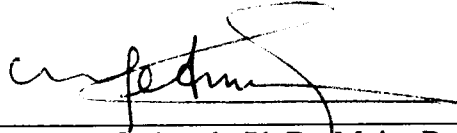


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Muammer Cetingok, Ph.D., Major Professor

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A COMPARISON STUDY OF PHYSICAL CHILD ABUSE POTENTIAL IN PARENTS
WHO HAVE CHILDREN WITH MENTAL RETARDATION AND IN PARENTS WITH
NON-MENTALLY RETARDED CHILDREN

A Thesis
Presented for the
Master of Science in Social Work
Degree
The University of Tennessee, Knoxville

Larisa Marie Gonyea

May, 1992

DEDICATION

This thesis is dedicated to the hundreds of thousands of children who are abused each year; and to my parents, Dr. and Mrs. Edward F. Gonyea, whose support and encouragement got me through 18 years of school.

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ABSTRACT

This research examined child abuse potential in parents who have mentally retarded children and in parents who have children functioning at normal intellectual levels. The purpose of this study was to determine if parental child abuse potential was related to the child's intellectual level. The hypotheses tested were (1) There is a statistically significant relationship between the level of physical abuse potential of parents, and whether or not the child is mentally retarded; (2) The potential for abuse is higher in parents who have children with mental retardation than in parents of non-mentally retarded children.

This study utilized two distinct parent populations whose children were being treated at the University of Tennessee Boling Center for Developmental Disabilities (CDD), or at Lebonheur Children's Hospital Resident Practice Clinic (Lebonheur). Lebonheur's sample of parents was used for comparison purposes. The sample of CDD parents had children with mental retardation, and the Lebonheur sample were parents of children with normal intellectual functioning. These two samples of parents were compared in terms of the level of their child abuse potential. The Child Abuse Potential Inventory (CAP) was used to assess the parents' abuse potential. This instrument consists of 160 questions requesting a simple agree or disagree response. The CAP inventory measures the parents' potential for physical abuse.

Comparison between the two independent groups was made by using a t-test for statistical significance. The results showed no significant relationship between parental child abuse potential and having a child with mental retardation. Also, no significant difference in terms of abuse potential was found between parents of mentally retarded children and parents of children with normal intellectual levels.

TABLE OF CONTENTS

CHAPTER 1	1
STATEMENT OR PROBLEM	1
Purpose of Study.....	1
Questions and Hypotheses of the Study.....	1
Variables of the Study and their Definitions	2
Need for Study	3
Assumptions and Limitations.....	4
Assumptions.....	4
Limitations	4
CHAPTER 2	6
LITERATURE REVIEW.....	6
Historical Considerations.....	6
Survey of Recent Literature.....	10
CHAPTER 3	15
METHODS AND PROCEDURES	15
Sample.....	15
Instrumentation.....	16
What the Factor Scales Represent.....	17
Data Collection and Analysis.....	20
CHAPTER 4	22
RESULTS.....	22
Characteristics of Parents.....	25
Characteristics of Children.....	25
Hypothesis Testing.....	26
Factor Scales Comparisons.....	26
Special Scales	28
CHAPTER 5	31
DISCUSSION OF RESULTS	31
CHAPTER 6	34
SUMMARY, CONCLUSIONS, AND IMPLICATIONS	34
BIBLIOGRAPHY	37
APPENDIXES.....	41
APPENDIX A	42
APPENDIX B.....	47
APPENDIX C.....	49
APPENDIX D.....	51
APPENDIX E.....	53
VITA	55

CHAPTER 1

STATEMENT OR PROBLEM

Purpose of Study

Questions and Hypotheses of the Study

This study attempted to answer the following questions: (1) Is there a relationship between a parent's potential for physically abusing a child and whether or not the child is mentally retarded, and if so, (2) Is the physical abuse potential higher in parents who have children with mental retardation than in parents of non-mentally retarded children?

The hypotheses tested were: (1) There is a statistically significant relationship between the level of physical abuse potential of parents, and, whether or not the child is mentally retarded; (2) The potential for abuse is higher in parents who have children with mental retardation than in parents of non-mentally retarded children.

Two groups of parents living in or near Memphis, Tennessee in 1989-1991 were compared: (a) parents of children with mental retardation being treated at the University of Tennessee Boling Center for Developmental Disabilities (CDD), and (b) parents of normally intellectually functioning children treated at Lebonheur Children's Hospital Resident's Practice Clinic (Lebonheur). In addition to the testing of the two hypotheses, the author compared the two groups descriptively, and in terms of their differences on sub-factors related to physical abuse potential. Finally, a comparison was also made between the profiles (characteristics) of actual abusers as reported in the literature, and those of the parents participating in this study.

Variables of the Study and their Definitions

In this study the independent variable was having a child with mental retardation or a child with normal mental functioning. The dependent variable was level of physical child abuse potential.

Mental retardation is defined as significantly subaverage general intellectual functioning (an IQ more than two standard deviations below the mean), existing concurrently with deficits in adaptive behavior (an individual not meeting the standards of personal independence and social responsibility expected for people of the same age and cultural group) (Ehlers, Prothero, and Langone, 1982). This definition may apply at any age, birth through 18 years.

For purposes of this study, mental retardation was operationally defined as the diagnosis regarding the child's mental functioning in the patient charts at University of Tennessee Boling Center for Developmental Disabilities (CDD) ("mental retardation" was explicitly stated). This diagnosis was based on results from a general intelligence test as well as a comprehensive evaluation by an interdisciplinary team. The professional staff at CDD use a variety of intelligence tests in assessing individuals for learning and developmental disabilities which include: the Wechsler Preschool Scales of Intelligence (4 - 6 years); the Wechsler Intelligence Scales for Children III (6 - 16 years); and the Wechsler Adult Intelligence Scale Revised (16+ years). Children scoring below the cut-off score of 70 fall in the range of mental retardation.

Physical child abuse, is defined by Joel S. Milner in the Child Abuse Potential Inventory Manual as follows: "creation, development, and/or active promotion of behaviors, events, and/or situations under the parent's or caretaker's control which result in the intentional (nonaccidental) physical injury of a child under 18 years of age" (page 19). The use of the Child Abuse Potential Inventory Form VI constituted the operational definition of the level of child abuse potential. This form measures the level of child abuse potential in terms of physical abuse.

