 | 200 | 100.0 |

Years of working experience with children ranged from 1 year to 35 years. Working experience of Males ranged from 2 to 30 years and Females from 1 to 35 years.

8.2 Item Analysis

8.2.1 Establishing Underlying Factors

The purpose of the first analysis was to discover the underlying factors which made up the male and female parents' shared perceptions of what specific incidents made up the five different categories of moderate psychological mistreatment.

The incidents themselves had been hypothesised as belonging to five different categories - categories delineated by Garbarino et al (1986). Chapter 7 detailed the five categories. At present there has been no practical implementation of the categories and what specific incidents fit into a given category.

The testing of the male and female parents' perceptions regarding underlying factors was a basic and practical necessity. Issues of agreement and disagreement between parents make sense only if definitions of mistreatment have a common meaning. Apart from the practical implications, from a research point of view it is first necessary to establish the validity of the categories and the justification for grouping specific incidents. Only then can questions about the seriousness of different categories of moderate psychological mistreatment be addressed.

Factor analysis was used in order to obtain indicators of the parents' perceptions about underlying factors. A detailed description of the data preparation, including factor analysis, is provided in Chapter 7. The first task was to construct a common scale (from the hypothesised incidents) for each of the five categories. A common element in the use

of factor analysis in the construction of scales is the emergence of an acquiescence effect. An acquiescence effect (by definition) is the extent to which different people have a tendency to either agree or disagree with statements, independent of their context. In order to discover an acquiescence effect we firstly factor analysed the data and then analysed the first factor. In the analysis there was a very large first factor which could be explained by acquiescence (that is, all the items loaded in the same direction) and this effect may be analysed later if necessary. The acquiescence was so large however it was swamping the sensible interpretation of smaller factors. There are two ways around this problem: Firstly we could look at the subsequent factors and ignore the first factor but the difficulty of this procedure is that the first factor is still included in the subsequent rotations. A second way around the acquiescence effect is to eliminate the effect by standardising the data within subjects (eg for each respondent). This second procedure was used in the current analysis.

8.2.2 Creation of Sub-scales

The first task was to construct common scales from each of the five categories. This next stage of analysis involved factor analysis* on the standardised subject score for each item (See Appendix 8 for listings of factor loadings). On the basis of this analysis the original category of Terrorising was perceived by the parents as dividing into two categories. The two divisions are Terrorising 1 (Discipline through Fear) and Terrorising 2 (Too High Expectations). Thus an extra scale was created in the Terrorising Category, making six categories from the original five. These six sub-scale instruments consist of a number of incidents which we believe will tap the nature of the six categories. Although there were some slight differences between the ratings for some of the Father

* The principal axis method with varimax rotation was used.

and Mother incidents these were not substantial as other ratings were very similar. The original 5 categories each contained 24 incidents (12 Father incidents and 12 Mother incidents) making a total of 120 vignettes. The results of the first factor analysis revealed 6 categories containing various numbers of incidents with a total (N=70).

The six scales with the number of incidents in each are:

Scale 1 Isolating (N=16)
 Scale 2 Rejecting (N=14)
 Scale 3 Ignoring (N=10)
 Scale 4 Terrorising 1 (N=12)
 Scale 5 Terrorising 2 (N=6)
 Scale 6 Corrupting (N=12).

The 6 scales with incidents in numerical order will now be presented in detail:

1 Isolating Scale (N=16)

There are sixteen incidents in the Isolating Scale which consist of eight Father incidents and eight corresponding Mother incidents.

The sixteen incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | | Develop. Stage |
|----------|---|-------------------|
| 16(76) | The father (mother) quite often teaches the young child to avoid making friends with other children. | 2-5 |
| 17(77) | The father (mother) quite often rewards the young child for keeping away from other children. | " |
| 18(78) | The father (mother) quite often punishes the young child for playing with other children. | " |
| 32(92) | The father (mother) quite often does not allow the child to bring other children to the house. | 5-11 |
| 33(93) | The father (mother) quite often keeps the child away from school. | " |
| 46(106) | The father (mother) quite often does not allow the teenager to join clubs (or take part in out-of-school activities). | 11-18 |
| 47(107) | The father (mother) quite often punishes the teenager for going out on a "date". | " |
| 48(108) | The father (mother) quite often keeps the teenager away from school to take care of younger children. | " |

2 Rejecting Scale (N=14)

There are fourteen incidents in the Rejecting Scale which consist of seven Father incidents and seven corresponding Mother incidents.

The fourteen incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | Develop. Stage |
|---|-------------------|
| 19(79) The father (mother) quite often says to the crying young child, "Don't be such a big baby." | 2-5 |
| 20(80) The father (mother) quite often tells the young child that he/she is a bad boy/girl. | " |
| 34(94) The father (mother) quite often tells the child, "You know you're no good at that." | 5-11 |
| 35(95) The father (mother) quite often replies to the child, "I'm too busy now, tell me later." | " |
| 36(96) The father (mother) quite often compares one child in an unfavourable way with the other children. | " |
| 50(110) The father (mother) quite often says to the teenager who is justly pleased with some achievement, "Don't be such a show-off." | 11-18 |
| 51(111) The father (mother) quite often says, "I can manage quicker on my own," when the teenager tries to help. | " |

3 Ignoring Scale (N=10)

There are ten incidents in the Ignoring Scale which consist of five Father incidents and five corresponding Mother incidents. The ten incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | Develop. Stage |
|--|-------------------|
| 38(98) The father (mother) quite often does not protect the child from fights involving other children in the family. | 5-11 |
| 39(99) The father (mother) quite often does not help the child to settle problems with other children. | " |
| 52(112) The father (mother) quite often lets the teenager "sleep in" and the teenager is slightly late for school. | 11-18 |
| 53(113) The father (mother) quite often does not check to see that the teenager has the minimum personal equipment for school. | " |
| 54(114) The father (mother) quite often does not check to see whether the teenager has done his/her homework for school. | " |

4 Terrorising 1 Scale (Discipline Through Fear) (N=12)

There are twelve incidents in the Terrorising 1 category which consist of six Father incidents and six corresponding Mother incidents.

The twelve incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | Develop. Stage |
|--|-------------------|
| 10(70) The father (mother) quite often threatens the infant when the child will not go to sleep. | Birth-2 |
| 11(71) The father (mother) quite often shouts at the infant. | " |
| 12(72) The father (mother) quite often scares the infant with games that stimulate the infant too much. | " |
| 25(85) The father (mother) quite often frightens the young child too much with fairy tale stories. | 2-5 |
| 26(86) The father (mother) quite often tells the young child that the Bogeyman will come if he/she does not go to sleep. | " |
| 27(87) The father (mother) quite often threatens to hit the young child for "bad" behaviour. | " |

5 Terrorising 2 Scale (Too High Expectations) (N=12)

There are twelve incidents in the Terrorising 2 Category which consist of six Father incidents and six corresponding Mother incidents. The twelve incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | Develop. Stage |
|--|-------------------|
| 41(101) The father (mother) quite often criticises the child for not meeting his expectations. | 5-11 |
| 55(115) The father (mother) quite often expects the teenager to excel at everything. | 11-18 |
| 56(116) The father (mother) quite often sets impossibly high standards for the teenager. | " |

6 Corrupting Scale (N=12)

There are twelve incidents in the Corrupting Scale which consist of six Father incidents and six corresponding Mother incidents. The six

incidents plus the developmental stages are listed below with the references for Mother incidents in brackets:

| Vignette | | Develop. Stage |
|----------|---|-------------------|
| 43(103) | The father (mother) quite often encourages the child to be aggressive towards other children. | 5-11 |
| 44(104) | The father (mother) quite often makes racist remarks in the child's hearing. | " |
| 45(105) | The father (mother) quite often tells sexual jokes in the child's hearing. | " |
| 58(118) | The father (mother) quite often encourages the teenager to have alcoholic drinks. | 11-18 |
| 59(119) | The father (mother) quite often brings sexually explicit magazines into the house. | " |
| 60(120) | The father (mother) quite often brings sexually explicit video films into the house. | " |

The above scales will now be the measures of the six categories of mistreatment that will form the basis of further analysis. Bearing in mind that there are six scales for Father incidents and six scales for Mother incidents. Therefore for each of the respondents (N=200) there are 12 scales (6 Father scales and 6 Mother scales).

8.3 Characteristic Values of Respondents to Six Category Scales

The five categories of descriptive data: sex, age group, number of children, working experience with children, and years of working experience with children (See Tables 8.1 to 8.4 for details) will now be analysed by the six category scales: Isolating, Rejecting, Ignoring, Terrorising 1, Terrorising 2, and Corrupting.

8.3.1 Values of Different Sexes

The first question to be addressed concerned the differences between males and females. In answering this question there were two effects to look at. The first effect concerned the sex of the respondents (male and female parents) and the second effect concerned the sex on the vignettes (father and mother incidents). The interactional effect of

sex of respondents and sex on vignettes was also analysed. Data were analysed using a Repeated Measures design with one Between Subjects Factor and one Within Subjects Factor. The Between Subjects Factor was Sex of Respondents. The Within Subjects Factor was Sex on Vignettes. Standard scores for all the items were summed and an arbitrary figure of five was added to eliminate the inconveniences of using negative scores.

The following tables (Tables 8.5 to Tables 8.10) will present an analysis of the values of different sexes towards the following scales:

Isolating Scale

Rejecting Scale

Terrorising 1 Scale (Discipline Through Fear)

Terrorising 2 Scale (Expectations Too High)

Corrupting Scale.

For the following presentation of findings brief comments will be made on the data following each tabular presentation.

Table 8.5

Values of Different Sexes by Isolating Scale:
Between Subjects and Within Subjects Analysis

| | |
|--------------------|------|
| | Mean |
| Average Score | 6.64 |
| | |
| A Between Subjects | Mean |
| Male | 6.69 |
| Female | 6.60 |
| Stat Sig | 0.82 |

There was no significant difference between ratings of male and female respondents.

| | |
|--------------------------|------|
| B Within Subjects Factor | Mean |
| Father incidents | 6.69 |
| Mother incidents | 6.60 |
| Stat Sig | 0.68 |

There was no significant difference between ratings of respondents on father and mother incidents.

| | |
|-----------------------------|------|
| C Interaction Between A & B | Mean |
| Males - Father incidents | 6.65 |
| Males - Mother incidents | 6.72 |
| Females - Father incidents | 6.73 |
| Females - Mother incidents | 6.47 |
| Stat Sig | 0.49 |

The interaction effect between A and B was not significant. Therefore for the Isolating Category there were no significant differences between the ratings of male and female respondents and the ratings of father and mother incidents.

Table 8.6

Values of Different Sexes by Rejecting Scale:
Between Subjects and Within Subjects Analysis

| | |
|--------------------|--------------|
| Average Score | Mean 1.58 |
| | |
| A Between Subjects | Mean |
| Male | 1.48 |
| Female | 1.67 |
| Stat Sig | 0.63 |

There was no significant difference between ratings of male and female respondents.

| | |
|--------------------------|--------|
| B Within Subjects Factor | Mean |
| Father incidents | 1.27 |
| Mother incidents | 1.89 |
| Stat Sig | 0.01** |

There was a significant difference (0.01) between ratings of respondents on father and mother incidents. The score of ratings for mother incidents was 1.89 and for father incidents 1.27. The higher score for mother incidents means that respondents see Rejecting as worse for mothers to do than fathers.

| | |
|-----------------------------|------|
| C Interaction Between A & B | Mean |
| Males - Father incidents | 1.13 |
| Males - Mother incidents | 1.83 |
| Females - Father incidents | 1.40 |
| Females - Mother incidents | 1.95 |
| Stat Sig | 0.77 |

The interaction effect between A and B was not significant. Therefore for the Rejecting Category there was no significant difference between the ratings of male and female respondents and the ratings of father and mother incidents.

Table 8.7

Values of Different Sexes by Ignoring Scale:
Between Subjects and Within Subjects Analysis

| | |
|--------------------|--------------|
| Average Score | Mean 1.63 |
| A Between Subjects | |
| Male | Mean 1.74 |
| Female | 1.51 |
| Stat Sig | 0.56 |

There was no significant difference between ratings of male and female respondents.

| | |
|--------------------------|-------|
| B Within Subjects Factor | Mean |
| Father incidents | 1.40 |
| Mother incidents | 1.85 |
| Stat Sig | 0.04* |

There was a small significant difference (0.04) between ratings of respondents on father and mother incidents. The score of ratings for mother incidents was 1.85 and for father incidents 1.40. The higher score for mother incidents means that respondents saw Ignoring as worse for mothers to do than fathers.

| | |
|-----------------------------|------|
| C Interaction Between A & B | Mean |
| Males - Father incidents | 1.61 |
| Males - Mother incidents | 1.85 |
| Females - Father incidents | 1.18 |
| Females - Mother incidents | 1.85 |
| Stat Sig | 0.35 |

The interaction effect between A and B was not significant. Therefore for the Ignoring Category there was no significant difference between the ratings of male and female respondents and the ratings of father and mother incidents.

Table 8.8

Values of Different Sexes by Terrorising 1* Scale:
Between Subjects and Within Subjects Analysis

| | |
|--------------------|------|
| | Mean |
| Average Score | 7.13 |
| | |
| A Between Subjects | Mean |
| Male | 6.77 |
| Female | 7.50 |
| Stat Sig | 0.06 |

There was a small significant effect (0.06) between ratings of male and female respondents. The score of ratings for female respondents was 7.50 and for male respondents 6.77. The higher score means that female respondents saw Terrorising as worse than do male respondents.

| | |
|--------------------------|------|
| B Within Subjects Factor | Mean |
| Father incidents | 7.05 |
| Mother incidents | 7.21 |
| Stat Sig | 0.36 |

There was no significant difference between ratings of respondents on father and mother incidents.

| | |
|-----------------------------|------|
| C Interaction Between A & B | Mean |
| Males - Father incidents | 6.65 |
| Males - Mother incidents | 6.89 |
| Females - Father incidents | 8.45 |
| Females - Mother incidents | 8.54 |
| Stat Sig | 0.67 |

The interaction effect between A and B was not significant. Therefore for the Terrorising 1 Category there was no significant difference between the ratings of male and female respondents and the ratings of father and mother incidents.

* Terrorising 1 Category = Discipline Through Fear

Table 8.9

Values of Different Sexes by Terrorising 2* Scale:Between Subjects and Within Subjects Analysis

| | |
|--------------------|------|
| Average Score | Mean |
| | 4.44 |
| A Between Subjects | Mean |
| Male | 4.43 |
| Female | 4.45 |
| Stat Sig | 0.95 |

There was no significant difference between ratings of male and female respondents.

| | |
|--------------------------|------|
| B Within Subjects Factor | Mean |
| Father incidents | 4.30 |
| Mother incidents | 4.59 |
| Stat Sig | 0.25 |

There was no significant difference between ratings of respondents on father and mother incidents.

| | |
|-----------------------------|------|
| C Interaction Between A & B | Mean |
| Males - Father incidents | 4.17 |
| Males - Mother incidents | 4.30 |
| Females - Father incidents | 4.33 |
| Females - Mother incidents | 4.48 |
| Stat Sig | 0.34 |

The interaction effect between A and B was not significant. Therefore for the Terrorising 2 Category there was no significant difference between the ratings of male and female respondents and the ratings of father and mother incidents.

* Terrorising 2 Category = Expectations Too High

Table 8.10

Values of Different Sexes by Corrupting Scale:
Between Subjects and Within Subjects Analysis

| | |
|--------------------|--------------|
| Average Score | Mean 4.56 |
| A Between Subjects | |
| Male | Mean 4.35 |
| Female | 4.77 |
| Stat Sig | 0.09 |

There was no significant difference between ratings of male and female respondents.

| | |
|--------------------------|--------------|
| B Within Subjects Factor | |
| Father incidents | Mean 4.49 |
| Mother incidents | 4.63 |
| Stat Sig | 0.33 |

There was no significance between ratings of respondents on father and mother incidents.

| | |
|-----------------------------|--------------|
| C Interaction Between A & B | |
| Males - Father incidents | Mean 4.31 |
| Males - Mother incidents | 4.40 |
| Females - Father incidents | 4.67 |
| Females - Mother incidents | 4.86 |
| Stat Sig | 0.70 |

The interaction effect between A and B was not significant. Therefore for the Corrupting Category there was no significant difference between the ratings of male and female respondents and the ratings of father and mother incidents.

From Tables 8.5 to 8.10 it can be seen that there were no significant differences between the ratings of male and female respondents on the six categories of mistreatment. However there was a small significant effect (0.06) between male and female respondents on Terrorising 1 Category (Discipline Through Fear) where female respondents tended to see this category as more serious than male respondents.

There were two significant differences between respondents (N=200) on the ratings of two categories. Respondents tended to see the Rejecting Category (0.01) and the Ignoring Category (0.04) as more serious for mothers to do than fathers. There were no significant interactional effects between sex of respondents and Mother and Father incidents in any of the six category scales.