Need for Study

Numerous studies have been conducted that measure physical child abuse in one form or another. However, few studies have been conducted that examine parental abuse and its relationship to the child's intellectual functioning. While the author was working as a student intern at the University of Tennessee Boling Center for Developmental Disabilities, a concern raised by the Center Director and Social Work Department Chief (Golden and Lozano, 1991) was that there had been very little research done in the area of physical abuse by parents of children with mental retardation. This concern was shared, on a nationwide scale, by the Maternal Child Health Bureau of the Federal Department of Health and Human Services in Washington, D.C. (Athey, 1991).

The CDD, as a practice and research agency, wanted to determine if there is a need for a prevention program. Clinical observations by CDD staff indicated that the parents of children with mental retardation are faced with a number of problems, including, the additional amount of care demanded by these children (versus the care of non-retarded children) and the increased levels of stress caused by isolation and other factors. The CDD officials wanted to explore the level of the parental physical abuse potential as compared to the level of potential abuse on the part of parents with normally functioning children seen by pediatricians at Lebonheur.

Literature was also supportive of the CDD official's observations that their parent-clients are experiencing high levels of stress. Previous studies indicated that parents of children with mental retardation do experience high levels of stress and tend to feel isolated from families and friends (Zirpoli, 1986). Additionally, parents of children with mental retardation view their child as being different (Freidrich and Boriskin, 1978). These factors could contribute to the potentiality of child abuse. The center's ultimate goal was to prevent the act of abuse before it happened.

Assumptions and Limitations

Assumptions

Lebonheur physicians were assumed able to distinguish a mentally retarded child; all children from Lebonheur files were considered non-retarded, and were not being treated for any serious or chronic condition.

When both parents were present in a household responding to the survey, it was assumed that they responded jointly to the questionnaire. When the child was living in a one-parent household, it was assumed that only the parent living with the child (most often the mother) would respond (perhaps with assistance from others). It was assumed that all participants would answer the questions realistically.

Limitations

Sample populations for both groups were small, and did not include all children in the Memphis/Shelby County area. They may not represent the larger population from which they were drawn.

All children in the CDD group had been thoroughly evaluated and determined to be mentally retarded, but children in the Lebonheur group had not had any formal intelligence tests. It is possible that a few of them are also mentally retarded. The investigator relied on information obtained from the parent's report, and Lebonheur physicians' opinion that the children treated there were normally functioning. The fact that one sample (Lebonheur) was based on a clinical observation and the other sample (CDD) was based on an intelligence test is an extremely important limitation of this study.

Although thorough follow-up contacts were made, only 27 out of 102 surveys were received from CDD parents. Of those 27, only 19 were usable for analytical purposes. Only 17 surveys were received for the 102 Lebonheur parents included in the sample. Of

those 17, only 10 were usable for analytical purposes. Thus, generalizing the findings of the study to the entire Shelby County/Memphis area could not be done at this time.

Another limitation of this study was the lack of strong previous literature support of the hypotheses. The studies previously conducted had dealt with actual child abuse rather than assessing the potential for present or future abuse in parents of children with mental retardation. Therefore, the literature reviewed was relevant only to the extent that it offered descriptive profiles of actual abusers which could be compared to the parent groups in this study.

CHAPTER 2

LITERATURE REVIEW

Data bases utilized for this study date back to the year 1974, although some of the more significant earlier studies were reviewed. The literature reviewed included articles cited in the Psychological-literature data base (Psy-lit) (1974 to 1991), the Educational Reference Information Center data base (ERIC) (1982 to 1991), and both Social Work Research and Abstracts and Social Sciences Index. Unless otherwise noted, all literature reviewed is from the United States.

Historical Considerations

The physical maltreatment of children has existed in most societies since the beginning of time. In 1874, the Society for the Prevention of Cruelty to Children was established. This organization defined and summarized the problem of child abuse (Maidman, 1984, page 3). Physical child abuse includes "bruises, whippings, beatings, burns, fractures, and a variety of other traumatic lesions, all inflicted deliberately or in moments of passion and anger against the child" (Hughes, 1989). More generally, physical child abuse "consists of any non-accidental form of injury or harm inflicted on a child (under 16) by a caretaker" (Maidman, 1984, page 138). In historic times, it was not uncommon for parents to physically harm or even murder their children. One of the most common practices of abuse in earlier times was infanticide. Parents commonly killed children, usually infants, who were born with some type of congenital weakness or deformity (Hutter, 1988). These children were literally abandoned and left to die. Children who were born abnormal were viewed negatively by society, and parents found no reason to spend the time or finances raising a deficient child.

There were relatively few studies conducted exploring the relationship between physical child abuse and children with mental retardation prior to 1980 in terms of reported literature. The majority of the few studies between 1967 and 1979 concluded that there is a relationship and their findings are summarized below. It should be noted that the literature reviewed focused on mental retardation being present prior to abuse rather than being the consequence of physical abuse.

In 1967, Elmer reviewed medical and educational records of 50 abused and neglected children and their families. She concluded that 53% of the children in her sample had an IQ below 80. These children were believed to have been intellectually deficient prior to the abuse and/or neglect.

In another 1969 study, Gil conducted a nationwide survey of 1,380 physically abused children. He found that, in the year prior to answering the questionnaire, 29% of the children showed deviations in both social interaction and general functioning, 14% showed deviations in physical functioning, 8% showed deviations in intellectual functioning, and 13% of the school-age children of respondents were in special education classes.

In 1970, Morse, Sahler, and Freidman studied the intellectual development of children who were suspected to be abused or grossly neglected. A major goal for their study was: "to define the prognosis of previously abused and neglected children by exploring both interim and current status of such patients and their families." Through family interviews and contacts with the various agencies where children had received services from 1963 to 1965, they found that 15 of the 21 children studied, (71%) were mentally retarded. The authors found evidence that many of these children may have been mentally retarded prior to the physical abuse.

In a 1972 study, Martin focused on the intellectual functioning of children before abuse occurred using previous educational and medical records, 33% out of the 42 physically abused children he studied had an IQ below 80. All of these children were diagnosed with mental retardation prior to his study.

In 1974, Sandgrund, Gaines, and Green sought to look at the psychological effects of abuse on its victims. They hypothesized that the abused children would be more impaired in terms of their cognitive development. They chose to utilize two control groups (neglected group and non-abused group) to better differentiate the effects of abuse. The study involved 120 children (60 abused, 30 neglected, and 30 non-abused control subjects). The children were interviewed and tested by a psychiatrist and psychologist. They found that 25% of the abused group were mentally retarded, 20% of the neglected group were retarded, and only 3% of the non-abused control group were retarded. The hypothesis was not supported because there was no significant difference between the abused group and the neglected group. All but one of the retarded children studied had been diagnosed with mental retardation before the study.

In a 1977-78 study by Frish and Rhoads (1982), the School Problem Clinic of Kapiolani Children's Medical Center on the Oahu (Hawaii) Island assessed children with learning problems to find out if the number of reports of abuse and neglect among their sample of children was significantly high. Using Children's Protective Services' records, they found that 29 of the 430 children with learning problems were reported to be abused. Of the 29 reported cases, 14 were confirmed to be actual abuse. This number was more than 3.5 times higher than in the general population.

In her 1975 literature review article entitled, "Abused Children are Exceptional Children," Marylane Soeffing reported of a study conducted by J.R. Lesback who was with the National Clearinghouse on Child Abuse and Neglect in Denver, Colorado. Lesback's study purpose was to train social workers conducting home interviews to become more aware of particular types of handicapping conditions that contribute to child abuse. The sample included 14,083 abused and neglected children from 22 states in 1974. The data were collected on a standard abuse and neglect reporting form constructed by Lesback. Data analysis revealed that out of the total sample, 1,680 children had some type of special characteristic, 195 of them were born prematurely, 288 were mentally retarded,

234 were physically handicapped, 250 had a chronic illness, 130 were from a multiple birth, 180 had a congenial weakness or birth defect, 669 had emotional problems, and 267 were reported to have some other type of special problem. After reviewing other research and conceptual articles, Soeffing concluded by contending that there is a relationship between child's having a handicap and parental abuse.

In 1978, Freidrich and Boriskin wrote a conceptual article discussing child abuse prevention, focusing particularly on mentally retarded and physically disabled children. They stated that "special children often comprise a greater percentage of abused children than their over-all percentage of the population." They further acknowledged that this fact "does not negate the roles, parents, stress, and, cultural tolerance for physical punishment play in the abuse of children." The authors suggested that parents of special needs children experience higher levels of stress as compared to parents of normal functioning children. They summarized their discussion by speculating that all parents have the potential to abuse their children, and that children with special problems tend to "trigger" this abuse potential more so than normal children.

In his 1979 Presidential Address to the American Academy for Cerebral Palsy and Developmental Medicine, Gerald Solomons discussed child abuse in relation to children with developmental disabilities. Solomons discussed three major contributing factors that lead to abuse. These factors are: "(1) stress and strain in the family; (2) unrealistic expectations of the child on the part of the parents; and (3) emotional (and social) isolation of the parents." The literature on parents of children with mental retardation strongly supports these factors listed by Solomons, indicating that mentally retarded children may be especially susceptible to abuse.

Survey of Recent Literature

In 1985, Hawkins and Duncan examined mental retardation as one of the risk factors associated with child abuse, along with prior abuse, physical handicap, chronic illness, emotional disturbance, excessive crying, feeding problems, and hyperactivity. Their sample included 923 cases of abuse and neglect, both substantiated (509) and unsubstantiated (414) as reported to the Missouri Child Abuse and Neglect Unit. Using chi-squared tests of independence they tested the association between mental retardation and substantiation of abuse and neglect. Mental retardation was a significant risk factor with 23 substantiated cases and 0 unsubstantiated cases, and mental retardation and emotional disturbance were the two conditions most often indicated in the substantiated cases.

In a 1985 study, Barbara Meddin examined various criteria child protective service workers use to assess the potential risk of harm to children. Her study examined "the functioning of the child involved in the current incident" in terms of overall emotional and physical functioning as well as the child's ability to protect her/himself from physical harm. A total of 134 child protective services workers employed by a major midwestern agency were asked to make decisions involving simulated abuse and neglect cases and to indicate the criteria upon which they based their decisions. The child's functioning was an important criterion in 40% of the respondents evaluations of risk of abuse.

Harwicke and Hochstadt (1986) attempted to ascertain the special educational requirements of abused and neglected children. Over a two-year period, they compared a group of abused and neglected children between the ages 5.6 and 16.2 years who were admitted to an abuse and neglect program housed in a children's hospital, and another group of 29 children between the ages of 6 and 15.11 years who were admitted to the same hospital for chronic illness. The authors found mental retardation rates for both groups were higher than in the general population and ranged from 8% (abuse-neglect group) to

27% for the comparison group. Although a significant difference between the two groups did not exist, rates of mental retardation in both the abused-neglected group and the chronic illness group were elevated as compared to the general population. The investigators concluded that children with mental retardation and with some type of chronic illness are at a higher risk for abuse.

In 1989, Griffey and Griffey surveyed 163 special education teachers in North Carolina in order to examine the abuse and neglect of special education students. The teachers worked with 2,803 children enrolled in mentally handicapped, learning disabled, and behaviorally/emotionally handicapped classrooms during the 1988-89 academic year. When teachers were asked to indicate how many times they had reported at least one case of suspected abuse and neglect during the 1985-88 period, a total of 143 cases were reported. Of these, 62 cases were substantiated by the Department of Social Services. The teachers were also asked to indicate how many of their current students they suspected were being abused and/or neglected. They reported that 144 students were suspected of being abused and 267 were suspected of being neglected. Griffey and Griffey also found that more students who were enrolled in the behaviorally/ emotionally handicapped classes were suspected of being abused and/or neglected.

In his 1986 conceptual article focusing on child abuse in relation to children with various handicaps, Zirpoli notes that "characteristics of children associated with child abuse could be summarized into one attribute: they all require special and/or additional parental care and attention" (page 46). Then looking more closely, in terms of clinical observation, at mental retardation in relation to abuse, Zirpoli emphasized that the parents experience long-term stress and increased demands. In addition, these parents feel isolated from family and friends. Given these factors, Zirpoli stated that children with mental retardation are indeed at risk for abuse.

As mentioned earlier, all of the literature reviewed deals with the prevalence of substantiated physical child abuse. This study, however, examined potential child abuse.

While the majority of the studies reviewed above concluded that having a child with some type of handicap or special need is a contributing factor to child abuse, several other factors contributing to child abuse as discussed below should be noted.