The next stage of analysis will be to examine correlations of values of the four descriptive measures (Age Group, Number of Children, Working Experience with Children, and Years of Experience) with the six categories (Isolating, Rejecting, Ignoring, Terrorising 1 [Discipline Through Fear], Terrorising 2 [Too High Expectations] and Corrupting) in two ways. Firstly, for each subject, scores on the six scales are combined (summed scale scores) across father and mother incidents. That is, the scale score represents the overall attitude to each of the six categories regardless of whether the items are father or mother incidents. Secondly, for each subject, the difference between the scale scores is calculated (differenced scale scores) as it applies to father and mother incidents for each of the six scales. That is, the score represents the extent to which each subject differentiates between the father and mother incidents.

8.3.2 Values by Age Groups

Age was measured on a 5 point self-report scale (See Table 8.1 for details of frequencies). The total percentage and number for each group was:

| Age Group | |
|-----------|------------------------|
| 1 | Under 20: 1.0% (N=02) |
| 2 | 20 to 34: 14.5% (N=29) |
| 3 | 35 to 49: 46.0% (N=92) |
| 4 | 50 to 65: 32.0% (N=64) |
| 5 | Over 65 : 6.5% (N=13) |

Table 8.11 presents correlations of (A) Summed Scale Scores - age groups with the score for each of the six categories and (B) Differenced Scale Scores - age groups with mother and father incidents for each of the six categories:

Table 8.11

Correlations of Different Age Groups with Category Scales (N=6) Summed Scale Scores and Differenced Scale Scores Analysis

A Summed Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | -0.15 | 0.06 | -0.00 | 0.07 | 0.20 | -0.07 |
| Sig | 0.03* | 0.37 | 0.96 | 0.31 | 0.002** | 0.28 |

There was a significant correlation on The Isolating Scale of ratings with age group of respondents: the correlation was -0.15 (Sig 0.03, $p < 0.05$). Younger age groups considered isolating as more serious than older age groups.

There was a very significant correlation on The Terrorising 2 Scale of ratings with age group of respondents: the correlation was 0.20 (Sig 0.002, $p < 0.005$). Older age groups considered terrorising as more serious than younger age groups.

B Differenced Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.03 | 0.02 | 0.11 | 0.06 | 0.03 | 0.10 |
| Sig | 0.62 | 0.69 | 0.09 | 0.35 | 0.58 | 0.14 |

There were no significant correlations of age groups of respondents with father and mother incidents.

8.3.3 Values by Number of Children

Number of children was measured on a scale of 1 to 8. (See Table 8.2 for details of frequencies). The total percentage and number for each group was:

| Number of Children | |
|--------------------|--------------|
| 1 | 21.5% (N=43) |
| 2 | 42.5% (N=85) |
| 3 | 22.0% (N=44) |
| 4 | 12.0% (N=24) |
| 5 | 1.5% (N=03) |
| 6 | - |
| 7 | - |
| 8 | 0.5% (N=01) |

Table 8.12 presents correlations of (A) Summed Scale Scores - number of children with the score for each of the six categories and (B) Differenced Scale Scores - number of children with mother and father incidents for each of the six categories:

Table 8.12

Correlations of Number of Children with Category Scales (N=6) Summed Scale Scores and Differenced Scale Scores Analysis

A Summed Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | -0.09 | 0.05 | -0.09 | 0.04 | 0.07 | 0.09 |
| Sig | 0.18 | 0.42 | 0.18 | 0.55 | 0.29 | 0.20 |

There were no significant correlations of number of children of respondents with the six category scales.

B Differenced Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.06 | 0.04 | 0.10 | 0.02 | 0.11 | 0.14 |
| Sig | 0.34 | 0.52 | 0.12 | 0.71 | 0.09 | 0.04* |

There was a significant correlation on The Corrupting Scale of ratings with number of children of respondents: the score was 0.04 (Sig 0.04, $p < 0.05$). Respondents considered corrupting by a mother as more serious than corrupting by a father.

8.3.4 Values by Working Experience with Children

Working experience was measured on a 2 point scale. (See Table 8.3 for details of frequencies). The total percentage and number for each group was:

Working Experience With Children
 No 63.0% (N=126)
 Yes 37.0% (N=74)

Table 8.13 presents correlations of (A) Summed Scale Scores - working experience with the score for each of the six categories and (B) Differenced Scale Scores - working experience with mother and father incidents for each of the six categories:

Table 8.13

Correlations of Working Experience with Children with Category Scales (N=6)

Summed Scale Scores and Differenced Scale Scores Analysis

A Summed Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.00 | 0.00 | -0.11 | 0.09 | -0.03 | -0.02 |
| Sig | 0.89 | 0.91 | 0.10 | 0.16 | 0.61 | 0.71 |

There were no significant correlations of working experience with children of respondents with the six category scales.

B Differenced Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.17 | 0.00 | 0.04 | 0.08 | 0.03 | 0.01 |
| Sig | 0.01** | 0.92 | 0.49 | 0.22 | 0.63 | 0.85 |

There was a significant correlation on The Isolating Scale of ratings with working experience with children of respondents: the score was 0.01 (Sig 0.01, $p < 0.05$). Respondents considered isolating by a mother as more serious than isolating by a father.

8.3.5 Values by Years Of Working Experience with Children

Years of working experience with children was measured on a scale of 1 to 35. (See Table 8.4 for details of frequencies).

Table 8.14 presents correlations of (A) Summed Scale Scores - years of working experience with children with the score for each of the six categories and (B) Differenced Scale Scores - years of working experience with children with mother and father incidents for each of the six categories:

Table 8.14

Correlations of Years of Working Experience with Children with Category Scales (N=6)

Summed Scale Scores and Differenced Scale Scores Analysis

A Summed Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.25 | -0.07 | 0.00 | 0.19 | 0.01 | -0.19 |
| Sig | 0.02* | 0.54 | 0.94 | 0.10 | 0.87 | 0.10 |

There was a significant correlation on The Isolating Scale of ratings with years of working experience with children of respondents: the score was 0.02 (Sig 0.02, $p < 0.05$). Respondents with more years of working experience considered isolating as more serious than those with less years of working experience.

B Differenced Scale Scores

| | Isolate | Reject | Ignore | Terror 1 | Terror 2 | Corrupt |
|------|---------|--------|--------|----------|----------|---------|
| Corr | 0.14 | -0.08 | -0.07 | -0.09 | -0.00 | -0.10 |
| Sig | 0.20 | 0.48 | 0.54 | 0.40 | 0.95 | 0.36 |

There were no significant correlations of years of working experience with children of respondents with father and mother incidents.

The previous analyses of Age Group, Number of Children, Working Experience with Children, and Years of Working Experience with Children (See Tables 8.11 to 8.14 for details) revealed the following results.

Age Group: Significant correlations with age were found in two categories: (1) The Isolating Category (0.03) where younger age groups tended to see isolating as more serious than older age groups and (2) The Terrorising 2 Category (0.002)) where older age groups tended to see terrorising as more serious than younger age groups. There were no significant correlations of age groups of respondents with father and mother incidents.

Number of Children: There were no significant correlations of number of children of respondents with the six category scales. There was a significant correlation with The Corrupting Category (0,04) where respondents considered corrupting by a mother as more serious than corrupting by a father.

Working Experience with Children: There were no significant correlations of working experience with children of respondents with the six category scales. There was a significant correlation with The Isolating Scale (0.01) where respondents considered isolating by a mother as more serious than isolating by a father.

Years of Working Experience with Children: There was a significant correlation of years of working experience with The Isolating Scale (0.02) where respondents with more working experience with children tended to see isolating as more serious than those with less experience. There

were no significant correlations of years of working experience of respondents with father and mother incidents.

8.4 Values of Respondents to Specific Incidents (N=120)

To further examine the question of male and female values on the seriousness of acts of moderate psychological mistreatment the two groups were compared on all 120 incidents. Table 8.15 lists each of the four developmental stages which are:

- 1 Infancy (birth to two years)
- 2 Early childhood (two to five years)
- 3 School Age (five to eleven years)
- 4 Adolescence (eleven to eighteen years)

and presents these with the five original categories of Isolating, Rejecting, Ignoring, Terrorising, and Corrupting. Also shown are the overall mean rating for each incident and male and female respondents. In addition the overall mean rating for each category (N=3) plus the category mean for male and female respondents is given. Finally statistical significances are given.

The patterns of agreement/disagreement between male and female respondents are given in Table 8.15. The general pattern was that agreement was the rule rather than the exception. To understand the agreement/disagreement patterns further it is necessary to examine the incidents themselves. There were no significant differences on 92.5% (N=111) out of the 120 incidents showing that male and female parents had very similar values regarding moderate psychological mistreatment.

Key to Table 8.15

The cross (+) indicates the number in brackets is the mean rating of the 3 category incidents.

Underlining indicates the mean rating of the 3 incidents for males and females.

The asterisk (*) indicates a statistically significant difference: (**) for .001 to .01 and (*) for .02 to .05.

Table 8.15

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig | |
|-----------------------------------|--|-------|---------------------|---------------------|-------|
| | Overall | Males | Females | | |
| <u>INFANCY (BIRTH TO 2 YEARS)</u> | | | | | |
| <u>Isolating (3.03)+</u> | | | | | |
| 1 | The father quite often leaves the infant alone in a room for hours at a time. | 3.29 | 3.20 | 3.39 | .132 |
| 2 | The father quite often does not let friends see the infant. | 3.18 | 3.09 | 3.27 | .150 |
| 3 | The father quite often does not take the infant for check-ups to the Child Clinic. | 2.62 | 2.69 <u>2.99</u> | 2.55 <u>3.07</u> | .381 |
| <u>Rejecting (3.30)</u> | | | | | |
| 4 | The father quite often refuses to hold or touch the infant. | 3.38 | 3.36 | 3.41 | .657 |
| 5 | The father quite often refuses to have eye contact with the infant. | 3.23 | 3.22 | 3.25 | .805 |
| 6 | The father quite often refuses to visit the infant who lives with his (the father's) parents. | 3.30 | 3.20 <u>3.26</u> | 3.41 <u>3.35</u> | .066 |
| <u>Ignoring (2.80)</u> | | | | | |
| 7 | The father quite often does not hold the infant for hours at a time during the day. | 2.54 | 2.58 | 2.50 | .561 |
| 8 | The father quite often is not interested in the infant. | 3.13 | 3.20 | 3.07 | .299 |
| 9 | The father quite often is more interested in an older child than in the infant. | 2.73 | 2.83 <u>2.87</u> | 2.64 <u>2.73</u> | .138 |
| <u>Terrorising (3.16)</u> | | | | | |
| 10 | The father quite often threatens the infant when the child will not go to sleep. | 3.26 | 3.29 | 3.24 | .677 |
| 11 | The father quite often shouts at the infant. | 3.02 | 3.08 | 2.97 | .376 |
| 12 | The father quite often scares the infant with games that stimulate the infant too much. | 3.20 | 3.19 <u>3.18</u> | 3.21 <u>3.14</u> | .865 |
| <u>Corrupting (3.21)</u> | | | | | |
| 13 | The father quite often gives the infant a mild sedative (medicine) at night to help the child sleep. | 3.12 | 3.12 | 3.12 | 1.000 |
| 14 | The father quite often encourages the infant to smack adult friends for fun. | 3.00 | 3.01 | 3.00 | .937 |
| 15 | The father quite often teaches the infant precocious sexual habits as a joke (eg blowing on child's genitals at bathtime). | 3.51 | 3.52 <u>3.21</u> | 3.51 <u>3.21</u> | .930 |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig | |
|---------------------------------------|--|-------|-------------|-------------|--------|
| | Overall | Males | Females | | |
| <u>EARLY CHILDHOOD (2 TO 5 YEARS)</u> | | | | | |
| <u>Isolating (3.46)</u> | | | | | |
| 16 | The father quite often teaches the young child to avoid making friends with other children. | 3.36 | 3.31 | 3.42 | .330 |
| 17 | The father quite often rewards the young child for keeping away from other children. | 3.46 | 3.44 | 3.49 | .649 |
| 18 | The father quite often punishes the young child for playing with other children. | 3.56 | 3.51 | 3.61 | .323 |
| | | | <u>3.42</u> | <u>3.50</u> | |
| <u>Rejecting (2.76)</u> | | | | | |
| 19 | The father quite often says to the crying young child, "Don't be such a big baby." | 2.53 | 2.51 | 2.56 | .686 |
| 20 | The father quite often tells the young child that he/she is a bad boy/girl. | 2.54 | 2.52 | 2.56 | .766 |
| 21 | The father quite often will not take the young child out on a family outing with the other children in the family. | 3.23 | 3.28 | 3.18 | .458 |
| | | | <u>2.77</u> | <u>2.76</u> | |
| <u>Ignoring (3.07)</u> | | | | | |
| 22 | The father quite often does not talk to the young child. | 3.12 | 3.19 | 3.06 | .270 |
| 23 | The father quite often does not praise the young child's efforts. | 3.07 | 3.10 | 3.05 | .647 |
| 24 | The father quite often does not recognise the young child's efforts. | 3.02 | 3.03 | 3.02 | .928 |
| | | | <u>3.10</u> | <u>3.04</u> | |
| <u>Terrorising (3.04)</u> | | | | | |
| 25 | The father quite often frightens the young child too much with fairy tale stories. | 2.96 | 2.88 | 3.05 | .153 |
| 26 | The father quite often tells the young child that the Bogeyman will come if he/she does not go to sleep. | 3.19 | 3.00 | 3.39 | .001** |
| 27 | The father quite often threatens to hit the young child for "bad" behaviour. | 2.97 | 2.96 | 2.99 | .809 |
| | | | <u>2.94</u> | <u>3.14</u> | |
| <u>Corrupting (3.49)</u> | | | | | |
| 28 | The father quite often gives the young child a sip of alcohol. | 3.33 | 3.28 | 3.39 | .366 |
| 29 | The father quite often encourages the young child to be violent. | 3.63 | 3.56 | 3.70 | .173 |
| 30 | The father quite often involves the young child in secret, intimate "cuddling" when they are alone together. | 3.51 | 3.43 | 3.59 | .196 |
| | | | <u>3.42</u> | <u>3.56</u> | |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig |
|--|--------------------|---------------------|---------------------|----------|
| | Overall | Males | Females | |
| <u>SCHOOL AGE (5 TO 11 YEARS)</u> | | | | |
| <u>Isolating (3.30)</u> | | | | |
| 31 The father quite often locks the child in a room as a punishment. | 3.35 | 3.36 | 3.35 | .937 |
| 32 The father quite often does not allow the child to bring other children to the house. | 3.07 | 3.03 | 3.11 | .493 |
| 33 The father quite often keeps the child away from school. | 3.50 | 3.43 <u>3.27</u> | 3.57 <u>3.34</u> | .203 |
| <u>Rejecting (3.00)</u> | | | | |
| 34 The father quite often tells the child, "You know you're no good at that." | 3.16 | 3.05 | 3.27 | .061 |
| 35 The father quite often replies to the child, "I'm too busy now, tell me later." | 2.69 | 2.73 | 2.65 | .480 |
| 36 The father quite often compares one child in an unfavourable way with the other children. | 3.16 | 3.14 <u>2.97</u> | 3.18 <u>3.03</u> | .728 |
| <u>Ignoring (2.81)</u> | | | | |
| 37 The father quite often shows no interest in the child's school report. | 3.13 | 3.12 | 3.15 | .799 |
| 38 The father quite often does not protect the child from fights involving other children in the family. | 2.71 | 2.76 | 2.67 | .480 |
| 39 The father quite often does not help the child to settle problems with other children. | 2.60 | 2.62 <u>2.83</u> | 2.58 <u>2.80</u> | .737 |
| <u>Terrorising (3.36)</u> | | | | |
| 40 The father quite often tries to make the child choose between the parents in an argument. | 3.41 | 3.36 | 3.47 | .311 |
| 41 The father quite often criticises the child for not meeting his expectations. | 3.11 | 2.99 | 3.23 | .028* |
| 42 The father quite often threatens to leave the home and the child. | 3.55 | 3.46 <u>3.27</u> | 3.65 <u>3.45</u> | .075 |
| <u>Corrupting (3.38)</u> | | | | |
| 43 The father quite often encourages the child to be aggressive towards other children. | 3.47 | 3.44 | 3.51 | .514 |
| 44 The father quite often makes racist remarks in the child's hearing. | 3.26 | 3.19 | 3.34 | .233 |
| 45 The father quite often tells sexual jokes in the child's hearing. | 3.41 | 3.29 <u>3.30</u> | 3.53 <u>3.46</u> | .042* |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig |
|---|--------------------|-------------|-------------|-------------|
| | Overall | Males | Females | |
| <u>ADOLESCENCE (11 TO 18 YEARS)</u> | | | | |
| <u>Isolating (3.26)</u> | | | | |
| 46 The father quite often does not allow the teenager to join clubs (or take part in out-of-school activities). | 3.18 | 3.19 | 3.18 | .932 |
| 47 The father quite often punishes the teenager for going out on a "date." | 3.16 | 3.18 | 3.15 | .800 |
| 48 The father quite often keeps the teenager away from school to take care of younger children | 3.45 | 3.43 | 3.48 | .660 |
| | | <u>3.26</u> | <u>3.27</u> | |
| <u>Rejecting (3.07)</u> | | | | |
| 49 The father quite often jokes to friends about the teenager's personal problems in front of the teenager. | 3.57 | 3.52 | 3.62 | .312 |
| 50 The father quite often says to the teenager who is justly pleased with some achievement, "Don't be such a show-off." | 2.86 | 2.82 | 2.91 | .435 |
| 51 The father quite often says, "I can manage quicker on my own," when the teenager tries to help. | 2.77 | 2.75 | 2.80 | .654 |
| | | <u>3.03</u> | <u>3.11</u> | |
| <u>Ignoring (2.69)</u> | | | | |
| 52 The father quite often lets the teenager "sleep in" and the teenager is slightly late for school. | 2.99 | 2.96 | 3.03 | .568 |
| 53 The father quite often does not check to see that the teenager has the minimum personal equipment for school. | 2.52 | 2.54 | 2.51 | .815 |
| 54 The father quite often does not check to see whether the teenager has done his/her homework for school. | 2.57 | 2.60 | 2.54 | .590 |
| | | <u>2.70</u> | <u>2.69</u> | |
| <u>Terrorising 3.21)</u> | | | | |
| 55 The father quite often expects the teenager to excel at everything. | 2.92 | 2.86 | 2.99 | .277 |
| 56 The father quite often sets impossibly high standards for the teenager. | 3.18 | 3.18 | 3.19 | .930 |
| 57 The father quite often is very aggressive to the teenager. | 3.54 | 3.51 | 3.58 | .472 |
| | | <u>3.18</u> | <u>3.25</u> | |
| <u>Corrupting 3.49)</u> | | | | |
| 58 The father quite often encourages the teenager to have alcoholic drinks. | 3.31 | 3.24 | 3.38 | .272 |
| 59 The father quite often brings sexually explicit magazines into the house. | 3.53 | 3.45 | 3.61 | .155 |
| 60 The father quite often brings sexually explicit video films into the house. | 3.63 | 3.52 | 3.74 | .040* |
| | | <u>3.40</u> | <u>3.57</u> | |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig | |
|-----------------------------------|--|-------|-------------|-------------|-------|
| | Overall | Males | Females | | |
| <u>INFANCY (BIRTH TO 2 YEARS)</u> | | | | | |
| <u>Isolating (3.36)</u> | | | | | |
| 61 | The mother quite often leaves the infant alone in a room for hours at a time. | 3.59 | 3.48 | 3.71 | .027* |
| 62 | The mother quite often does not let friends see the infant. | 3.33 | 3.23 | 3.43 | .094 |
| 63 | The mother quite often does not take the infant for check-ups to the Child Clinic. | 3.16 | 3.24 | 3.09 | .243 |
| | | | <u>3.31</u> | <u>3.41</u> | |
| <u>Rejecting (3.59)</u> | | | | | |
| 64 | The mother quite often refuses to hold or touch the infant. | 3.72 | 3.66 | 3.78 | .108 |
| 65 | The mother quite often refuses to have eye contact with the infant. | 3.52 | 3.51 | 3.54 | .765 |
| 66 | The mother quite often refuses to visit the infant who lives with his (the mother's) parents. | 3.52 | 3.45 | 3.60 | .146 |
| | | | <u>3.54</u> | <u>3.64</u> | |
| <u>Ignoring (3.24)</u> | | | | | |
| 67 | The mother quite often does not hold the infant for hours at a time during the day. | 3.07 | 3.10 | 3.05 | .644 |
| 68 | The mother quite often is not interested in the infant. | 3.56 | 3.58 | 3.54 | .752 |
| 69 | The mother quite often is more interested in an older child than in the infant. | 3.10 | 3.10 | 3.11 | 1.000 |
| | | | <u>3.26</u> | <u>3.23</u> | |
| <u>Terrorising (3.20)</u> | | | | | |
| 70 | The mother quite often threatens the infant when the child will not go to sleep. | 3.35 | 3.35 | 3.36 | .864 |
| 71 | The mother quite often shouts at the infant. | 3.00 | 3.07 | 2.94 | .269 |
| 72 | The mother quite often scares the infant with games that stimulate the infant too much. | 3.24 | 3.25 | 3.24 | .861 |
| | | | <u>3.22</u> | <u>3.18</u> | |
| <u>Corrupting (3.13)</u> | | | | | |
| 73 | The mother quite often gives the infant a mild sedative (medicine) at night to help the child sleep. | 2.99 | 3.01 | 2.97 | .825 |
| 74 | The mother quite often encourages the infant to smack adult friends for fun. | 3.09 | 3.13 | 3.05 | .532 |
| 75 | The mother quite often teaches the infant precocious sexual habits as a joke (eg blowing on child's genitals at bathtime). | 3.33 | 3.35 | 3.31 | .702 |
| | | | <u>3.16</u> | <u>3.11</u> | |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig | |
|---------------------------------------|--|-------|-------------|-------------|-------|
| | Overall | Males | Females | | |
| <u>EARLY CHILDHOOD (2 TO 5 YEARS)</u> | | | | | |
| <u>Isolating (3.48)</u> | | | | | |
| 76 | The mother quite often teaches the young child to avoid making friends with other children. | 3.42 | 3.37 | 3.47 | .284 |
| 77 | The mother quite often rewards the young child for keeping away from other children. | 3.44 | 3.39 | 3.50 | .286 |
| 78 | The mother quite often punishes the young child for playing with other children. | 3.59 | 3.60 | 3.59 | .920 |
| | | | <u>3.45</u> | <u>3.52</u> | |
| <u>Rejecting (2.84)</u> | | | | | |
| 79 | The mother quite often says to the crying young child, "Don't be such a big baby." | 2.60 | 2.66 | 2.54 | .357 |
| 80 | The mother quite often tells the young child that he/she is a bad boy/girl | 2.61 | 2.60 | 2.62 | .878 |
| 81 | The mother quite often will not take the young child out on a family outing with the other children in the family. | 3.32 | 3.34 | 3.31 | .792 |
| | | | <u>2.86</u> | <u>2.82</u> | |
| <u>Ignoring (3.25)</u> | | | | | |
| 82 | The mother quite often does not talk to the young child. | 3.40 | 3.40 | 3.41 | .921 |
| 83 | The mother quite often does not praise the young child's efforts. | 3.20 | 3.21 | 3.20 | .927 |
| 84 | The mother quite often does not recognise the young child's efforts. | 3.16 | 3.19 | 3.14 | .635 |
| | | | <u>3.26</u> | <u>3.25</u> | |
| <u>Terrorising (3.06)</u> | | | | | |
| 85 | The mother quite often frightens the young child too much with fairy tale stories. | 3.09 | 3.07 | 3.12 | .742 |
| 86 | The mother quite often tells the young child that the Bogeyman will come if he/she does not go to sleep | 3.22 | 3.10 | 3.34 | .055* |
| 87 | The mother quite often threatens to hit the young child for "bad" behaviour. | 2.89 | 2.86 | 2.92 | .693 |
| | | | <u>3.01</u> | <u>3.12</u> | |
| <u>Corrupting (3.44)</u> | | | | | |
| 88 | The mother quite often gives the young child a sip of alcohol. | 3.36 | 3.36 | 3.37 | .865 |
| 89 | The mother quite often encourages the young child to be violent. | 3.69 | 3.67 | 3.72 | .593 |
| 90 | The mother quite often involves the young child in secret, intimate "cuddling" when they are alone together. | 3.28 | 3.21 | 3.36 | .357 |
| | | | <u>3.41</u> | <u>3.48</u> | |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig |
|--|--------------------|---------------------|---------------------|-------------|
| | Overall | Males | Females | |
| <u>SCHOOL AGE (5 TO 11 YEARS)</u> | | | | |
| <u>Isolating (3.30)</u> | | | | |
| 91 The mother quite often locks the child in a room as a punishment. | 3.39 | 3.35 | 3.44 | .354 |
| 92 The mother quite often does not allow the child to bring other children to the house. | 3.05 | 3.06 | 3.04 | .792 |
| 93 The mother quite often keeps the child away from school. | 3.47 | 3.45 <u>3.28</u> | 3.50 <u>3.32</u> | .576 |
| <u>Rejecting (3.06)</u> | | | | |
| 94 The mother quite often tells the child, "You know you're no good at that." | 3.22 | 3.14 | 3.30 | .192 |
| 95 The mother quite often replies to the child, "I'm too busy now, tell me later." | 2.74 | 2.78 | 2.70 | .530 |
| 96 The mother quite often compares one child in an unfavourable way with the other children. | 3.24 | 3.19 <u>3.03</u> | 3.30 <u>3.10</u> | .320 |
| <u>Ignoring (2.88)</u> | | | | |
| 97 The mother quite often shows no interest in the child's school report. | 3.26 | 3.19 | 3.33 | .208 |
| 98 The mother quite often does not protect the child from fights involving other children in the family. | 2.72 | 2.76 | 2.68 | .519 |
| 99 The mother quite often does not help the child to settle problems with other children. | 2.68 | 2.74 <u>2.89</u> | 2.63 <u>2.88</u> | .334 |
| <u>Terrorising (3.45)</u> | | | | |
| 100 The mother quite often tries to make the child choose between the parents in an argument. | 3.49 | 3.44 | 3.54 | .273 |
| 101 The mother quite often criticises the child for not meeting her expectations. | 3.21 | 3.15 | 3.27 | .240 |
| 102 The mother quite often threatens to leave the home and the child. | 3.65 | 3.58 <u>3.39</u> | 3.73 <u>3.51</u> | .105 |
| <u>Corrupting 3.40)</u> | | | | |
| 103 The mother quite often encourages the child to be aggressive towards other children. | 3.52 | 3.49 | 3.55 | .558 |
| 104 The mother quite often makes racist remarks in the child's hearing. | 3.32 | 3.30 | 3.35 | .667 |
| 105 The mother quite often tells sexual jokes in the child's hearing. | 3.38 | 3.30 <u>3.36</u> | 3.47 <u>3.45</u> | .133 |

Table 8.15 (continued)

MANOVA Ratings and Statistical Significances of the Vignettes (N=120)by Male (N=100) and Female (N=100) Respondents

| Vignettes | Ratings of Parents | | | Stat Sig | |
|-------------------------------------|--|-------|-------------|-------------|--------|
| | Overall | Males | Females | | |
| <u>ADOLESCENCE (11 TO 18 YEARS)</u> | | | | | |
| <u>Isolating (3.27)</u> | | | | | |
| 106 | The mother quite often does not allow the teenager to join clubs (or take part in out-of-school activities). | 3.16 | 3.15 | 3.17 | .931 |
| 107 | The mother quite often punishes the teenager for going out on a "date". | 3.18 | 3.21 | 3.15 | .643 |
| 108 | The mother quite often keeps the teenager away from school to take care of younger children. | 3.48 | 3.39 | 3.57 | .093 |
| | | | <u>3.25</u> | <u>3.29</u> | |
| <u>Ignoring (3.13)</u> | | | | | |
| 109 | The mother quite often jokes to friends about the teenager's personal problems in front of the teenager. | 3.60 | 3.55 | 3.65 | .278 |
| 110 | The mother quite often says to the teenager who is justly pleased with some achievement, "Don't be such a show-off." | 2.95 | 2.85 | 3.06 | .087 |
| 111 | The mother quite often says, "I can manage quicker on my own," when the teenager tries to help. | 2.84 | 2.88 | 2.80 | .534 |
| | | | <u>3.09</u> | <u>3.17</u> | |
| <u>Ignoring(2.80)</u> | | | | | |
| 112 | The mother quite often lets the teenager "sleep in" and the teenager is slightly late for school. | 3.07 | 2.97 | 3.17 | .104 |
| 113 | The mother quite often does not check to see that the teenager has the minimum personal equipment for school. | 2.66 | 2.63 | 2.70 | .649 |
| 114 | The mother quite often does not check to see whether the teenager has done his/her homework for school. | 2.68 | 2.63 | 2.74 | .360 |
| | | | <u>2.74</u> | <u>2.87</u> | |
| <u>Terrorising (3.21)</u> | | | | | |
| 115 | The mother quite often expects the teenager to excel at everything. | 2.95 | 2.88 | 3.03 | .170 |
| 116 | The mother quite often sets impossibly high standards for the teenager. | 3.20 | 3.09 | 3.31 | .058* |
| 117 | The mother quite often is very aggressive to the teenager. | 3.49 | 3.40 | 3.59 | .050* |
| | | | <u>3.12</u> | <u>3.31</u> | |
| <u>Corrupting (3.53)</u> | | | | | |
| 118 | The mother quite often encourages the teenager to have alcoholic drinks. | 3.44 | 3.36 | 3.52 | .158 |
| 119 | The mother quite often brings sexually explicit magazines into the house. | 3.51 | 3.43 | 3.60 | .128 |
| 120 | The mother quite often brings sexually explicit video films into the house. | 3.63 | 3.50 | 3.77 | .010** |
| | | | <u>3.43</u> | <u>3.63</u> | |

The significant differences which resulted from the examination of the 120 vignettes will now be analysed.

8.4.1 Significant Differences on Specific Incidents

Table 8.16 shows there were significant differences between male and female parents on 7.5% (N=9) of the 120 incidents.

Table 8.16

Mean Ratings and Significant Differences of Vignettes (N=9) by
Male (N=100) and Female (N=100) Respondents

In Order of Significance

| Vignettes | Ratings of Parents | | | Sig | Category | Develop. Period |
|---|--------------------|-------|---------|--------|-------------|-----------------|
| | Overall | Males | Females | | | |
| 26 The father quite often tells the young child that the Bogeyman will come if he/she does not go to sleep. | 3.19 | 3.00 | 3.39 | .001** | Terrorising | 2 to 5 |
| 120 The mother quite often brings sexually explicit video films into the house. | 3.63 | 3.50 | 3.77 | .010** | Corrupting | 11 to 18 |
| 61 The mother quite often leaves the infant alone in a room for hours at a time. | 3.59 | 3.48 | 3.71 | .027 | Isolating | Birth to 2 |
| 41 The father quite often criticises the child for not meeting his expectations. | 3.11 | 2.99 | 3.23 | .028 | Terrorising | 5 to 11 |
| 60 The father quite often brings sexually explicit video films into the house. | 3.63 | 3.52 | 3.74 | .040 | Corrupting | 11 to 18 |
| 45 The father quite often tells sexual jokes in the child's hearing. | 3.41 | 3.29 | 3.53 | .042 | Corrupting | 5 to 11 |
| 117 The mother quite often is very aggressive to the teenager. | 3.49 | 3.40 | 3.59 | .050 | Terrorising | 11 to 18 |
| 86 The mother quite often tells the young child that the Bogeyman will come if he/she does not go to sleep. | 3.22 | 3.10 | 3.34 | .055 | Terrorising | 2 to 5 |
| 116 The mother quite often sets impossibly high standards for the teenager. | 3.20 | 3.09 | 3.31 | .058 | Terrorising | 11 to 18 |

The above table shows that female respondents considered all 9 of the above incidents as more serious than male respondents. The two most significant differences were:

- 26 A father terrorising a 2 to 5 year old who will not go to sleep by quite often saying that the Bogeyman will come (Sig .001**).
- 120 A mother corrupting an 11 to 18 year old by quite often bringing home sexually explicit video films (.010**).

11 to 18 years: 45.0% (N=4)
 2 to 05 years: 22.0% (N=2)
 5 to 11 years: 22.0% (N=2)
 Birth to 02 years: 11.0% (N=1)

8.5 Summary

Firstly, in this chapter, the descriptive data of respondents (N=200) was analysed by five characteristics as follows:

- 1 sex:
 - males - 50% (N=100)
 - females - 50% (N=100)

- 2 age group:

| | | | | |
|--------------------------|-------|---------------|---------|--------------|
| under 20 - 0.1% (N=02): | Males | 0.0% (N=00); | Females | 0.1% (N=02) |
| 20 to 34 - 14.5% (N=29): | " | 6.5% (N=13); | " | 0.8% (N=16) |
| 35 to 49 - 46.0% (N=92): | " | 24.5% (N=49); | " | 21.5% (N=43) |
| 50 to 65 - 32.0% (N=64): | " | 16.5% (N=33); | " | 15.5% (N=31) |
| over 65 - 6.5% (N=13): | " | 2.5% (N=05); | " | 0.4% (N=08) |

- 3 number of children:

| | | | | |
|---------------------------|-------|---------------|---------|--------------|
| 1 child - 21.5% (N=43): | Males | 10.0% (N=20); | Females | 11.5% (N=23) |
| 2 children - 42.5% (N=85) | " | 24.0% (N=48); | " | 18.5% (N=37) |
| 3 " - 22.0% (N=44) | " | 10.0% (N=20); | " | 12.0% (N=24) |
| 4 " - 12.0% (N=24) | " | 4.5% (N=09); | " | 7.5% (N=15) |
| 5 " - 1.5% (N=03) | " | 1.0% (N=02); | " | 0.5% (N=01) |
| 6 " - - | " | - | " | - |
| 7 " - - | " | - | " | - |
| 8 " - 0.5% (N=01) | " | 0.5% (N=01) | " | - |

- 4 working experience with children:
 - No - 63% (N=126): Males 39.5% (N=79); Females 23.5% (N=47)
 - Yes - 37% (N= 74) " 10.5% (N=21); Females 26,5% (N=53)

- 5 years of working experience with children:
 - The range was from 1 to 35 years.
 - Males - 50% (2 to 30 years)
 - Females - 50% (1 to 35 years)

The next stage involved an examination of responses through item analysis to establish the underlying factors of the five original categories of mistreatment: Isolating, Rejecting, Ignoring, Terrorising, and Corrupting. Factor analysis was used to create sub-scales of common

factors. On the basis of this analysis the incidents in the five categories were reduced in number and the original Terrorising Category was divided into two categories (Terrorising 1 - Discipline Through Fear) and (Terrorising 2 - Too High Expectations). The original 120 incidents were thus reduced to 70 incidents. Analysis by the six sub-scales revealed very few differences by sex, age group, number of children, working experience with children, and years of working experience with children. The significant differences were as follows:

Sex

Female respondents rated The Terrorising 1 Scale (Discipline Through Fear) as more serious than male respondents. Respondents rated The Rejecting and Ignoring Scales as more serious for mothers to do than fathers.