There is no clear cut "profile" that fits all actual child abusers. However, previous studies and recent statistics will, perhaps, help paint a picture of the typical child abuser in the U. S. It is important to point out that possession of one or more characteristics of an actual child abuser does not necessarily mean that an individual is or will be an abuser.

In the 18th edition of the Social Work Encyclopedia, demographic characteristics of child abusers are based on national reports of abuse.

The encyclopedia quotes the National Incidence study (1981) indicating that child abusers are as many times "black" as they are "white" (11.5 per 1,000, black and 10.5 per 1,000, white), for all forms of child maltreatment. However, the study also found that whites outnumbered blacks (6 to 1) in cases of physical abuse and neglect .

Among officially reported cases, a high proportion of abusers were "female heads of household (average 40.8 % compared to 17.0% in the general population) and that a high proportion of abusers received public assistance (average of 45.0% compared to 11.9% in the general population" (page 226). The National Incidence Study found the highest rate of abuse cases in families with annual incomes of less than \$7,000.00 (27.3 per 1,000). The incidence rate for cases with income of \$25,000.00 and higher was only 2.7 per 1,000. When looking more specifically at the low socioeconomic group of abusers, the study found that 57% had incomes under \$7,000.00 and 9% had incomes under \$15,000.00. The above-mentioned findings were supported by Murray Strauss, Richard Gelles, and Suzanne Steinmetz, in their 1979 nationwide study on family violence, found that the parents in their study belonging to the lowest socioeconomic group were more likely to commit violent abuse toward their children. This, among other findings, was reported by Herbert Yahraes in Families Today (1979).

The encyclopedia also reported significant findings in terms of the relationship between the abuser and the child. Based on analysis of official reports over time indicated that the abusers were "not only parents (94.2%) but also natural parents (85.0%)" (page 226). The study further indicated that the abuser was more likely to be female (60.8%) than male (39.2%). Mothers committed the abuse in 66% of the physical abuse cases. The study concluded that natural mothers were involved in all forms of maltreatment nearly twice as often as natural fathers (75% compared to 41%).

In a 1985 article focusing on the profile of a physical child abuser, Alford, Martin, and Martin indicated that the abusers were probably abused as children; often socially isolated; and, were in a low socioeconomic group. In addition, the authors suggested that abusing parents had unrealistic expectations of appropriate behavior and usually had a negative concept of the child being abused.

In his Child Welfare text book, Maidman (1984) reported on literature discussing demographic characteristics of child abusers. He, too, reported that the majority of child abusers are natural parents or parent substitutes (page 139). In terms of the sex of the abuser, however, the author was not clear. Based on some of the literature he reviewed, he found that, in the U.S., mothers were the most frequent abusers whereas Canadian literature found the fathers to be the most frequent abusers. Maidman also reported that, based upon clinical studies, child abusers are more likely to be young. When discussing racial characteristics of abusers, Maidman found that "a number of major American surveys have found a disproportionate number of number of non-whites as abusers," however, he indicated that a great many of the studies have sampling bias. When looking closely at clinical studies, he found no over representation of non-whites (page 140).

Maidman also reported that abusive parents were probably abused, and/or neglected as children, and they usually lack appropriate child rearing skills and knowledge.

Another interesting point Maidman discusses, although it is a characteristic of the abused child, is that the low birthweight of a child may later lead to abuse. Parents

frustrated by the demanding care required as well as the slow development of these children are likely to abuse. Finally, the author discusses various personality traits possessed by abusive parents. These traits include: "unmet dependency needs", a lack of identity, or unresolved identity conflict; low self-esteem; rigid or inadequate defenses; oral dependency; underlying depression; difficulties in managing responsibilities of life; and high group conformity" (page 143). When experiencing extreme stress or major life changes, parents are more likely to abuse their children. At such times, low socioeconomic parents may "lose control" and abuse their child; this is even more likely when the parent was abused themselves as a child (page 144). Maidman also reports that parental job dissatisfaction and unemployment may contribute to child abuse. Although there is little evidence regarding the marital status of the abuser, the author discusses the family make-up of abusive parents. There is evidence that child abuse frequently occurs in larger than average families. In addition, abusive parents tend to be socially isolated.

CHAPTER 3

METHODS AND PROCEDURES

Sample

This study utilized two distinct parent populations whose children were being treated at the University of Tennessee Boling Center for Developmental Disabilities (CDD), or at Lebonheur Children's Hospital Resident Practice Clinic (Lebonheur). Lebonheur's sample of parents was utilized for comparison purposes. Both agencies are located in Memphis, Tennessee. The sample of CDD parents had children with mental retardation, and the Lebonheur sample were parents of children with normal intellectual functioning. These two samples of parents were compared in terms of the level of their child abuse potential.

At CDD, the majority of the clients served are children with mental retardation. Every parent who had a child evaluated and diagnosed with mental retardation during the time frame of October 1989 to October 1991 was included in the sample. The 102 families in the sample all resided in the Memphis and Shelby County area. Only 26 parents returned their completed inventories, and 7 had to be discarded due to an elevated faking-good index. That left 19 of the CDD group for the final analysis. Milner (1986) stated in the Child Abuse Potential Inventory Manual that any inventory with an elevated faking-good index score and a normal composite child abuse potential score cannot be used for analytical purposes. The elevated faking-good index score indicates that the participant is responding to the questions in a way that portrays him/herself in a unrealistically positive way.

The participants from CDD were compared to the intended sample of 102 in terms of parent's status and race, and the child's sex, age, and level of mental retardation. Of the 19 parents in the final sample, 18 (94.7%) were the biological parent and 1 (5.3%) was the legal guardian. 15 (78.9%) were black and 4 were white (21.1%). In terms of the

characteristics of the children 15 (78.9%) were male and 4 (21.1%) were female, the average age was 5.68, 11 (57.9%) were mildly retarded, 6 (31.6%) were moderately retarded, and 2 (10.5%) were severely retarded. Based on this data, the 19 parents appeared to be representative of the intended sample of 102 parents in terms of their characteristics as well as their mentally retarded child's characteristics.

The Lebonheur group consisted of parent's of children who have been seen in the Resident's Practice Clinic during the time period of October 1989 to October 1991. A computer-drawn random sample of 102 was taken from a list of 858 patients seen during this period, whose parents all resided in the Memphis/Shelby County area. Out of the 17 inventories returned, 7 had to be discarded due to elevated faking-good index scores. Therefore, 10 of the Lebonheur inventories were used in the final analysis.