Age Groups

Younger age group respondents rated The Isolating Scale as more serious than older age groups. Older age groups rated The Terrorising 2 Scale (Too High Expectations) as more serious than younger age groups.

Number of Children

Respondents with higher numbers of children rated The Corrupting Scale as more serious for a mother to do than a father.

Working Experience with Children

Respondents with working experience rated The Isolating Scale as more serious for a mother to do than a father.

Years of Working Experience with Children

Respondents with more years of working experience rated The Isolating Scale as more serious than respondents with less working experience.

Finally the values of respondents regarding the 120 incidents were

analysed to establish significant differences between the incidents and the four developmental periods. Contrary to our expectations the general pattern was that agreement was the rule rather than the exception. There were no significant differences on 92.5% (N=111) out of the 120 incidents. One explanation to account for this result is the Contact Hypothesis of Rothbart (1990a, 1990b, 1990c, & 1985) on "Stability and Change in Stereotypic Beliefs". The Contact Hypothesis presents an explanation of how contact, or lack of contact, by individuals from different groups (for example, gender) tends to affect change, or stability, in an individual's previously held values and attitudes. Separation and avoidance enable different values and attitudes of different groups to remain unchanged. Other settings in which contact is more likely to lead to changes in attitudes are those which involve "favorable attitudes toward individual group members" (p18). Conditions which are given as conducive to a change in attitudes are "direct personal experience", "equal status", "a co-operative atmosphere", and "intimate contact":

There is evidence that contact can, under proper conditions, generate favourable impressions of individual category members who belong to a disliked category. Contact unquestionably can generate favourable attitudes toward members of a disliked category. Do the favorable judgments toward the category member generalise back to the category as a whole? The answer to this question is a strong "rarely," as it is clear that the bulk of research shows little or no generalisation (p18). The argument we want to make is that there is a reciprocal relationship between individuation and categorization. We regard it as desirable when an individual member of a category becomes individuated, in which attributes of the individual are no longer assumed to be the attributes of the category. The reciprocal of this process, however, is that our (presumably) favorable judgments about this category member then do not generalize back to the group, because the individual is psychologically speaking, no longer a member of the group or category (p19).

Thus according to the above hypothesis individuals from different gender groups who come into close contact tend to modify both their attitudes towards the other individual, and personal values in certain areas.

In Chapter 9 we will discuss the main findings of the thesis.

CHAPTER 9
DISCUSSION

In the preceding chapters the values that different groups of adults and individuals have given towards the mistreatment of children have been analysed. The purpose of this analysis of values was to discover underlying attitudes of respondents to both physical and psychological aspects of the mistreatment of children.

The findings suggest that significant differences of attitudes exist between different groups of adults and these differences may be greater than is currently recognised or accepted - particularly in the areas of physical punishment and childhood sexuality. In addition, significant differences of attitudes were found between male and female parents with regard to the psychological terrorising and corrupting of children. However, contrary to our expectations the general pattern between male and female parents was one of agreement rather than disagreement. The explanation offered for this pattern of agreement was the Contact Hypothesis of Rothbart (1990a, 1990b, 1990c & 1985) of group and individual perceptions. This hypothesis presents an explanation of how individuals from different groups (for example, gender) who come into close contact (through direct personal experience, equal status, a co-operative atmosphere and intimate contact) tend to modify both their attitudes towards the other individual, and personal values in certain areas.

Data were gathered from three separate studies. The First Study was an investigative analysis of the records of thirty families who had come to the attention of the preventive services of the state and had been

officially registered on a Central Child Abuse Register. The Second Study involved a survey of values of seven groups of respondents (N=121) toward child mistreatment; respondents included social workers, police officers, nurses, schoolteachers, commercial/industrial workers, housewives, lecturers and students. The Third Study involved a survey of values of 100 male and 100 female parents (N=200) towards moderate psychological mistreatment of children.

The main aim of The First Study was to acquire preliminary information from original sources to use in the questionnaire of The Second Study. A further aim was to examine what causes had led parents and/or caregivers to crisis situations where they physically abused or neglected children in their care. Whilst abuse and neglect are distinct in principle they are often found in the same family and many factors contributed to the troubled histories of these families. The fifteen families registered for Physical Abuse were characterised by too many children whose ages were too close together, and mothers who were chronically fatigued. For example, with pre-school children the pressures were very great; one mother had given birth to three children in twenty-five months. Two of the families had a child who was suspected of not being the husband's child, and three of the families had mothers who had been put into institutionalised care at a very early age. In three families the relationships with teenage sons were out of control with adult males using violence to control. In the fifteen families registered for Physical Neglect the general impression was one of depressed, abandoned women with few comforts of life living with their children. Adult males as co-habitees or boyfriends appeared temporarily; one mother had three young children by three different fathers. There

was no discrimination among children, for all were equally neglected. The lifestyle appears to have affected the mothers so that they had very little interest in anything. Many of the houses were filthy. One mother had four small children with no hot water, no heating, and no washing machine. This deviance in the family structure seems to have created deviance in the individuals. Some of the children have had to learn how to survive from a very early age. The preliminary information from this study was employed to examine the values and underlying attitudes of professional carers (and non professional carers) towards various aspects of child mistreatment.

The purpose of The Second Study was to examine the values of seven groups of respondents towards eight categories of child mistreatment in order to discover any significant differences in attitudes. The research instrument consisted of a 120-item inventory. The results revealed that there were significant differences in attitudes between two main divisions of respondents consisting of:

- Division 1: Professional Carers, Working Experience with Children, Females, and Parents.
- Division 2: Non-Professional Carers, No Working Experience with Children, Males, and Non-Parents.

The two areas of child mistreatment which showed significant differences in attitudes between the two divisions were (1) Child Punishment and (2) Child Sexuality. The Child Punishment results showed that Division 2 respondents were more likely to think (than Division 1 respondents) that it is acceptable to use physical punishment as a means of disciplining children. The Child Sexuality results showed that Division 2 respondents were more likely (than Division 1 respondents) to disagree that sexual knowledge and sexual coercion by a child are the result

of personal experience but that it is not acceptable for adult males to have a bath with female children. Also Division 2 respondents were more likely to disagree with the idea that people who choose to work with children are more likely to be potential abusers. The results of The Second Study also indicated that significant differences of personal and professional attitudes between different groups relating to basic child-rearing practices may be widespread; and that these differences in attitudes concerning physical punishment and child sexuality may be far more prevalent than is currently recognised or admitted. Two groups of respondents who had different attitudes in these two areas are of fundamental concern in an examination of child mistreatment and these groups were Males and Females. Therefore leading from the above results one question that could be asked was, "Do people resist the notion of conflict in the family?" Two other related questions were "Is conflict in the family widespread?" and "If this is so then why is it widespread?"

To address these problems the results of The Second Study needed to be examined in the light of major theories of conflict in the family. Two American nationwide studies by Gil (1970), and Straus, Gelles and Steinmetz (1980), report that conflict and violence in the family is widespread. These findings led to the question "Why is this perception of frustrated family life not generally accepted?" Gil (1970) explains that for our own peace of mind we tend to cling to an idealised picture of family life which does not reflect the actuality. Straus (1978) explains that when physical force is used it is because physical force works if all else fails. Gelles (1978) writes that there are "emotional blocks" which have acted as inhibiting factors to investigate this emotive subject. Gil (1990) presents a hypothesis to explain

conflict and violence as the result of the frustration of developmental needs; and this leads to blocked energy which finds other channels of expression which are violent.

Gil's hypothesis of the frustration of human needs leading to violent expression led to an examination of human needs theory beginning with Maslow (1968, 1970). We then briefly examined the emotions and the results of emotional mistreatment. Lauer, Lourie, Salus, & Broadhurst (1979) found that physically abused children are, in addition, almost always emotionally mistreated, but emotional mistreatment can occur alone and show no physical scars. Gelles and Straus (1988) cite emotional mistreatment as probably the most damaging form of all types of abuse because emotional wounds fester beneath the surface forever; and it may be that occasional, or frequent, emotional attacks on loved ones are the rule rather than the exception. The next stage of the research was to design The Third Study, using a blueprint of five categories of psychological mistreatment and four developmental stages of children based on the work of Garbarino et al (1986).

The purpose of The Third Study was to examine the values of male and female parents toward moderate psychological mistreatment of children in order to discover any significant differences in attitudes. The research instrument was a 120 vignette inventory. The main results of the study revealed that male and female parents had no significant differences on 111 out of the 120 incidents and thus had very similar attitudes regarding moderate psychological mistreatment of children. The nine remaining incidents had significant differences in three categories:

Terrorising Category (N=5), Corrupting Category (N=3), and Isolating Category (N=1). Female respondents considered all nine incidents as more serious than males. The Terrorising Category results showed that males thought it was less serious than females "for a father or mother to frighten a 2 to 5 year old at bedtime with the Bogeyman", for a father "to criticise a 5 to 11 year old for not meeting expectations", for a mother to be "aggressive to an 11 to 18 year old", and for a mother to set "impossibly high standards for an 11 to 18 year old". The Corrupting Category results showed that males thought it was less serious than females for "a father or mother to bring home sexually explicit videos to the home of an 11 to 18 year old", and for "a father to tell sexual jokes in the hearing of a 5 to 11 year old". The Isolating Category result showed that males thought it less serious than females for "a mother to leave an infant (Birth to 2 years) alone in a room for hours at a time" - this incident was an extreme and isolated one and not truly representative of the moderate psychological mistreatment intended for the category. Thus only one incident out of twenty four in the Isolating Category was seen as significantly different. The Ignoring Category and the Rejecting Category results showed no significant differences at all.

Differences Between Groups and Individuals

In The Second Study the two divisions of respondents differed significantly in 9* out of 120 items; 5 of these items concerned Child Punishment and 4 concerned Childhood Sexuality. In The Third Study males differed from females in 9 out of 120 vignettes. The Terrorising Category contained 5 out of 9 vignettes, the Corrupting Category 3 out of 9 vignettes, and the Isolating Category 1 out 9 vignettes.

* It could be argued that this number (N=9) of significant differences could be expected by chance alone; (6 out of 120 items at the point of 0.05 significance).

Returning to the main significant differences, the results showed a link between those in The Second Study and The Third Study. Apart from one incident in the Isolating Category the significant differences of The Second Study are the physical counterparts of the psychological significances of The Third Study. Thus we have Physical Child Punishment/Psychological Terrorising, and Physical Child Sexuality/Psychological Corrupting emerging as the important elements in both studies.

Physical Punishment/Terrorising

In The Second Study, Division 1 respondents differed from Division 2 respondents in all 5 items in the Physical Punishment Category. These items were: "Smacking a child always teaches the child that physical violence solves problems", "Hitting a child is an effective means of punishment", "No child ever invites physical abuse", "Anyone who has brought up a child has at times smacked the child a little harder than intended", and "Physical punishment can have long term beneficial effects on a child's behaviour." In The Third Study 5 out of the 24 vignettes in the Terrorising Category showed significant differences between male and female parents. These vignettes were: "The father quite often frightens the 2 to 5 year old with the Bogeyman if the child will not go to sleep", "The mother quite often frightens the 2 to 5 year old with the Bogeyman if the child will not go to sleep", "The father quite often criticises the 5 to 11 year old for not meeting his expectations (of the child)", "The mother is quite often very aggressive to the 11 to 18 year old", "The mother quite often sets impossibly high standards for the teenager."

Child Sexuality/Corrupting

In The Second Study all 4 of the items in the Child Sexuality Category showed significant differences between the two groups. These items

were: " A child who tries to force another child into sexual activity has probably had personal experience of this", "The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent", "It is acceptable for a girl up to the age of seven to have a bath with a male adult", "A detailed use of sexual play by a child is often the result of personal experience of sexual abuse." The Corrupting Category of The Second Study showed 3 significant differences between male and female parents. These vignettes were: "The mother quite often brings sexually explicit video films into the house (11 to 18 year old)", "The father quite often brings sexually explicit video films into the house (11 to 18 year old)", "The father quite often tells sexual jokes in the 5 to 11 year old's hearing".

It would appear that the significant differences which came to light in The Second Study between Division 1 (professional carers and females) and Division 2 (non-professional carers and males) were deeply rooted enough to carry forward to The Third Study of Male and Female parental differences. Male and Female parents agreed on most aspects of moderate psychological mistreatment but still differed significantly in the areas of Physical Punishment/Terrorising and Child Sexuality/Corrupting. Although male and female parents agreed on 111 of the 120 vignettes they still did not agree on some incidents which dealt with Terrorising and Corrupting. Female parents evaluated these incidents as significantly more serious than did the males.

It could be that the development in lifestyles and responsibility from separate male and female, to one couple, and then to parents, melds the values of different genders into similar attitudes - except in certain psychological and physical aspects where males and females, whether

parents or not, showed significant differences in values and underlying attitudes. These aspects were physical punishment/psychological terrorising, and physical child sexuality /psychological corrupting.

In most incidents of moderate psychological mistreatment involving values of male and female parents the results appear to fit the contact hypothesis of Rothbart, that individuals from different groups such as gender tend to change previous separately-held values when conditions are conducive to a change of attitude. Thus male and female parents appeared to have similar attitudes towards most aspects of moderate psychological mistreatment. However two main areas of differences in attitudes remain and these are physical child punishment/psychological terrorising and physical child sexuality/psychological corrupting.

Seriousness of Perceptions of Male and Female Parents

Female parents tended to evaluate moderate psychological mistreatment as more serious than did male parents. It could be argued that the most obvious explanation for this finding is the one embodied in folk wisdom - that mothers tend to be more nurturing and gentle to their young than fathers. However there may be other possible explanations for the above findings that also require consideration. Differences were found in the following.

4 out of the 5 categories - Isolating, Rejecting, Terrorising, and Corrupting were rated as more serious by female parents than male parents, but female parents tended to rate Ignoring as less serious than male parents. This is a rather intriguing finding. This could mean that, in general, females tend to think that being ignored is less serious than males think it is.

Implications

Awareness of child abuse in the family and in society has risen dramatically in recent years. With the high profile this subject has received in the media very few people can be unaware of the subject. The next stage hopefully will be public awareness of psychological mistreatment of children in the family and society. For it is only on the basis of changes in public values and attitudes will permanent change come about.

The type of mistreatment that has been examined in this study is not the spectacularly extreme act of cruelty which we all recognise; the preventive services of the state are employed to deal with this. Rather we have looked at traditional ways of child-rearing that are beginning to be perceived as psychologically harmful to children. These methods are being held responsible for the uncounted number of children who have endured familial emotional mistreatment in the form of abuse or neglect. Two examples of these methods follow:

Widely accepted yet basically abusive attitudes to children are now being questioned - such as the use of physical and verbal violence as a means of "discipline" (Gardner, 1988). Children are often told that they really are not feeling what they know they feel: are not remembering what they do remember; not experiencing what they are experiencing. Conditioned as they are by the adults who tell them these things, children eventually begin to deny their past. They become quite good at convincing themselves that reality is not what they experienced (Ratner, 1990).

Forward (1990) acknowledges that all parents are deficient from time to time and they cannot be emotionally available at all times. But there are many parents whose negative patterns of behaviour are consistent and dominant in a child's life. These are the parents who do the harm. The emotional damage inflicted by these parents spreads throughout a child's being like a chemical toxin. The author asks the question what better word than "toxic" to describe parents who inflict ongoing trauma, abuse, and denigration on their children, and in most cases continue to do so even after their children are grown up?

Forward continues that, unfortunately, parenting, one of our most crucial skills is still very much a-seat-of-the-pants endeavour. Our parents learned it primarily from people who may not have done such a good job - their parents. Many of the time-honoured techniques that have been passed down from generation to generation are bad advice masquerading as wisdom such as "spare the rod and spoil the child". Whether children of toxic parents were left alone too much, or treated like fools, or overprotected, or overburdened with guilt, they almost all suffer surprisingly similar symptoms: damaged self-esteem, leading to self-destructive behaviour. In one way or another they almost all feel worthless, unloveable, and inadequate. Forward concludes that the resulting lack of confidence and self-worth can colour every aspect of their adult lives.

Covitz (1986) describes how when the roots of narcissistic "me first" disturbances are examined it becomes clear that most of them are connected to childhood. A child whose early, healthy, narcissistic needs (for attention, affection, and respect - not only for food and shelter) are not met will have trouble developing strength, independence and self-esteem. Parents who repeatedly fail to meet these early needs are abusing

their children psychologically and emotionally. Covitz adds that in almost every case this is the opposite of what the parents intended; they want to be nurturing and helpful but this is not the result. In some cases they simply do not know how to be parents. In others the parents are so needy themselves - because their own early narcissistic needs were not met - that they cannot meet their child's needs. Until parents can break this chain of abuse the effect on their children will be devastating; and this destructive pattern will likely be repeated in future generations. The incidence of physical abuse in our society raises serious questions about the culture in which we live. Children who are physically abused suffer the results of their parents' anger and frustration but children who are emotionally and psychologically abused carry unseen scars. Covitz believes that there are no secrets from a child's unconsciousness although parents sometimes act as though their conscious words and deeds are the only messages they transmit to their children. Much of parents' communication with their children is non-verbal. Subliminally transferred from parent to child all of the messages will be perceived by the children's unconscious and they will have a fairly accurate perception of the parent's personality. But it is not the parents alone who are responsible; it is also their ancestors - the grandparents and the great-grandparents. Covitz continues that there is reason to have great faith in people's capacity to change their behaviour and to break destructive patterns. The key is the will to change which gives people the capacity to control their actions and create new positive patterns of behaviour. The positive growth of individuals within a supportive family system gives meaning to the lives of all its members and assists them in the fulfilment of their individual destinies. Covitz quotes the perceptions of Bowlby (1965) regarding the

self-sacrificing role of most parents even when they are judged by others to be bad:

The services which mothers and fathers habitually render their children are so taken for granted that their greatness is forgotten. In no other relationship do human beings place themselves so unreservedly and so continuously at the disposal of others. This holds true even of bad parents - a fact far too easily forgotten by their critics, especially critics who have never had the care of children of their own. It must never be forgotten that even a bad parent who neglects her child is nonetheless providing much for him (p78).

Covitz (1986) concludes that we are in a transitional period in the history of the family where parents and children alike realise the importance of meeting their own individual needs. We are still however learning how to fulfil the sometimes conflicting needs of individuals within the family system. The number of single-parent families today reflects the parents' primary concern with their own development and self-fulfilment. Parents are opting less often to stay together in unhappy relationships "for the sake of the children" and are choosing instead to end marriages that no longer meet their needs. However those parents who stay together because they see their family lives as a vital part of their own developmental needs are the parents who will provide the optimal environment for the human development of themselves and their children. For the goal of the healthy family is the maximum personal development of each member.

Henry (1978) reviewed references to the psychological aspects of child abuse covering the previous ten years. A total of 119 references was found: 55 related to other aspects of abuse and of the remaining 64 only a handful dealt strictly with the psychological aspects. Some of the articles appeared to be repetitious of existing articles, altered only slightly by each particular author's own insights. The author

concluded that at that time the future of research into the psychological aspects of child abuse was unclear but increased attention may one day produce the definition that any behaviour which stops a child's developmental needs is psychological abuse:

It may be the term "child abuse" will eventually be expanded to encompass any type of child-rearing behaviour which is potentially detrimental to a child's development into an emotionally healthy, fully functioning adult...In a socially conscious society, adults are entrusted with the care of persons who are unable to care for themselves. Hence, a responsibility falls to every adult, whether parent or not, to ensure that defenceless children are never the objects of any kind of abuse. It would appear that this obligation can only be met by vigilance. An awareness of the psychological aspects of child abuse would serve as an adjunct to this endeavour (p218).

Kellmer Pringle (1975) asks why is it that we assume it is natural for parents to know what the needs of children are and how these needs are best met. Is it because we have all once been children and have had the chance to learn from the child-rearing practices of our own parents? Yet most people would not accept the similar argument that because we have all been to school we could be adequate teachers without the need for any training. Do we go too far in asserting that the way in which parents bring up their children is solely their own concern? It is evident that a minority of parents cannot or will not provide the care essential to a child's healthy personal development. Thus should we ask ourselves the question "Into what kind of people do we want today's children to grow? We now know about the harmful affects of emotional deprivation and intellectual under-stimulation. Actual battering is only the visible tip of the iceberg of emotional rejection and abuse, which is suffered daily by many thousands of children in many countries. In Kellmer Pringle's opinion the introduction of three measures would go a long way to eliminate such suffering.

The first measure would be that in all cases of abuse the psychological safety of children would be given equal weight with their physical security. The second measure would be to introduce regular developmental check-ups for, at least, the under-fives. The third measure is not only the most basic but also essentially long-term. Its aim would be to raise the level of children's emotional, social and intellectual development in a similar way to that in which their physical health has been improved beyond measure during the past thirty years. Probably the most effective way for this to happen would be to make available for all young people a programme of preparation for parenthood.

Kellmer Pringle (1978) recommends that the starting point for such a programme should be the recognition of the demands and challenges of parenthood:

The starting point would be the recognition that modern parenthood is too demanding and complex a task to be performed well merely because every adult has once been a child. Indeed, it is about the only such skilled task for the performance of which no knowledge or training is expected or required...At present, the father's role is rarely mentioned while home-making and motherhood are simultaneously grossly undervalued and misleadingly over-romanticised (p240).

Wide-ranging changes in attitudes towards parenthood and child-rearing will have to be brought about to improve the quality of family care:

What is required is neither a narrow course, seen as a branch of home economics, nor a very wide general one in citizenship: the model of sex education is not appropriate either; nor should such a programme be confined to girls and less able ones at that. An effective programme of preparation for parenthood would have to adopt a wide and comprehensive base, including family planning, child development and the whole area of human relations and motivation. First hand practical experience of babies and young children should be an essential and integral part as well as an understanding of their emotional and intellectual needs. Included too should be an appreciation of both parental rights and responsibilities. Deglamourizing parenthood may act as a deterrent and a brake on those with unrealistic expectations (pp240 & 241).

Furthermore, responsible parenthood should come to mean that the parental life-style has been deliberately chosen in the full realization of its demands, constraints, satisfactions, and challenges. So child mistreatment may become a "disease" of the past, even though it may never prove possible to "cure" the inadequate or violent parent.

Straus and Smith (1990) report that among families which function in an adequate way the problems are resolved by negotiation and compromise and by an implicit system of reciprocity that allows each person to make concessions to the other knowing that things will balance out in the long run. In contrast to these families a characteristic of families in conflict seems to be a lack of these skills. Thus an important method of preventing family violence would be to teach the skills of negotiation and compromise. A true primary prevention approach would include the teaching of such skills as part of the secondary/high school curriculum. Another characteristics of the family that engenders violence is the concept of the husband as the head of the family. The authors believe that regardless of a greater acceptance of an equalitarian rhetoric and some progress towards gender equality, the husband as the head of the family remains the accepted mode. The problem with this organisation is that many husbands implicitly presume that it is their right to have the final say in decisions affecting the family:

If agreement cannot be reached and they have "tried everything" - persuasion, yelling, reasoning, sulking, pleading, etc. - there is an almost overwhelming temptation to use physical force as a resource to maintain their power within the family...One cannot emphasize too strongly the preventive value of sexual equality, both within and outside the family. Moreover, since we found that child abuse is also more frequent in male dominant families (Straus, Gelles, and Steirnetz, 1980), sexual equality has prophylactic potential for child abuse as well as spouse abuse. Many specific policy implications follow from the fact that sexual inequality engenders family violence...Parents and schools can also take important preventive steps by training boys to expect equality in power with girls and later in life with their wives, and girls should be taught that it is not unfeminine to claim equal personal power (p514).

Early research took the viewpoint that parents who abuse their children by severe acts of commission or omission must be mentally ill. The concept that parents who do this are different in kind from other parents is now beginning to have a radical re-think in research and we have to look elsewhere for a cause. In contrast to these isolated and atypical cases - which are different in degree and not kind - it would seem beneficial to look at the more typical family for the roots of child mistreatment. Thus we have been concerned with typical parents and the values and attitudes they hold with regard to appropriate ways to rear children.

Tzeng et al (1991) in their evaluation of theories of child abuse and neglect conclude that most efforts in this area tend to focus on treatment and intervention issues. These efforts usually employ a small number of clinical subjects and rarely address the complex nature of all aspects of theoretical issues. They add that in recent years there are a growing number of notable exceptions that simultaneously consider theoretical issues of quality, solid empirical research, and overall integration. These researchers include Gil (1987); Hart et al (1987a); Garbarino et al (1986); Finkelhor (1984); and Gelles (1983). The authors acknowledge that child abuse and neglect is clearly a very complex problem but stress that it is not just a problem for victimised children or perpetrators but rather it is a problem of the whole family, the community, and the larger eco-cultural environment. They add that all the contemporary literature in the area of child abuse and neglect reflects a desperate need to develop a comprehensive integrated theory that will address the etiology and dynamics of mistreatment and will also simultaneously address different societal service functions:

To overcome these difficulties and deficiencies, a comprehensive, integrated theory is required for serving four important functions in combating child abuse and neglect: (1) linkage of seemingly diverse and conflicting disciplines; (2) organization and evaluation of empirical data, both existing and incoming; (3) development and implementation of intervention, treatment, and prevention strategies; and (4) foundations for continuing scientific research and follow-up evaluation.

This ideal theory should also emphasize the importance of multiple factors and their interactions in both subjective and objective cultures at all ecological levels. As such, this theory should be well suited for planning various educational, clinical, community, and social programs that will effectively combat the problem of child abuse and neglect at any geographic region...

As is becoming clear, child abuse and neglect is a problem that requires simultaneous consideration of all individuals and societal institutions (families, communities, and societies). A level of international relations may also be shown to be of significant importance as interactions increase on a worldwide basis and basic human rights become increasingly stressed internationally (pp312 & 313).

The above authors conclude that it is possible to develop at least five integrated theories, one each for physical abuse, sexual abuse, incestuous abuse, neglect, and psychological mistreatment. Cicchetti and Carlson (1989) comment that the economic and human costs of severe child mistreatment in American society are astronomical; it is likely that billions of dollars are spent in treatment and social service costs. The authors describe the human costs as a litany of psychological tragedies with the mistreated children suffering from low self-esteem, cognitive deficits, and a tendency to be more aggressive than their peers.

Secunda (1990) stresses that there is one unnegotiable fact that transcends all the generalities about social change and generational conflicts and this is that a child's future turns on how his or her parents treat him or her in the privacy of the family:

There is no mitigation, no excuse for the mutilation of the human spirit that some parents inflict on their children. Some things are not relative, no matter what one's emotional legacies have been, or how dreadful has been the luck of the parental draw. When it come to being a parent, either mother or father, we have the power and responsibility to get beyond our childhood losses, our defenses and our false selves (p378).

Secunda (1990) concentrates mainly on mothers and reports that although there are many mothers who appear to be the permanently wounded emotional casualties of their childhood there are others who want to stop the repetition of their parents' psychological mistreatment of them and to feel that they do have choices regarding methods of child-rearing:

These mothers do not humiliate their children. They choose not to degrade them. They choose not to crush their children's innate spirits and optimism, not to punish them for intrinsic goodness and abilities (p378).

This thesis has particularly emphasised moderate acts of psychological mistreatment; acts which continue over a long period of time and are characterised by patterns of moderate negative behaviour and usually represent a persisting, parental attitude. Moderate acts of negative behaviour with regard to physical mistreatment are difficult to define but the equivalents in the psychological domain are even more elusive. In our final analysis we offer the definition that psychological mistreatment is the denial by one person of the genuine developmental needs of another. In conclusion we would like to add that young people are becoming more questioning and through greater public awareness may avoid many of the myths of child-rearing that previous generations unconsciously perpetuated for the "child's own good". These myths include the restrictive conditioning which most adults have experienced as children; and because they are not aware of these ingrained habits they do not resist them and, on the whole, do not know that they have them. When they become parents they will rear their children with the same methods, which they regard as being perfectly acceptable, in order to instil discipline. Thus the causal dynamics of child mistreatment would appear to be deeply rooted in the child-rearing attitudes of society.

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Appendix 3

List of Tables of Descriptive and Conceptual Data Analysis

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Table A3.1

Age Distribution of Mothers (N=30)Physical Abuse (N=15) and Physical Neglect (N=15)

| Type of Abuse | Age in Years | | | | | | Total |
|------------------|--------------|-------|-------|-------|-------|---------|-------|
| | 19 only | 20-24 | 25-29 | 30-34 | 35-39 | 40 only | |
| Physical Abuse | - | 5 | 3 | 4 | 3 | - | 15 |
| Physical Neglect | 1 | 4 | 2 | 4 | 2 | 2 | 15 |
| Total | 1 | 9 | 5 | 8 | 5 | 2 | 30 |

Physical Abuse: The age range of the mothers was from 20 to 37 (range=17) years with a modal age group of 20 to 24 and a mean age group of 25 to 29 years.

Physical Neglect: The age range of the mothers was from 19 to 40 (range=21) years with a bi-modal age group of 20 to 24 and 30 to 34 years and a mean age group of 30 to 34 years.

Table A3.2

Age Distribution of Adult Males Living with Family (N=22)Physical Abuse (N=15) and Physical Neglect (N=7)

| Type of Abuse | Age in Years | | | | | | | Total |
|------------------|--------------|-------|-------|-------|-------|---------|---------|-------|
| | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45 only | Unknown | |
| Physical Abuse | 4 | 3 | - | 3 | 4 | 1 | - | 15 |
| Physical Neglect | 2 | 1 | 1 | 1 | 1 | - | 1 | 7 |
| Total | 6 | 4 | 1 | 4 | 5 | 1 | 1 | 22 |

Physical Abuse: The age range of adult males living with the family was from 20 to 45 (range=15) years with a bi-modal age group of 20 to 24 and 40-44 and a mean age group of 35 to 39 years.

Physical Neglect: The age range of adult males living with the family was from 20 to 44 (range=14) years with a modal age group of 20 to 24 and a mean age group of 30 to 34 years.

Table A3.3

Number Distribution of First Male Partners (N=30)Physical Abuse (N=15) and Physical Neglect (N=15)

| Type of Abuse | Living with family | Not living with family | Total |
|------------------|--------------------|------------------------|-------|
| Physical Abuse | 10 | 5 | 15 |
| Physical Neglect | 1 | 14 | 15 |
| Total | 11 | 19 | 30 |

Physical Abuse: 5 adult males who were the first partners of the mothers were no longer living with the family; this situation affected 20 children (including 7 abused children).

Physical Neglect: 14 adult males who were the first partners of the mothers were no longer living with the family; this situation affected 40 children (including 34 neglected children).

The chi square test of association yielded a χ^2 value of 11.62 (df=1, $p < 0.001$) demonstrating that the two groups differed very significantly in respect of the relative frequencies of first male partners no longer living with the family.

No significant difference ($p > 0.1$) was found between the two groups on the frequencies of second male partners leaving the family. Physical Abuse (N=0); Physical Neglect (N=4 families) which affected 13 children, all 13 of whom were neglected.

Table A3.4

Age Distribution of Children Living with Family (N=85)Physical Abuse (N=41) and Physical Neglect (N=44);

| Type of Abuse | Pregl | Age in months | | | Age in years | | | | | Total | |
|------------------|-------|---------------|-------|-------|--------------|-----|------|-------|-------|-------|-------|
| | | 0-11 | 12-23 | 24-35 | 3-5 | 6-8 | 9-11 | 12-14 | 15-17 | | 18-19 |
| Physical Abuse | 2 | 6 | 4 | 3 | 9 | 5 | 4 | 4 | 3 | 1 | 41 |
| Physical Neglect | 3 | 4 | 3 | 7 | 10 | 5 | 4 | 6 | - | 2 | 44 |
| Total | 5 | 10 | 7 | 10 | 19 | 10 | 8 | 10 | 3 | 3 | 85 |

Physical Abuse: The age range of the children living with the family was from under 11 months to 19 years (plus 2 pregnancies) with a modal age range of 3 to 5 years and a mean age group 3 to 5 years.

Physical Neglect: The age range of children living with the family was from under 11 months to 19 years of age (plus 3 pregnancies) with a modal age group of 3 to 5 years and a mean age group of 3 to 5 years.

Table A3.5

Age Distribution of Children No Longer Living with Family (N=11)Physical Abuse (N=5) and Physical Neglect (N=6);

| Type of Abuse | Age in Years | | | | | | | Total |
|------------------|--------------|---|----------|---|----|----|----|-------|
| | 4 | 6 | 7 | 8 | 13 | 15 | 16 | |
| Physical Abuse | - | - | 1 | 3 | - | 1 | - | 5 |
| | | | (1 dead) | | | | | |
| Physical Neglect | 1 | 1 | 1 | - | 1 | 1 | 1 | 6 |
| Total | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 11 |

Physical Abuse: 5 children were no longer living with the family; this total affected 3 families.

Physical Neglect: 6 children were no longer living with the family; this total affected 4 families.