The 10 Lebonheur participants were compared to the intended random sample of 102 in terms of parent's status and race, and the child's age and sex. Of the 10 participants in the final sample, 10 were the biological parent, 7 (70%) were black and 3 (30%) were white. The average age of the child was 2 years and 6 (60%) were male and 4 (40%) were female. Based on this information the final sample of 10 appeared to be representative of the intended sample.

Instrumentation

The instrument used to assess the level of parental child abuse potential in this study was the Child Abuse Potential Inventory Form VI (CAP) developed by Joel S. Milner, Ph.D. (1986). A copy is attached, in Appendix A. The CAP inventory assesses the caregiver's potential for abuse. This inventory was designed in an attempt to provide an "instrument of known psychometric qualities to assist in the screening of physical child abuse cases" (Milner, 1986, page 1). It does not determine whether or not abuse is actually occurring, it only measures the potential for abuse. This instrument is used by

professionals at Lebonheur's Center for Children in Crisis (CCC) to evaluate actual abusers. Professionals working at CCC find that known physical child abusers score high on this inventory, indicating that they have a high potential to abuse, which further substantiates the fact that they have committed the actual child abuse (Gentry, 1991).

The top portion of the CAP inventory gathers basic demographic information. For this study, spaces for participants' names were deleted for purposes of confidentiality. The author added to the form a request for the participants to indicate income level and whether or not they have a child who has been diagnosed with mental retardation.

The CAP inventory includes 160 statements that call for a simple agree or disagree response. The inventory contains a total of ten standard scales. The primary scale is the physical child abuse scale. This primary scale is then divided into six descriptive factor scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others. These six factors had been identified through a thorough review of child abuse and neglect. Each of the scales applies to a factor contributing to a parent's potential for abuse (Milner, 1986).

The CAP inventory also contains three validity scales: the lie scale, the random response scale, and the inconsistency scale, which are then used in various combinations to produce three response distortion validity indices: the faking-good index, the faking-bad index, and the random response index (Milner, 1986). Finally, the inventory contains two special scales: the ego-strength scale and the loneliness scale.

What the Factor Scales Represent

The first three factor scales measure various personality characteristics. The distress scale represents a general theme of personal distress. The rigidity scale identifies a rigid style of parenting. The factor scale of unhappiness describes a "polarity" of happiness and unhappiness. The last three factor scales represent interactional problems. The problems with child and self scale measures the degree to which the parent describes his/her child in a

negative manner. The problems with family factor scale measures various family interactional problems. The problems from others scale measures general difficulties in social relationships. In addition, the ego-strength special scale measures emotional stability. Lastly, the loneliness special scale measures the degree of the respondents perceived loneliness (Milner, 1990).

The composite child abuse potential scale has a cut-off score of 215 out of 486 total points. An elevated abuse scale score indicates that the respondent has characteristics similar to known, active physical child abusers. In addition, each of the six factor scales has a cut-off score (Table 1). Scores at or above the cut-off scores are considered elevated (Milner, 1986).

Milner's CAP inventory has been thoroughly researched and appears to be valid. Content validity was tested by Nunnally and was found to be high at .92 and -.98 for control and abuse subjects as reported in the CAP inventory. Predictive validity was tested by Milner and Wimberley and the overall correct classification rate for the abuse scale was 96.2% with 92.3% of the abusers and 100% of the control parents correctly identified as reported in the CAP inventory. Reliability scores are: .92 and .96 for controls and .95 and .98 for abusers (split-half reliabilities) (Milner, 1986). This inventory is easy to read and answer, at the third grade level. The CAP inventory was obtained through Psy-tec Corporation (appendix B). CDD purchased the inventory forms, manuals, and the computer scoring device.

TABLE 1

CAP INVENTORY FORM VI SUGGESTED CUT-OFF SCORES	
Scale	Cut-off Score
Composite Child Abuse Potential	215
Distress	152
Rigidity	30
Unhappiness	23
Problems with child and self	11
Problems with family	18
Problems from others	20

Data Collection and Analysis

After obtaining approval from the University of Tennessee Institutional Review Board (Appendix C), surveys were mailed to both CDD and Lebonheur parents, asking them to complete the Child Abuse Potential Inventory Form VI.

Every parent received a cover letter (Appendix D), consent form (Appendix E), the CAP inventory, and a postage-paid self-addressed envelope. The cover letter explained that the study was being conducted in an attempt to improve existing services at CDD, and perhaps, to develop new services for the Memphis/Shelby County population. The subjects were kept "blind" to the purpose of the study so that their responses would not be biased. Because the subject matter of this study was child abuse, the investigator felt this was necessary. Parents were given the option to sign and return the consent form or keep it to themselves. Parents who returned a completed inventory without a signed consent form were considered "consenting to participate." After a ten-day period, follow-up phone contacts were made.

To protect anonymity and confidentiality, each inventory sent out was coded with a letter ("C" for CDD and "L" for Lebonheur) and a number. As the surveys were returned, the investigator removed the appropriate name off of the original mailing list. After this was done, there was no way of connecting the code letter/number to the parent. A computer scoring software, "the CAP-score," was used to automatically score the inventories.

After all inventories from each group were scored, the means of both groups were computed. Finally, an independent samples t-test was conducted to compare the means of two groups on the level of child abuse potential. This test was used since these two samples were independent of one another. A table containing the names of the groups of parents and their child abuse potential means, the standard deviation scores, and a consequent t-test was employed. In addition, a table containing the descriptive

characteristics of the parents and their children is contained in the results section of this paper. Computer facilities of UT Memphis and UT College of Social Work as well as the Center for Developmental Disabilities were used in the analysis of data, employing BMDP statistical software (1983) to perform the t-test.

CHAPTER 4

RESULTS

The first section of this chapter describes the characteristics of the parents and children involved in the study, and the second section focuses on the comparison of the composite child abuse scores and the factor scale scores.

As seen in Table 2, the average age of the parents surveyed in the CDD group was 33 years with a standard deviation of 7.07. Of the 19 parents who participated in the study, three withheld their ages. The ages ranged from 23 to 44. The average age of the Lebonheur parents was 26 years with a standard deviation of 9.48. All ten of the parents surveyed reported their age. The youngest parent was 18 and the oldest was 49 years.

Out of all the parents surveyed, only two participants (10.5%) were male. One member of the CDD group was male and one member of the Lebonheur group was male. The remaining participants (89.5%) (N=18 for CDD and N=9 for Lebonheur), were all females.

Fifteen (78.9%) of the CDD parents indicated their race as black and four (21.1%) as white. Seven (70%) of the Lebonheur parents were black and the remaining three (30%) were white. None of the participants chose any other category of race.

When asked to indicate their current marital status, eight (42%) participants of the CDD group reported that they were presently married; nine (47.3%) indicated that they were single. One parent (5.3%) was widowed and another one (5.3%) reported to be currently separated. None of the CDD parents reported to be divorced. Four (40%) of the Lebonheur participants reported that they were married. Four (40%) indicated that they were single. One parent (10%) was divorced and one (10%) was separated. None of the Lebonheur parents reported to be widowed.

TABLE 2
Selected Characteristics of Parents and Their Children

Characteristics		CDD	Lebonheur
<u>Parents</u>			
Age*	Mean	33.00	26.20
	SD	7.07	9.48
Sex (f;%)	Male	1 (5.3%)	1 (10%)
	Female	18 (94.7%)	9 (90%)
Race (f;%)	Black	15 (78.9%)	7 (70%)
	White	4 (21.1%)	3 (30%)
Marital Status (f;%)	Married	8 (42.1%)	4 (40%)
	Single	9 (47.3%)	4 (40%)
	Divorced	0 (0.0%)	1 (10%)
	Widowed	1 (5.3%)	0 (0%)
	Separated	1 (5.3%)	1 (10%)
Number of Children	Mean	2.53	1.70
	SD	1.58	0.82
Years of Education*	Mean	12.63	10.30
	SD	2.25	3.23

TABLE 2, CONTINUED

Characteristics		CDD	Lebonheur
Parental Status (f;%)	Biological parent	18 (94.7%)	10 (10%)
	Legal guardian	1 (5.3%)	0 (0%)
Yearly Income (f;%)	Under \$10,000	11 (57.9%)	8 (80%)
	\$10,000 - \$20,000	4 (21.1%)	2 (20%)
	Above \$20,000	4 (21.1%)	0 (0%)
<u>Children</u>			
Age*	Mean	5.68	2.00
	SD	3.33	1.05
Sex (f;%)	Male	15 (78.9%)	6 (60%)
	Female	4 (21.1%)	4 (40%)
Level of Mental Retardation (f;%)	Mild	11 (57.9%)	
	Moderate	6 (31.6%)	
	Severe	2 (10.5%)	
	Profound	0 (0.0%)	

*Although the differences were studied primarily from a descriptive point of view, on three of these characteristics (parent age, years of education, and child's age), there were significant differences between CDD and Lebonheur parents. They are noted here with a t-test result of 2.09 at $\alpha = 0.05$ and with $df = 24$ for the variable of parent age, with a t-test result of 2.17 at $\alpha = 0.05$ and with $df = 24$, for parent's education, and, $t = 3.38$ at $\alpha = 0.05$ and with $df = 27$ for the age of the child.

"(f;%)" stands for frequency and percentage.

Characteristics of Parents

The CDD parents had an average of 2.5 children (standard deviation 1.6). The highest number of children in any of the CDD families was six and the lowest number was one. The average number of children in the Lebonheur families was 1.7 with a standard deviation of 0.8. The highest number of children reported was three and the lowest number was one.

The average years of education for the 16 CDD parents who reported this information was 12.63 years with a standard deviation of 2.2. The most years of education any parent reported was 16 years. The least educated CDD parent had 8 years. Of the 16, 13 indicated that they had had at least a 12th grade education. The 10 Lebonheur parents studied had an average of 10.3 years of education with a standard deviation of 3.23. The parent with the most education had 13 years of schooling and the parent with the least education had 2 years. Out of the 10 Lebonheur parents, 6 reported that they had had a high school education.

Eighteen (94%) of the CDD participants responding to the survey were the biological parents of the mentally retarded child. One parent (5.3%) was the legal guardian of the child. All 10 Lebonheur participants (100%) were the biological parents of the child.

Eleven (57.9%) of the CDD parents reported a yearly income of under \$10,000.00. Four (21.1%) indicated their income as being between \$10,000.00 and \$20,000.00 per year. Four (21.1%) of the participants reported an annual income of above \$20,000.00. Eight (80%) of the Lebonheur parents reported their incomes to be below \$10,000.00. The two (20%) remaining parents reported a yearly income between \$10,000.00 and \$20,000.00.

Characteristics of Children

The mean age of the children being served by CDD was 5.7 years with a standard deviation of 3.3. The youngest CDD child was 2 and the oldest was 17 years of age. The

average age of the Lebonheur child was 2 years with a standard deviation of 1.1. The youngest child was 1 and the oldest was 4 years old.

Fifteen (78.9%) of the CDD children examined were male. The remaining four (21.1%) children were female. The Lebonheur group of children studied consisted of six males (60%) and four (40%) females.

Finally, the CDD children's levels of mental retardation were examined. Eleven (57.9%) were diagnosed with mild mental retardation, six (31.6%) had moderate mental retardation, and two (10.5%) had severe mental retardation. None of the CDD children included in this study was diagnosed with profound mental retardation.

Hypothesis Testing

The following section is devoted to the results of the testing the hypotheses, which were: 1) There is a statistical significant relationship between the level of physical abuse potential of parents, and whether or not the child is mentally retarded, and, 2) The potential for abuse is higher in parents who have children with mental retardation than in parents of non-mentally retarded children.

The mean composite child abuse potential score for CDD parents was 174.26 with a standard deviation of 99.78. Lebonheur parents had a mean score of 141.80 on this scale with a standard deviation of 81.14 (Table 3). Although the CDD parents' mean was numerically higher, neither of the groups mean scores represented an elevated abuse potential score. The t-test revealed a score of 0.94 at the $\alpha = 0.3554$ and with $df = 27$ which indicated no significant difference between the two groups. Therefore, neither of the hypotheses tested was supported.

Factor Scales Comparisons

This section is devoted to the reporting of the comparative scores on the six factor scale items: distress, rigidity, unhappiness, problems with child and self, problems with

family, and problems from others, and on the two special scales of ego-strength and loneliness (Table 3).

1. Distress: CDD's group had a mean score of 99.53 with a standard deviation of 69.4329. Lebonheur's group mean was 78.40 with a standard deviation of 65.51. The t-test indicated no difference ($t = 0.79$, $\alpha = 0.4344$ and with $df = 27$).