Table A3.6

Age Distribution of Abused Children (N=60)Physical Abuse (N=22) and Physical Neglect (N=38);

| Type of Abuse | Pregl | Age in months | | | Age in years | | | | | | Total | |
|------------------|-------|---------------|-------|-------|--------------|-----|------|-------|-------|-------|--------|----|
| | | 0-11 | 12-23 | 24-35 | 3-5 | 6-8 | 9-11 | 12-14 | 15-17 | 18-19 | | |
| Physical Abuse | 1 | 5 | 2 | 2 | 2 | 3 | 3 | 3 | - | - | +1 | 22 |
| Physical Neglect | 3 | 4 | 2 | 6 | 9 | 2 | 4 | 6 | - | 2 | (dead) | 38 |
| Total | 4 | 9 | 4 | 8 | 11 | 5 | 7 | 9 | - | 2 | +1 | 60 |

Physical Abuse: The age range of the abused children was from under 11 months to 14 years (plus 2 pregnancies) with a modal age range of 0 to 11 years and a mean age group of 3 to 5 years.

Physical Neglect: The age range of the abused children was from under 11 months to 19 years of age (plus 3 pregnancies) with a modal age group of 3 to 5 years and a mean age group of 3 to 5 years.

Table A3.7

Age, Sex, and Ordinal Position Distribution of Abused Children (N=60)Physical Abuse (N=22) and Physical Neglect (N=38) at Initial Case Conference

| Age in Months and Years | Physical Abuse | | | | | | | Physical Neglect | | | | | | |
|-------------------------|----------------|------------------------|---|------------------|---|---|----|------------------|-----|---|------------------|---|---|----|
| | Frequency | Sex | | Ordinal Position | | | | Frequency | Sex | | Ordinal Position | | | |
| | | M | F | 1 | 2 | 3 | 4+ | | M | F | 1 | 2 | 3 | 4+ |
| Pregnant | 1 | - | 1 | 1 | - | - | - | 3 | 2 | 1 | 1 | 1 | - | 1 |
| 0-5 months | 5 | 3 | 2 | 3 | 1 | 1 | - | 3 | 1 | 2 | - | 1 | 1 | 1 |
| 6-11 | - | - | - | - | - | - | - | 1 | - | 1 | - | - | - | 1 |
| 12-17 | 1 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - |
| 18-23 | 1 | 1 | - | - | 1 | - | - | 2 | 1 | 1 | - | 1 | 1 | - |
| 24-29 | 1 | 1 | - | 1 | - | - | - | 3 | 1 | 2 | 1 | - | - | 2 |
| 30-35 | 1 | - | 1 | - | - | 1 | - | 3 | 1 | 2 | 2 | 1 | - | - |
| 3 years | 1 | - | 1 | - | 1 | - | - | 2 | 2 | - | - | 1 | - | 1 |
| 4 | - | - | - | - | - | - | - | 4 | 2 | 2 | 1 | 2 | - | 1 |
| 5 | 1 | - | 1 | - | - | 1 | - | 3 | 1 | 2 | 1 | 1 | - | 1 |
| 6-8 | 3 | 1 | 2 | 2 | - | 1 | - | 2 | 2 | - | 2 | - | - | - |
| 9-11 | 3 | 2 | 1 | 1 | 2 | - | - | 4 | 1 | 3 | 1 | 1 | 1 | 1 |
| 12-14 | 3 | 2 | 1 | 1 | 1 | 1 | - | 6 | 3 | 3 | 3 | 1 | 1 | 1 |
| 15-17 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 18 | - | - | - | - | - | - | - | 1 | - | 1 | - | 1 | - | - |
| 19 | - | - | - | - | - | - | - | 1 | 1 | - | - | 1 | - | - |
| +1 dead | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 22 | = 11+10 + 1 dead child | | | | | 38 | = 18+20 | | | | | | |

Table A3.7 presents an overall perspective of the data analysed in Tables A3.1 to A3.6.

Table A3.8

Distribution of Births (N=98) to Mothers (N=30)

| Type of Abuse | Number of Births | | | | | | | | Total |
|------------------|------------------|----|---|---|---|---|---|---|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Physical Abuse | 2 | 3 | 4 | 3 | 2 | 1 | - | - | 15 |
| Physical Neglect | 1 | 7 | 1 | 2 | 2 | 1 | - | 1 | 15 |
| Total | 3 | 10 | 5 | 5 | 4 | 2 | - | 1 | 30 |

Physical Abuse: The distribution of births (N=48) ranged for each mother from 1 to 6 with a modal number of 3 births and a mean of 3 births.

Physical Neglect: The distribution of births (N=50) ranged for each mother from 1 to 8 with a modal number of 2 births and a mean of 2 births.

Table A3.9

Age Distribution of Mothers (N=30) at Birth of Each Child (N=98)

| Type of Abuse | Birth Order | Age of Mothers in Years | | | | | | | | Total |
|---------------|-------------|-------------------------|-------|-------|-------|-------|-------|-------|------------|-------|
| | | 16-17 | 18-19 | 20-21 | 22-23 | 24-25 | 26-29 | 30-33 | 34-37 | |
| Abuse | 1 | 2 | 4 | 6 | 2 | 1 | - | - | - | 15 |
| Neglect | 1 | 5 | 6 | - | - | - | 2 | 2 | - | 15 |
| Abuse | 2 | - | 3 | 2 | 5 | 1 | 1 | 1 | - | 13 |
| Neglect | 2 | 1 | 4 | 4 | 1 | - | - | 2 | 2 | 14 |
| Abuse | 3 | - | - | 4 | - | 1 | 3 | 1 | 1 | 10 |
| Neglect | 3 | - | - | 2 | 3 | 2 | - | - | - | 7 |
| Abuse | 4 | - | - | - | 2 | 2 | - | 2 | - | 6 |
| Neglect | 4 | - | - | - | 2 | 1 | 2 | 1 | - | 6 |
| Abuse | 5 | - | - | - | - | 1 | 1 | 1 | - | 3 |
| Neglect | 5 | - | - | - | 1 | - | 1 | 2 | - | 4 |
| Abuse | 6 | - | - | - | - | - | - | - | - | 0 |
| Neglect | 6 | - | - | - | - | - | - | 1 | 1 | 2 |
| Abuse | 7 | - | - | - | - | - | 1 | - | - | 1 |
| Neglect | 7 | - | - | - | - | - | - | - | 1t = 1twin | 0 |
| Abuse | 8 | - | - | - | - | - | - | - | - | 0 |
| Neglect | 8 | - | - | - | - | - | - | - | 1t = 1twin | 0 |
| Abuse Total | | 2 | 7 | 12 | 9 | 6 | 6 | 5 | 1 | 48 |
| Neglect Total | | 6 | 10 | 6 | 7 | 3 | 5 | 8 | 5 | 50 |
| Overall Total | | 8 | 17 | 18 | 16 | 9 | 11 | 13 | 6 | 98 |

Table A3.9 shows in particular the ages of the mothers at the birth of each child

Physical Abuse:

1st child - 40% (16-19 years); 2nd child - 33% (18-21 years);
3rd child - 33% (20-25 years); 4th child - 26% (22-25 years);
5th child - 20% (24-33 years); 6th child - 0% - -
7th child - 7% (34-37 years).

Physical Neglect:

1st child - 73% (16-19 years); 2nd child - 53% (18-21 years);
3rd child - 46% (20-25 years); 4th child - 20% (22-25 years);
5th child - 26% (22-33 years); 6th child - 13% (30-37 years);
7th child - 7% (34-37 years); 8th child - 7% (34-37 years).

Note: 7th and 8th children are twins.

Table A3.10

Distribution of Intervals between Births after First Child (N=68)

| Type of Abuse | Interval Position | Intervals between Births | | | | | | | | Total | |
|---------------|-------------------|--------------------------|---|------|-------|-------|-------|-------|-----------|-------|------|
| | | Twins | 8 | 9-11 | 12-17 | 18-23 | 24-29 | 30-35 | Years 3-5 | | 6-10 |
| Abuse | 1-2 | 1 | 1 | 1 | 3 | - | 2 | 3 | - | 2 | 13 |
| Neglect | 1-2 | 1 | - | 1 | 2 | 2 | 1 | 1 | 6 | - | 14 |
| Abuse | 2-3 | - | - | 1 | 2 | 2 | - | - | 2 | 3 | 10 |
| Neglect | 2-3 | - | - | - | - | 1 | 3 | 1 | 2 | - | 7 |
| Abuse | 3-4 | - | - | - | 2 | 1 | 1 | - | 1 | 1 | 6 |
| Neglect | 3-4 | - | - | - | - | 1 | 2 | 1 | 1 | 1 | 6 |
| Abuse | 4-5 | - | - | - | 1 | 1 | - | - | - | 1 | 3 |
| Neglect | 4-5 | 1 | - | 1 | - | - | 1 | - | 1 | - | 4 |
| Abuse | 5-6 | - | - | - | - | 1 | - | - | - | - | 1 |
| Neglect | 5-6 | - | - | - | 1 | - | - | - | - | 1 | 2 |
| Abuse | 6-7 | - | - | - | - | - | - | - | - | - | 0 |
| Neglect | 6-7 | - | - | - | - | 1 | - | - | - | - | 1t |
| Abuse | 7-8 | - | - | - | - | - | - | - | - | - | 0 |
| Neglect | 7-8 | 1 | - | - | - | - | - | - | - | - | 1t |
| Abuse Total | | 1 | 1 | 2 | 8 | 5 | 3 | 3 | 3 | 7 | 33 |
| Neglect Total | | 3 | - | 2 | 3 | 5 | 7 | 3 | 10 | 2 | 35 |
| Overall Total | | 4 | 1 | 4 | 11 | 10 | 10 | 6 | 13 | 9 | 68 |

Table A3.10 presents in particular the number of children born with an interval of less than 3 years from the birth of the previous child.

Physical Abuse Children = 33 + 15 (1st Born) = 48

Physical Neglect Children = 35 + 15 (1st Born) = 50

t = twin

Table A3.12

Distribution of Alcohol Problems by Children's Experience (N=60)Physical Abuse (N=22) and Physical Neglect (N=38)

| Code | Alcohol Problems | Frequency | | Total | X ² | df | Sig. |
|------|-------------------------------------|-----------|---------|---------|----------------|----|------|
| | | PA | PN | | | | |
| 1 | Heavy and regular drinking - male | 1 (5%) | - | 1 (2%) | 0.077 | 1 | 0.78 |
| 2 | Heavy and regular drinking - female | - | 1 (3%) | 1 (2%) | - | 1 | 1.00 |
| 3 | Drunk and incapable - male | - | - | - | - | - | - |
| 4 | Drunk and incapable - female | - | 6 (16%) | 6 (10%) | 2.304 | 1 | 0.12 |
| 5 | Drunk and violent - male | - | 2 (6%) | 2 (4%) | 0.121 | 1 | 0.72 |
| 6 | Drunk and violent - female | - | - | - | - | - | - |

No significant differences were found between the Physical Abuse and Physical Neglect families across the six Alcohol Category Problems.

Table A3.13

Distribution of Family Discord Problems by Children's Experience (N=60)Physical Abuse (N=22) and Physical Neglect (N=38)

| Code | Family Discord | Frequency | | Total | X ² | df | Sig. |
|------|-------------------------------|-----------|----------|----------|----------------|----|---------|
| | | PA | PN | | | | |
| 7 | Cramped housing | 5 (23%) | 12 (32%) | 17 (28%) | 0.537 | 1 | 0.46 |
| 8 | Cold housing | 2 (09%) | 17 (45%) | 19 (32%) | 8.181 | 1 | 0.004** |
| 9 | Damp housing | - | 9 (24%) | 9 (15%) | 4.413 | 1 | 0.03* |
| 10 | Many changes of housing | 7 (32%) | 4 (11%) | 11 (18%) | 2.916 | 1 | 0.87 |
| 11 | No positive models | 1 (05%) | 13 (34%) | 14 (23%) | 6.854 | 1 | 0.008** |
| 12 | Unable to cope | 16 (73%) | 28 (74%) | 44 (73%) | 0.006 | 1 | 0.93 |
| 13 | No control over children | 5 (23%) | 20 (53%) | 25 (42%) | 5.126 | 1 | 0.02* |
| 14 | Unwashed children | 3 (14%) | 13 (34%) | 16 (27%) | 3.015 | 1 | 0.08 |
| 15 | Unhygienic conditions | 13 (59%) | 29 (76%) | 42 (70%) | 1.968 | 1 | 0.16 |
| 16 | Wet mattresses | - | 16 (42%) | 16 (27%) | 12.631 | 1 | 0.004** |
| 17 | Financial worries | 11 (50%) | 22 (58%) | 33 (55%) | 0.350 | 1 | 0.55 |
| 18 | Refusal to recog. problems | 11 (50%) | 12 (32%) | 23 (39%) | 2.000 | 1 | 0.15 |
| 19 | Unstable atmosphere | 21 (95%) | 35 (92%) | 56 (93%) | 0.000 | 1 | 1.00 |

There were 3 very significant differences and 1 significant difference between the Physical Abuse and Physical Neglect families and these were:

| | | | |
|---------|--------------------------|---------------|----------------------|
| Code 8 | Cold housing | PA 9%/PN 45% | (Sig 0.004, p<0.005) |
| Code 16 | Wet mattresses | PA 0%/PN 42% | (Sig 0.004, p<0.005) |
| Code 11 | No positive models | PA 5%/PN 34% | (Sig 0.008, p<0.01) |
| Code 13 | No control over children | PA 23%/PN 53% | (Sig 0.02, p<0.05) |

Table A3.14

Distribution of Psychiatric Problems by Children's Experience (N=60)Physical Abuse (N=22) and Physical Neglect (N=38)

| Code | Psychiatric Problems | Frequency | | Total | X ² | df | Sig. |
|------|-----------------------------|-----------|----------|----------|----------------|----|---------|
| | | PA | PN | | | | |
| 20 | Absence of - male | 22(100%) | 38(100%) | 60(100%) | 0.000 | 0 | 1.00 |
| 21 | Absence of- female | 2 (09%) | 1 (03%) | 3 (05%) | 0.241 | 1 | 0.62 |
| 22 | Clinical treatment - male | - | 6 (16%) | 6 (10%) | 2.304 | 1 | 0.12 |
| 23 | Clinical treatment - female | 16 (73%) | 12 (32%) | 28 (47%) | 9.478 | 1 | 0.002** |
| 24 | Been in care - male | - | - | - | - | - | - |
| 25 | Been in care - female | 6 (28%) | 11 (29%) | 17 (28%) | 0.19 | 1 | 0.88 |
| 26 | Depression - male | - | - | - | - | - | - |
| 27 | Depression - female | 13 (59%) | 28 (74%) | 41 (68%) | 1.37 | 1 | 0.24 |

There was 1 very significant difference between the Physical Abuse and Physical Neglect families and this was:

Code 23 Clinical treatment - female PA 73%/PN 32% (Sig 0.002, $p < 0.005$)

Table A3.15

Distribution of Caring Responsibility Problems by Children's Experience (N=60)Physical Abuse (N=22) and Physical Neglect (N=38)

| Code | Caring Responsibility | Frequency | | Total | X2 | df | Sig. |
|------|-----------------------|-----------|----------|----------|-------|----|-------|
| | | PA | PN | | | | |
| 28 | Positive - male | 2 (10%) | - | 2 (04%) | 1.309 | 1 | 0.25 |
| 29 | Positive - female | - | 8 (22%) | 8 (14%) | 3.677 | 1 | 0.05* |
| 30 | Negative - male | 20 (91%) | 26 (69%) | 46 (77%) | 3.938 | 1 | 0.04 |
| 31 | Negative - female | 22 (100%) | 30 (79%) | 52 (87%) | 3,677 | 1 | 0.05* |

There were 2 significant differences between the Physical Abuse and Physical Neglect families and these were:

| | | | |
|---------|-------------------|----------------|--------------------|
| Code 29 | Positive - female | PA 0%/PN 22% | (Sig 0.05, p<0.05) |
| Code 31 | Negative - female | PA 100%/PN 79% | (Sig 0.05, p<0.05) |

Table A3.16

Distribution of Children's (N=60) Behaviour Problems by
Physical Abuse (N=22) and Physical Neglect (N=38)

| Code | Behaviour Problems | Frequency | | Total | X ² | df | Sig. |
|------|------------------------|-----------|----------|----------|----------------|----|-------|
| | | PA | PN | | | | |
| 32 | Anxiety | 15 (68%) | 15 (40%) | 30 (50%) | 4.593 | 1 | 0.03* |
| 33 | Demanding | 9 (41%) | 21 (55%) | 30 (50%) | 1.148 | 1 | 0.28 |
| 34 | Lying | 3 (14%) | - | 03 (05%) | 2.961 | 1 | 0.08 |
| 35 | Stealing | 4 (18%) | 3 (08%) | 07 (12%) | 0.606 | 1 | 0.43 |
| 36 | Aggression | 6 (27%) | 12 (32%) | 18 (30%) | 0.123 | 1 | 0.72 |
| 37 | Absence from school | 3 (14%) | 5 (13%) | 08 (13%) | 0.000 | 1 | 1.00 |
| 38 | Failure to thrive | 3 (14%) | 7 (18%) | 10 (17%) | 0.014 | 1 | 0.90 |
| 39 | Speaking | 7 (32%) | 5 (13%) | 12 (20%) | 1.978 | 1 | 0.15 |
| 40 | Hearing | 4 (18%) | - | 04 (07%) | 4.768 | 1 | 0.02* |
| 41 | Enuretic | 4 (18%) | 14 (37%) | 18 (30%) | 2.310 | 1 | 0.12 |
| 42 | General develop. delay | 5 (23%) | 7 (18%) | 12 (20%) | 0.004 | 1 | 0.94 |
| 43 | Lack of concentration | 5 (23%) | 1 (03%) | 06 (10%) | 4.218 | 1 | 0.04* |

There were 3 significant differences between the Physical Abuse and Physical Neglect families and these were:

| | | | |
|---------|-----------------------|---------------|--------------------|
| Code 40 | Hearing | PA 18%/PN 0% | (Sig 0.02, p<0.05) |
| Code 32 | Anxiety | PA 68%/PN 40% | (Sig 0.03, p<0.05) |
| Code 43 | Lack of Concentration | PA 23%/PN 3% | (Sig 0.04, p<0.05) |

Appendix 4

Survey Questionnaire:
Attitude To Children Inventory

ATTITUDE TO CHILDREN INVENTORYName: PLEASE LEAVE BLANK AS THIS QUESTIONNAIRE IS ANONYMOUSSex: Male/Female

Age: _____

Occupation _____

Number of Children: _____

Age and Sex of Children: _____

Have you had work experience with children? _____

In what capacity? _____

For how long? _____

PLEASE READ THESE INSTRUCTIONS CAREFULLY

A series of questions about your attitude to children are listed on the following pages.

These questions represent attitudes and common beliefs - not knowledge. Please look carefully at each question and then choose the answer which best represents your opinion.

There are four possible answers for each question. These are:

STRONGLY AGREE (SA), AGREE (A), DISAGREE (D) or STRONGLY DISAGREE(SD)

Mark your choice by circling your preferred response.

E.g. SA A **(D)** SD

Do not spend too long on each question. If you are not sure which answer is completely correct for you then mark the answer which generally seems to be the most appropriate.

There are no "right" or "wrong" answers

PLEASE ANSWER ALL THE QUESTIONS

A suggestions sheet for your comments is attached as the last page.

- 1 There is no reason why TV programmes for children cannot go on after 9.00pm.....SA A D SD
- 2 Our society is neglecting children if it allows them to act in destructive ways and does not stop them.....SA A D SD
- 3 Caring for hostile and reluctant families is the responsibility of social workersSA A D SD
- 4 Dolls with sexual organs are probably helpful in diagnosing child sexual abuse.....SA A D SD
- 5 Parents should teach their children that not all adults are to be trusted.....SA A D SD
- 6 Failure to encourage a child's natural development such as speech and weight is a serious form of neglect.....SA A D SD
- 7 Physical punishment can have long-term beneficial effects on a child's behaviour.....SA A D SD
- 8 Our society admires male physical aggression as strength....SA A D SD
- 9 A child who takes on too much responsibility for the house is likely to be in danger of child sexual abuse.....SA A D SD
- 10 Children can be physically neglected even when they are loved.....SA A D SD
- 11 It is not the responsibility of TV to make the final decision on what TV programme a child should watch.....SA A D SD
- 12 Our society thinks that sexual abuse is more horrific for a girl than a boySA A D SD
- 13 Helping families in trouble to change their behaviour is the proper responsibility of social workers.....SA A D SD
- 14 Dolls with sexual organs look ridiculous and are not real representations of how people actually are.....SA A D SD
- 15 Parents should involve themselves in the life and activities of their child.....SA A D SD
- 16 It is absurd for our society to accept that sex is all right for teenage boys but not for teenage girls.....SA A D SD
- 17 Violent behaviour is an unacceptable form of manipulation...SA A D SD
- 18 It is natural for a child to want to explore another child's body.....SA A D SD
- 19 Chaotic sleeping conditions in a family can result in multiple child sexual abuse.....SA A D SD
- 20 Neglected children nearly always remain silent to protect their parents.....SA A D SD

- 21 Children who have been heavily exposed to TV violence are more likely to take part in serious violence.....SA A D SD
- 22 Our society is neglecting children if it does not give them proper guidance and discipline.....SA A D SD
- 23 It is better for decisions by social workers to be too harsh rather than too lenient.....SA A D SD
- 24 When dolls with sexual organs are used to investigate abuse the child thinks "This is what they are interested in".....SA A D SD
- 25 Parents who continually allow their children to do what they want deprive their children of real parental figures...SA A D SD
- 26 Failure to allow a child to behave in ways which are natural for the child's age is a form of neglect.....SA A D SD
- 27 Violence in the family is being increasingly recognised as a social problem of international proportions.....SA A D SD
- 28 It is natural for a child to be interested in sexually stimulating another child.....SA A D SD
- 29 Alcohol abuse is very often linked with child sexual abuse..SA A D SD
- 30 Anyone who has brought up a child has at times smacked the child a little harder than intended.....SA A D SD
- 31 Violence on TV only affects people who are inclined to violence.....SA A D SD
- 32 Our society is neglecting children if it allows them to do whatever they want whenever they want to do it.....SA A D SD
- 33 Investigating a complaint of child abuse goes against a social worker's responsibility to care.....SA A D SD
- 34 Indirect questioning using dolls with sexual organs is not reliable for diagnosing child sexual abuse.....SA A D SD
- 35 Most violent men quickly resort to violence when their authority is challenged.....SA A D SD
- 36 Failure to encourage a child in basic reading, writing and arithmetic skills is a serious form of neglect.....SA A D SD
- 37 Violence in the family is much more frequent in families of "lower social class".....SA A D SD
- 38 A detailed knowledge of sexual activities by a child is very likely to be the result of personal observation.....SA A D SD
- 39 Alcohol abuse can result in the abuser having a loss of memory of the child sexual abuse.....SA A D SD
- 40 The intention of the abuser to have sex is the main cause of child sexual abuse.....SA A D SD

- 41 The type of TV violence which has most effect is realistic violence which can be copied easily in everyday life.....SA A D SD
- 42 Children should take a full part in the social life of their family.....SA A D SD
- 43 Two social workers should be present at the first interview of child abuse to allow for different viewsSA A D SD
- 44 Direct interrogation using dolls with sexual organs is not reliable.....SA A D SD
- 45 It is the responsibility of parents to warn a child against the dangers of substance abuse.....SA A D SD
- 46 Failure to teach a child how to communicate with other people is a serious form of neglect.....SA A D SD
- 47 Violent people must have some form of mental illness.....SA A D SD
- 48 A detailed use of sexual play by a child is often the result of personal experience of sexual abuse.....SA A D SD
- 49 It is acceptable for a boy up to the age of seven to have a bath with a woman.....SA A D SD
- 50 Any person who has the desire to have sex with children must be abnormal.....SA A D SD
- 51 Watching TV violence makes children more violent.....SA A D SD
- 52 Our society accepts violence as the way to settle problems.....SA A D SD
- 53 Any person being investigated of child abuse should be informed.....SA A D SD
- 54 Almost as many boys as girls are sexually abused.....SA A D SD
- 55 Smacking a child always teaches the child that physical violence solves problems.....SA A D SD
- 56 Allowing a child to develop impatience is a serious form of neglect.....SA A D SD
- 57 Most of the general public and professionals alike cling to over-sentimental ideas of the family.....SA A D SD
- 58 A child who tries to force another child into sexual activity has probably had personal experience of this.....SA A D SD
- 59 It is acceptable for a girl up to the age of seven to have a bath with a male adult.....SA A D SD
- 60 People who choose careers involving contact with children are more likely to be potential child abusers.....SA A D SD

- 61 TV teaches children that some violence by the law is good and violence by criminals is bad.....SA A D SD
- 62 Society in general accepts that it is all right to hit children as a punishment.....SA A D SD
- 63 Any persons being investigated for child abuse should have the right to see all statements made about them.....SA A D SD
- 64 In the matter of child abuse professional second opinions must be absolutely independent in every way.....SA A D SD
- 65 Being regularly punished and chastised is the norm for most British children.....SA A D SD
- 66 Failure to teach a child to be polite is neglect.....SA A D SD
- 67 There is never any excuse for smacking a child on the hands.....SA A D SD
- 68 Excessive masturbation by a child is a sign of emotional problems of which sexual abuse may be the cause.....SA A D SD
- 69 It is acceptable for a boy up to the age of seven to have a bath with a man.....SA A D SD
- 70 Sexual Abuse does not begin usually with sexual contact but moves gradually from normal touching to sexual fondling.....SA A D SD
- 71 Exposure to TV violence "thickens the skins" of children to real tragedies of violence such as wars.....SA A D SD
- 72 A physically abused child stays silent because to speak out could result in further abuse.....SA A D SD
- 73 Decisions about child abuse must always be made by people who are publicly accountable for their decisions.....SA A D SD
- 74 A medical diagnosis which uses only one technique such as reflex anal dilation is bound to be weak.....SA A D SD
- 75 It is the responsibility of parents to stop any physical abuse being done to their child.....SA A D SD
- 76 Failure to teach a child to be socially competent is a serious form of neglect.....SA A D SD
- 77 There is never any excuse to take a child's pants down and smack the child on the behind.....SA A D SD
- 78 The sexual abuse of a young child by an adolescent is likely to be the result of former abuse of the adolescent...SA A D SD
- 79 It is not acceptable for a girl up to the age of ten to sit on a man's knee.....SA A D SD
- 80 There is never any justification for child sexual abusers to claim that they were lured on by a child to have sex.....SA A D SD

- 81 Only a few people are strongly influenced by sexual scenes on the TV screen.....SA A D SD
- 82 Child sexual abuse is very common in a society where it is kept secret and anonymous.....SA A D SD
- 83 Local authorities have too much power in the making of decisions about all forms of child abuse.....SA A D SD
- 84 Current child sexual abuse investigations are like 17th Century witch-hunts.....SA A D SD
- 85 Responsible parents do not use smacking as a means of punishment.....SA A D SD
- 86 Not knowing where a teenager is late at night is neglect....SA A D SD
- 87 There is never any excuse to hit a child on the back.....SA A D SD
- 88 Sexual abuse is caused by the intention of the abuser to show power.....SA A D SD
- 89 A child tends to accept the authority of an older person that sexual abuse is not wrong.....SA A D SD
- 90 In a close relationship between a sexually abused child and an abuser the child is unlikely to expose the situation....SA A D SD
- 91 There is too much sexual stereotyping of women on television.....SA A D SD
- 92 The sexual abuse of children is the last frontier in a society's public discussion of sexual matters.....SA A D SD
- 93 Sexual abuse is caused by the intention of the abuser to dominate the other sex.....SA A D SD
- 94 Parents should be much more informed about what a Place of Safety Order is and what it can do.....SA A D SD
- 95 Responsible parents do not use shaking as a means of punishment.....SA A D SD
- 96 Leaving a young child alone in the house is very neglectful.....SA A D SD
- 97 There is never ever any excuse to lock a child in a room....SA A D SD
- 98 A child who invites sexual stimulation must have had sexual experience.....SA A D SD
- 99 Most child victims of sexual abuse tend never to admit that they have been abused.....SA A D SD
- 100 A child can never share responsibility for the intention to sexually abuse.....SA A D SD

- 101 TV should not use sexual images of females to sell products or to excite.....SA A D SD
- 102 What is seen as child abuse in one society can be normal practice in another society.....SA A D SD
- 103 No one professional in any area is qualified to be certain that child abuse has taken place.....SA A D SD
- 104 If it is essential to take children away from their families then the minimum period should always be used.....SA A D SD
- 105 It is the duty of parents to teach an adolescent about the dangers in sexual relationships.....SA A D SD
- 106 Not keeping a child's body and clothes clean is very neglectful.....SA A D SD
- 107 No child ever invites physical abuse.....SA A D SD
- 108 Sexual play is the only love and tenderness some children receive at home.....SA A D SD
- 109 Almost all adult survivors of child sexual abuse tend not to admit the abuse.....SA A D SD
- 110 What we eat can affect our intentions.....SA A D SD
- 111 Too much soft pornography is readily available to use on home video machines.....SA A D SD
- 112 Society should always put the abuser of a child in prison..SA A D SD
- 113 The collecting of evidence of child abuse must be open and honest.....SA A D SD
- 114 It is wrong to remove a child from both parents just because one of the parents is responsible for child abuse..SA A D SD
- 115 Responsible parents should at all times teach their children to think for themselves and make their own decisions.....SA A D SD
- 116 Allowing a child to live in grossly unhygienic conditions is the most serious form of neglect.....SA A D SD
- 117 Hitting a child is an effective means of punishment.....SA A D SD
- 118 Sexual abuse in families unlike sexual molestation is usually continued for many years.....SA A D SD
- 119 Child sexual abuse must be always faced up to and dealt with.....SA A D SD
- 120 What we eat can affect our feelings.....SA A D SD

SUGGESTIONS

Would you please write down any suggestions, improvements or comments related to the inventory.

Write down the page number and the question.

This will be greatly appreciated.

Thank you.

Appendix 7

Survey Questionnaire:
Parent And Child Incidents

PARENT AND CHILD INCIDENTS

1 Your Sex: Tick below please

Male _____

Female _____

2 Your Age: Tick below please

Under 20 _____

20 to 34 _____

35 to 49 _____

50 to 65 _____

Over 65 _____

3 Your Occupation: _____

4 How many children have you? _____

5 Age and Sex of Children:

6 Have you had work experience with children? Tick below please

Yes _____ In what capacity _____ For how many years? _____

No _____

PLEASE READ THESE INSTRUCTIONS CAREFULLY

On the following pages there is a list of incidents about children (of different age groups). The children live in a two-parent family with their father and mother (or carers) - unless described differently in the incident. Please look carefully at each incident and then choose the reply which best represents your opinion.

Each incident is rated on a scale from 1 to 4 with the higher numbers for incidents which you believe are more serious.

There are four possible replies for each incident. These are:
NOT SERIOUS (1) A LITTLE SERIOUS (2) SERIOUS (3) VERY SERIOUS (4)

Mark your choice by circling your preferred reply.

E.g. 1 2 (3) 4

Do not spend too long on each incident. If you are not sure which reply is completely correct for you then mark the answer which generally seems to be the most appropriate.

There are no "right" or "wrong" answers

NOTE The term "quite often" as used in the questionnaire means that the incident is neither an isolated one or a permanent situation.

There are 120 questions. 60 of the questions describe "mother/child" incidents and 60 of the questions describe "father/child" incidents.

PLEASE ANSWER ALL THE 120 QUESTIONS

NOTE Please do not refer back to the first set of 60 questions when you reply to the second set of 60 questions

INFANCY (BIRTH TO 2 YEARS)

- 1 The father quite often leaves the infant alone in a room for hours at a time.....1 2 3 4
- 2 The father quite often does not let friends see the infant.....1 2 3 4
- 3 The father quite often does not take the infant for check-ups to the Child Clinic...1 2 3 4
- 4 The father quite often refuses to hold or touch the infant.....1 2 3 4
- 5 The father quite often refuses to have eye contact with the infant.....1 2 3 4
- 6 The father quite often refuses to visit the infant who lives with his
(the father's) parents.....1 2 3 4
- 7 The father quite often does not hold the infant for hours at a time during
the day.....1 2 3 4
- 8 The father quite often is not interested in the infant.....1 2 3 4
- 9 The father quite often is more interested in an older child than in the infant.....1 2 3 4
- 10 The father quite often threatens the infant when the child will not go to sleep.....1 2 3 4
- 11 The father quite often shouts at the infant.....1 2 3 4
- 12 The father quite often scares the infant with games that stimulate the infant
too much.....1 2 3 4
- 13 The father quite often gives the infant a mild sedative (medicine) at night to
help the child sleep.....1 2 3 4
- 14 The father quite often encourages the infant to smack adult friends for fun.....1 2 3 4
- 15 The father quite often teaches the infant precocious sexual habits as a joke
(eg blowing on child's genitals at bathtime).....1 2 3 4

EARLY CHILDHOOD (2 TO 5 YEARS)

- 16 The father quite often teaches the young child to avoid making friends with
other children.....1 2 3 4
- 17 The father quite often rewards the young child for keeping away from other
children.....1 2 3 4
- 18 The father quite often punishes the young child for playing with other children.....1 2 3 4
- 19 The father quite often says to the crying young child, "Don't be such a big baby."..1 2 3 4
- 20 The father quite often tells the young child that he/she is a bad boy/girl.....1 2 3 4

Please check that you have ringed the above 20 replies on this page

EARLY CHILDHOOD (2 TO 5 YEARS)

-
-
-
-
- 21 The father quite often will not take the young child out on a family outing with the other children in the family.....1 2 3 4
- 22 The father quite often does not talk to the young child.....1 2 3 4
- 23 The father quite often does not praise the young child's efforts.....1 2 3 4
- 24 The father quite often does not recognise the young child's efforts.....1 2 3 4
- 25 The father quite often frightens the young child too much with fairy tale stories...1 2 3 4
- 26 The father quite often tells the young child that the Bogeyman will come if he/she does not go to sleep..... 1 2 3 4
- 27 The father quite often threatens to hit the young child for "bad" behaviour.....1 2 3 4
- 28 The father quite often gives the young child a sip of alcohol.....1 2 3 4
- 29 The father quite often encourages the young child to be violent.....1 2 3 4
- 30 The father quite often involves the young child in secret, intimate "cuddling" when they are alone together.....1 2 3 4

SCHOOL AGE (5 TO 11 YEARS)