2. Rigidity: CDD parents had a mean score of 22.68. The standard deviation was 15.59. The Lebonheur group mean was 29.50 with a standard deviation of 13.75. T-test indicated no significant difference ($t = -1.16$, $\alpha = 0.2550$ and with $df = 27$).

3. Unhappiness: parents in the CDD group had a mean score of 13.37, with a standard deviation of 11.66. The mean score for Lebonheur parents was 10.10 with a standard deviation of 8.75. The t-test found no significant difference between the groups ($t = 0.78$, $\alpha = 0.4443$ and $df = 27$).

4. Problems with Child and Self: CDD parents had a mean score of 16.47. The standard deviation was 4.91. Lebonheur parents had an overall mean score of 4.30 with a standard deviation of 4.52. The t-test indicated a significant difference between the CDD and Lebonheur groups, with $t = 6.51$, $\alpha = 0.0000$ and $df = 27$.

5. Problems with Family: CDD parents had a mean score of 9.21 and a standard deviation of 11.48. The Lebonheur group mean was 5.80 with a standard deviation of 7.70. The t-test again indicated no significant difference ($t = 0.84$, $\alpha = 0.4075$ and with $df = 27$).

6. Problems From Others: The mean score for CDD parents was 12.47. The standard deviation was 7.93. Lebonheur respondents had a mean score of 13.90 with a standard deviation of 7.62. The t-test indicated no significant difference ($t = 0.47$, $\alpha = 0.6446$ and with $df = 27$).

Special Scales

Ego-Strength: the CDD population had a mean score of 22.95 with a standard deviation of 10.06. Lebonheur parents had a mean score of 27.10 with a standard deviation of 9.18. The t-test showed no significant difference ($t = -1.09$, $\alpha = 0.2867$ and with $df = 27$).

Loneliness: CDD parents had a mean score of 6.68 with a standard deviation of 4.15. Lebonheur's group mean was 5.00 with a standard deviation of 2.83. The t-test, again, indicated no significant difference ($t = 1.15$, $\alpha = 0.2619$ and with $df = 27$).

In addition to the above analyses, a comparison was also attempted between the profile of "actual child abuser" parents as derived from the literature and the profile of "potential child abuser" parents as observed in this study. Although few demographic characteristics of parents could be compared, it was found that the CDD group of parents resembled the actual abuser profile in terms of their overall low socioeconomic status as evidenced by the majority (57.9%) of parents earning an annual income of under \$10,000.00. The majority number (89.4%) of parents were biological mothers. There is no evidence as to whether or not these parents were abused as children or whether or not they are socially isolated. The average age of the CDD parent was 33 years which may or may not be viewed in the literature as being young. In this study, the majority of the CDD parents (78.9%) were black. The stress of having a child with mental retardation can also be viewed as a factor contributing to the potentiality of abuse. Most of the CDD parents viewed their child in a negative manner as evidenced by the elevated scores on the problems with child and self scale. This scale assesses if a parent tends to view his/her child negatively. Overall it appears that the CDD parents resemble actual abusers in terms of the above mentioned characteristics. In this group 8 out of the 19 parents went beyond the cut-off score of 215 for abuse potential.

Lebonheur parents were found to be similar to actual abusers in terms of their overall low socioeconomic status as evidenced by 8 (80%) of the participants indicating an annual

income under \$10,000.00. Another resemblance is that 9 (90%) of the participants were the biological mothers. The Lebonheur population had a high number of black participants (70%) in the sample. Again, there is no evidence as to whether or not this group of parents were abused as children or socially isolated. The Lebonheur parents had an average age of 26.2 years which is probably considered to be young in terms of the literature reviewed. In this group, 2 out of 10 parents went above the cut-off score of 215 for abuse potential (Table 3).

It should be noted here, however, that to the knowledge of the researcher and staff members at both the institutions, none of the parents included in study in both CDD and Lebonheur groups had been abusers (there has been no information in the patient charts, and nothing had been indicated by the professional staff).

TABLE 3

Comparisons of CDD and Lebonheur Parents in terms of their child abuse potential and other related factors through t-tests.

Scale	CDD		Lebonheur		t	p
	Mean	SD	Mean	SD		
Composite	174.26	91.78	141.80	81.14	0.94	0.3554
Distress	99.53	69.43	78.40	65.51	0.79	0.4344
Rigidity	22.68	15.59	29.50	13.75	-1.16	0.2550
Unhappiness	13.37	11.66	10.10	8.75	0.78	0.4443
Problems with:						
Child/Self	16.47	4.91	4.30	4.52	6.51	0.0000*
Family	9.21	11.48	5.80	7.70	0.84	0.4075
Others	12.47	7.93	13.90	7.62	-0.47	0.6446
Ego-strength	22.95	10.06	27.10	9.18	-1.09	0.2867
Loneliness	6.68	4.15	5.00	2.83	1.15	0.2619

* $p < 0.00001$

Note: Since the two groups of parents were not with equal numbers of participants, the assumption of the homogeneity (equality) of variance was also tested and was found to be valid thus enabling the researchers to proceed with the regular t-test.

CHAPTER 5

DISCUSSION OF RESULTS

Both CDD and Lebonheur parents appeared very similar, with no significant differences on the variables of parent's sex, race, parental status, marital status, number of children, income and child's sex. As discussed earlier, the majority of the CDD participants were female (18 of 19). Fifteen out of nineteen were black. Eighteen were the biological parents and one was a legal guardian. Eight parents were married; nine were single; one was widowed; and one was separated. The average number of children was 2.5. Eleven parents had a yearly income under \$10,000.00; four reported it to be between \$10,000.00 and \$20,000.00; and four participants reported it to be above \$20,000.00. Fifteen of the children were male and the remaining four were female. Eleven were diagnosed with mild retardation; 6 with moderate; 2 with severe; and 0 with profound.

As also discussed earlier, nine out of ten of the Lebonheur participants were female. Seven parents were black and three were white. All ten of the participants were the biological parents. Four were married; four were single; one was separated; and one was divorced. The average number of children was 1.7. Eight out of the ten parents reported a yearly income of under \$10,000.00. The remaining two reported an income between \$10,000.00 and \$20,000.00 per year. Six of the children were male and four were female.