- 31 The father quite often locks the child in a room as a punishment.....1 2 3 4
- 32 The father quite often does not allow the child to bring other children to the house.....1 2 3 4
- 33 The father quite often keeps the child away from school.....1 2 3 4
- 34 The father quite often tells the child, "You know you're no good at that.".....1 2 3 4
- 35 The father quite often replies to the child, "I'm too busy now, tell me later.".....1 2 3 4
- 36 The father quite often compares one child in an unfavourable way with the other children.....1 2 3 4
- 37 The father quite often shows no interest in the child's school report.....1 2 3 4
- 38 The father quite often does not protect the child from fights involving other children in the family.....1 2 3 4
- 39 The father quite often does not help the child to settle problems with other children.....1 2 3 4
- 40 The father quite often tries to make the child choose between the parents in an argument.....1 2 3 4

Please check that you have ringed the above 20 replies on this page

SCHOOL AGE (5 TO 11 YEARS)

- 41 The father quite often criticises the child for not meeting his expectations.....1 2 3 4
- 42 The father quite often threatens to leave the home and the child.....1 2 3 4
- 43 The father quite often encourages the child to be aggressive towards other children.....1 2 3 4
- 44 The father quite often makes racist remarks in the child's hearing.....1 2 3 4
- 45 The father quite often tells sexual jokes in the child's hearing.....1 2 3 4

ADOLESCENCE (11 TO 18 YEARS)

- 46 The father quite often does not allow the teenager to join clubs (or take part in out-of-school activities).....1 2 3 4
- 47 The father quite often punishes the teenager for going out on a "date".....1 2 3 4
- 48 The father quite often keeps the teenager away from school to take care of younger children.....1 2 3 4
- 49 The father quite often jokes to friends about the teenager's personal problems in front of the teenager.....1 2 3 4
- 50 The father quite often says to the teenager who is justly pleased with some achievement, "Don't be such a show-off.".....1 2 3 4
- 51 The father quite often says, "I can manage quicker on my own," when the teenager tries to help.....1 2 3 4
- 52 The father quite often lets the teenager "sleep in" and the teenager is slightly late for school.....1 2 3 4
- 53 The father quite often does not check to see that the teenager has the minimum personal equipment for school.....1 2 3 4
- 54 The father quite often does not check to see whether the teenager has done his/her homework for school.....1 2 3 4
- 55 The father quite often expects the teenager to excel at everything.....1 2 3 4
- 56 The father quite often sets impossibly high standards for the teenager.....1 2 3 4
- 57 The father quite often is very aggressive to the teenager.....1 2 3 4
- 58 The father quite often encourages the teenager to have alcoholic drinks.....1 2 3 4
- 59 The father quite often brings sexually explicit magazines into the house.....1 2 3 4
- 60 The father quite often brings sexually explicit video films into the house.....1 2 3 4

Please check that you have ringed the above 20 replies on this page

NOTE Please do not refer back to the first set of 60 questions when you reply to the second set of 60 questions

INFANCY (BIRTH TO 2 YEARS)

- | | | | | | |
|----|---|---|---|---|---|
| 1 | The mother quite often leaves the infant alone in a room for hours at a time..... | 1 | 2 | 3 | 4 |
| 2 | The mother quite often does not let friends see the infant..... | 1 | 2 | 3 | 4 |
| 3 | The mother quite often does not take the infant for check-ups to the Child Clinic... | 1 | 2 | 3 | 4 |
| 4 | The mother quite often refuses to hold or touch the infant..... | 1 | 2 | 3 | 4 |
| 5 | The mother quite often refuses to have eye contact with the infant..... | 1 | 2 | 3 | 4 |
| 6 | The mother quite often refuses to visit the infant who lives with his (the mother's) parents..... | 1 | 2 | 3 | 4 |
| 7 | The mother quite often does not hold the infant for hours at a time during the day..... | 1 | 2 | 3 | 4 |
| 8 | The mother quite often is not interested in the infant..... | 1 | 2 | 3 | 4 |
| 9 | The mother quite often is more interested in an older child than in the infant..... | 1 | 2 | 3 | 4 |
| 10 | The mother quite often threatens the infant when the child will not go to sleep..... | 1 | 2 | 3 | 4 |
| 11 | The mother quite often shouts at the infant..... | 1 | 2 | 3 | 4 |
| 12 | The mother quite often scares the infant with games that stimulate the infant too much..... | 1 | 2 | 3 | 4 |
| 13 | The mother quite often gives the infant a mild sedative (medicine) at night to help the child sleep..... | 1 | 2 | 3 | 4 |
| 14 | The mother quite often encourages the infant to smack adult friends for fun..... | 1 | 2 | 3 | 4 |
| 15 | The mother quite often teaches the infant precocious sexual habits as a joke (eg blowing on child's genitals at bathtime)..... | 1 | 2 | 3 | 4 |

EARLY CHILDHOOD (2 TO 5 YEARS)

- | | | | | | |
|----|--|---|---|---|---|
| 16 | The mother quite often teaches the young child to avoid making friends with other children..... | 1 | 2 | 3 | 4 |
| 17 | The mother quite often rewards the young child for keeping away from other children..... | 1 | 2 | 3 | 4 |
| 18 | The mother quite often punishes the young child for playing with other children..... | 1 | 2 | 3 | 4 |
| 19 | The mother quite often says to the crying young child, "Don't be such a big baby.".. | 1 | 2 | 3 | 4 |
| 20 | The mother quite often tells the young child that he/she is a bad boy/girl..... | 1 | 2 | 3 | 4 |

Please check that you have ringed the above 20 replies on this page

-
- 21 The mother quite often will not take the young child out on a family outing with the other children in the family.....1 2 3 4
 - 22 The mother quite often does not talk to the young child.....1 2 3 4
 - 23 The mother quite often does not praise the young child's efforts.....1 2 3 4
 - 24 The mother quite often does not recognise the young child's efforts.....1 2 3 4
 - 25 The mother quite often frightens the young child too much with fairy tale stories...1 2 3 4
 - 26 The mother quite often tells the young child that the Bogeyman will come if he/she does not go to sleep.....1 2 3 4
 - 27 The mother quite often threatens to hit the young child for "bad" behaviour.....1 2 3 4
 - 28 The mother quite often gives the young child a sip of alcohol.....1 2 3 4
 - 29 The mother quite often encourages the young child to be violent.....1 2 3 4
 - 30 The mother quite often involves the young child in secret, intimate "cuddling" when they are alone together.....1 2 3 4

SCHOOL AGE (5 TO 11 YEARS)

- 31 The mother quite often locks the child in a room as a punishment.....1 2 3 4
- 32 The mother quite often does not allow the child to bring other children to the house.....1 2 3 4
- 33 The mother quite often keeps the child away from school.....1 2 3 4
- 34 The mother quite often tells the child, "You know you're no good at that.".....1 2 3 4
- 35 The mother quite often replies to the child, "I'm too busy now, tell me later.".....1 2 3 4
- 36 The mother quite often compares one child in an unfavourable way with the other children.....1 2 3 4
- 37 The mother quite often shows no interest in the child's school report.....1 2 3 4
- 38 The mother quite often does not protect the child from fights involving other children in the family.....1 2 3 4
- 39 The mother quite often does not help the child to settle problems with other children.....1 2 3 4
- 40 The mother quite often tries to make the child choose between the parents in an argument.....1 2 3 4

Please check that you have ringed the above 20 replies on this page

SCHOOL AGE (5 TO 11 YEARS)

- 41 The mother quite often criticises the child for not meeting her expectations.....1 2 3 4
- 42 The mother quite often threatens to leave the home and the child.....1 2 3 4
- 43 The mother quite often encourages the child to be aggressive towards other children.....1 2 3 4
- 44 The mother quite often makes racist remarks in the child's hearing.....1 2 3 4
- 45 The mother quite often tells sexual jokes in the child's hearing.....1 2 3 4

ADOLESCENCE (11 TO 18 YEARS)

- 46 The mother quite often does not allow the teenager to join clubs (or take part in out-of-school activities).....1 2 3 4
- 47 The mother quite often punishes the teenager for going out on a "date".....1 2 3 4
- 48 The mother quite often keeps the teenager away from school to take care of younger children.....1 2 3 4
- 49 The mother quite often jokes to friends about the teenager's personal problems in front of the teenager.....1 2 3 4
- 50 The mother quite often says to the teenager who is justly pleased with some achievement, "Don't be such a show-off.".....1 2 3 4
- 51 The mother quite often says, "I can manage quicker on my own," when the teenager tries to help.....1 2 3 4
- 52 The mother quite often lets the teenager "sleep in" and the teenager is slightly late for school.....1 2 3 4
- 53 The mother quite often does not check to see that the teenager has the minimum personal equipment for school.....1 2 3 4
- 54 The mother quite often does not check to see whether the teenager has done his/her homework for school.....1 2 3 4
- 55 The mother quite often expects the teenager to excel at everything.....1 2 3 4
- 56 The mother quite often sets impossibly high standards for the teenager.....1 2 3 4
- 57 The mother quite often is very aggressive to the teenager.....1 2 3 4
- 58 The mother quite often encourages the teenager to have alcoholic drinks.....1 2 3 4
- 59 The mother quite often brings sexually explicit magazines into the house.....1 2 3 4
- 60 The mother quite often brings sexually explicit video films into the house.....1 2 3 4

Please check that you have ringed the above 20 replies on this page

Appendix 8List of Tables of Factor Loadings on Six Category Scales

- Table A8.1 Isolating Scale
- Table A8.2 Rejecting Scale
- Table A8.3 Ignoring Scale
- Table A8.4 Terrorising 1 Scale (Discipline Through Fear)
- Table A8.5 Terrorising 2 Scale (Too High Expectations)
- Table A8.6 Corrupting Scale

Table A8.1

Isolating Scale

The twenty-four vignettes dealing with Isolating were perceived as having an underlying commonality in sixteen incidents. The following tables show the Isolating Scales for Father incidents (N=8) and Mother incidents (N=8) in order of significance.

Isolating Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| | | | The father quite often: |
| 47 | .6770 | 11-18 | punishes teenager for going on a date. |
| 46 | .6562 | 11-18 | does not allow teenager to join clubs. |
| 48 | .4486 | 11-18 | keeps teenager away from school. |
| 16 | .3522 | 2-5 | teaches young child to avoid making friends. |
| 32 | .3203 | 5-11 | does not allow child to bring children home. |
| 17 | .2784 | 2-5 | rewards young child for avoiding other children. |
| 33 | .2530 | 5-11 | keeps child away from school. |
| 18 | .2038 | 2-5 | punishes young child for playing with other children. |

Isolating Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| | | | The mother quite often: |
| 16 | .6850 | 2-5 | teaches young child to avoid making friends. |
| 17 | .5800 | 2-5 | rewards young child for avoiding other children. |
| 32 | .5700 | 5-11 | does not allow child to bring children home. |
| 46 | .5126 | 11-18 | does not allow teenager to join clubs. |
| 47 | .4320 | 11-18 | punishes teenager for going on a date. |
| 18 | .4191 | 2-5 | punishes young child for playing with other children. |
| 33 | .4082 | 5-11 | keeps child away from school. |
| 48 | .2921 | 11-18 | keeps teenager away from school. |

Table A8.2

Rejecting Scale

The twenty-four vignettes dealing with Rejecting were perceived as having an underlying commonality in fourteen incidents. The following tables show the Rejecting Scales for Father incidents (N=7) and Mother incidents (N=7) in order of significance.

Rejecting Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| 35 | .5309 | 5-11 | The father quite often: tells child he's too busy and tell him later |
| 34 | .5110 | 5-11 | tells child, "You know you're no good at that." |
| 36 | .4883 | 5-11 | compares child unfavourably with siblings. |
| 19 | .3068 | 2-5 | tells crying child, "Don't be such a big baby. |
| 51 | .2495 | 11-18 | tells teenager, "I can manage quicker on my own." |
| 50 | .2492 | 11-18 | tells teenager, "Don't be such a show off." |
| 20 | .0186 | 2-5 | tells child that he/she is a bad boy/girl. |

Rejecting Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| 20 | .6821 | 2-5 | The mother quite often: tells child that he/she is a bad boy/girl. |
| 19 | .6770 | 2-5 | tells crying child, "Don't be such a big baby. |
| 35 | .5109 | 5-11 | tells child she's too busy and tell him later |
| 36 | .1941 | 5-11 | compares child unfavourably with siblings. |
| 51 | .1102 | 11-18 | tells teenager, "I can manage quicker on my own." |
| 50 | .0506 | 11-18 | tells teenager, "Don't be such a show off." |
| 34 | .0139 | 5-11 | tells child, "You know you're no good at that." |

Table A8.3

Ignoring Scale

The twenty-four vignettes dealing with Ignoring were perceived as having an underlying commonality in ten incidents. The following tables show the Ignoring Scales for Father incidents (N=5) and Mother incidents (N=5) in order of significance.

Ignoring Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 53 | .6344 | 11-18 | The father quite often: does not check teenager's school equipment. |
| 54 | .6136 | 11-18 | does not check teenager's school homework. |
| 39 | .4736 | 5-11 | does not help child settle problems with peers. |
| 38 | .3434 | 5-11 | does not protect child from sibling fights. |
| 52 | .3338 | 11-18 | lets teenager be slightly late for school. |

Ignoring Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 53 | .7005 | 11-18 | The mother quite often: does not check teenager's school equipment. |
| 54 | .6989 | 11-18 | does not check teenager's school homework. |
| 52 | .6084 | 11-18 | lets teenager be slightly late for school. |
| 39 | .4992 | 5-11 | does not help child settle problems with peers. |
| 38 | .4653 | 5-11 | does not protect child from sibling fights. |

Table A8.4

Terrorising 1 Scale (Discipline Through Fear)

The twenty-four vignettes dealing with Terrorising were perceived as having an underlying commonality in eighteen incidents. These were divided into two scales: Terrorising 1 Scale (Discipline Through Fear) and Terrorising 2 Scale (Too High Expectations). The following Tables show the Terrorising 1 Scales for Father incidents (N=6) and Mother incidents (N=6) in order of significance.

Terrorising 1 Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 11 | .6599 | Birth-02 | The father quite often: shouts at the infant. |
| 12 | .5838 | " " | scares the infant with over-stimulating games. |
| 10 | .5832 | " " | threatens the infant when baby will not sleep. |
| 27 | .4403 | 2-5 | threatens to hit child for "bad" behaviour. |
| 25 | .4107 | 2-5 | frightens young child with fairy tales. |
| 26 | .3396 | 2-5 | tells young child that Bogeyman will come. |

Terrorising 1 Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 12 | .6439 | Birth-2 | The mother quite often: scares the infant with over-stimulating games. |
| 10 | .5645 | " " | threatens the infant when baby will not sleep. |
| 26 | .4537 | 2-5 | tells young child that Bogeyman will come. |
| 25 | .4479 | " " | frightens young child with fairy tales. |
| 11 | .3804 | Birth-2 | shouts at the infant. |
| 27 | .0728 | 2-5 | threatens to hit child for "bad" behaviour. |

Table A8.5

Terrorising 2 Scale (Too High Expectations)

The following Tables show the Terrorising 2 Scales for Father incidents (N=3) and Mother incidents (N=3) in order of significance.

Terrorising 2 Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 55 | .7715 | 11-18 | The father quite often: expects the teenager to excel at everything. sets impossibly high standards for teenager. criticises child for not meeting father's expectations. |
| 56 | .6570 | 11-18 | |
| 41 | .6273 | 5-11 | |

Terrorising 2 Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|--|
| 56 | .7724 | 11-18 | The mother quite often: sets impossibly high standards for teenager. expects the teenager to excel at everything. criticises child for not meeting father's expectations. |
| 55 | .6610 | " " | |
| 41 | .5910 | 5-11 | |

Table A8.6

Corrupting Scale

The twenty-four vignettes dealing with Corrupting were perceived as having an underlying commonality in twelve incidents. The following tables show the Corrupting Scales for the Father incidents (N=6) and the Mother incidents (N=6) in order of significance.

Corrupting Scale: Father incidents

The Father incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| 60 | .8257 | 11-18 | The father quite often: brings sexually explicit videos into home. |
| 59 | .7998 | " " | brings sexually explicit magazines into home. |
| 45 | .7147 | 5-11 | tells sexual jokes in child's hearing. |
| 44 | .6335 | " " | makes racist remarks in child's hearing. |
| 58 | .4625 | 11-18 | encourages teenager to have alcohol. |
| 43 | .3901 | 5-11 | encourages child to be aggressive to other children. |

Corrupting Scale: Mother incidents

The Mother incidents were rated by the parents on the following scale:

| Question Number | Factor Loading | Develop. Stage | Vignette Summary |
|-----------------|----------------|----------------|---|
| 60 | .7497 | 11-18 | The mother quite often: brings sexually explicit videos into home. |
| 59 | .6839 | " " | brings sexually explicit magazines into home. |
| 45 | .6718 | 5-11 | tells sexual jokes in child's hearing. |
| 44 | .5672 | " " | makes racist remarks in child's hearing. |
| 43 | .4650 | 5-11 | encourages child to be aggressive to other children. |
| 58 | .3186 | 11-18 | encourages teenager to have alcohol. |