On the variables of parent age, educational level, and mean age of children, these two groups differed significantly as shown in Table 2. CDD parents were significantly older than Lebonheur parents. The standard deviations were 7.07 and 9.48 indicating higher heterogeneity within the Lebonheur group. As for educational level, CDD parents had a higher mean educational level than the Lebonheur group. Interestingly, however, standard deviation of the Lebonheur group was higher indicating heterogeneity within the group. On the variable of the age of the child, the CDD parents tended to have older children than the Lebonheur parents. The CDD parent's children had a much higher standard deviation

score indicating a great deal of heterogeneity of age in this group (children coming from a variety of ages).

To summarize, however, for overall comparison purposes, in terms of demographic data, CDD and Lebonheur groups appear to be reasonably alike.

The two hypotheses that were tested 1) There is a statistically significant relationship between the level of physical abuse potential of parents, and whether or not the child is mentally retarded. 2) The potential for abuse is higher in parents who have children with mental retardation than in parents of non-mentally retarded children were not supported by this study. Although the mean composite child abuse potential score for CDD parents which was 174.26 was actually higher than the mean score for Lebonheur parents which was 141.80, when statistically comparing the two group means, no significant difference was found in the abuse potential in parents who have mentally retarded children and in parents who have non-mentally retarded children. This particular finding might lead one to say that if and when child abuse takes place, one cannot predict whether the parent with a child with mental retardation or the parent with a normally functioning child is more likely to abuse. These findings differ from the literature reviewed for this study. Previous studies have indicated that mentally retarded children are more susceptible to abuse by their parents. This study, however, did not find this to be the case when comparing the two groups.

Further, within-group descriptive analysis suggested however, that within the groups themselves, the CDD parents showed higher potential to abuse their children. Although the mean child abuse potential score for the CDD group was not elevated ("elevated" meant being above the cut-off point of 215) it is important to note that eight out of the nineteen parents who participated had individual overall scores elevated beyond the cut-off score. Where as the Lebonheur group only had two out of ten parent participants with abuse potential scores elevated beyond the stated cut-off point. Although the two groups did not

differ on the overall scale, this observation, in and of itself, might be used as a cautionary sign by the professionals dealing with the parents of retarded children.

As indicated in the results section, the "problems with child and self" factor revealed a significant difference between the two groups. All nineteen CDD participants had a score elevated beyond the cut-off score of 11. None of the Lebonheur participants had elevated scores on this factor scale, and this situation contributed to a statistically significant difference between the two groups. Professionals working in the area of both child abuse and mentally retarded children, in one of the agencies (Center for Developmental Disabilities), where the study was partially conducted made the assumption, based on their clinical observations, that the CDD parents would have elevated scores on this particular scale (Gentry and Lozano, 1991). In addition, the literature discussed that parents who have children with mental retardation often view their children as being different (Zirpoli, 1986). The overall picture given in the literature review is that parents who have children with special needs view them negatively. This point in the literature is supported by the finding of the elevated scores in the CDD parent group on the "problems with child and self" scale based on Milner's interpretation that an elevated score on this scale reveals that the respondent views his/her child negatively. However, it is important to note that the elevated scores by CDD parents on this factor scale may not necessarily mean that they view their child in a negative manner. They, in fact, may be responding to the particular items (such as: I have a child who is clumsy and I have a child who is slow) accurately. This is indeed something that professionals working with parents of mentally retarded children should be aware of.

In addition, parents from both groups resembled the profile of an "actual abuser" in terms of various demographic characteristics. Professionals should be even more concerned when a parent possessing these similar characteristics scores high (above the cut off of 215) on the overall abuse potential scale.

CHAPTER 6

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This study attempted to contribute new knowledge to the existing body of information concerning the relationship between mental retardation in children and their parents' physical abuse potential. The majority of studies conducted in this area have dealt with actual abusers and their abused children. The focus of this study was a systematic method to measure a parent's potential for abuse using the CAP inventory and the descriptive characteristics of currently non-abusing parents. It was found that there was not a significant relationship between the level of parental child abuse potential and having a child with mental retardation in the small groups studied. The findings did not indicate a significant difference in abuse potential between parents of children with mental retardation and parents of non-retarded children. The findings did reveal, however, that the CDD parent group had a significantly elevated average score (16.47) on the factor scale of "problems with child and self" when compared with Lebonheur parents (mean score of 4.30). All 19 CDD parents had elevated scores on this scale, which according to Milner, indicates that they have a negative perception of their child. As mentioned earlier, it should be noted that this group of parents could have very well been responding to items contained in this scale accurately which would not necessarily indicate a negative perception of their child. Since literature suggests, however, that parents tend to view children with special problems negatively, the above-mentioned findings should serve as a warning signal to professionals working with parents of mentally retarded children. This finding also implies a need for support services for these parents to help them deal with any negative feelings they may be experiencing.

Because of the high proportion of CDD parents (8 of 19) who had elevated composite child abuse potential scores, professionals working in similar agencies may want to conduct a similar study. Although the CDD parent's mean score was not elevated, the

number of participants with scores beyond the cut-off point should cause some concern. This information in combination with the significantly elevated score on the "problems with the child and self" scale strongly implies a need for further research. CDD professionals intend to continue this study by following up and expanding on the existing data because of the unfortunately low number of parents in both of the final samples.

As discussed earlier, both groups of parents resemble "actual" abusers in several areas. Individuals possessing some of these characteristics in combination with an elevated abuse potential score should be intervened with. Prevention programs dealing with potential abusers might be implemented. Professionals implementing these programs may then conduct future studies to determine if the programs decrease the parent's potential to abuse. Another implication for further research would be to look more specifically at the profile of characteristics of "actual abusers" parents with mentally retarded children and compare them to "potential abuser" parents of children with mental retardation.

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APPENDIXES

APPENDIX A

CAP INVENTORY FORM VI

Jose B. Miner, Ph.D.
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Name: _____ Date: _____ ID#: _____
Age: _____ Gender: Male _____ Female _____ Marital Status: Sin _____ Mar _____ Sep _____ Div _____ Wid _____
Race: Black _____ White _____ Hispanic _____ Am. Indian _____ Number of children in home _____
Other (specify) _____ Highest grade completed _____

INSTRUCTIONS: The following questionnaire includes a series of statements which may be applied to yourself. Read each of the statements and determine if you **AGREE** or **DISAGREE** with the statement. If you agree with a statement, circle **A** for agree. If you disagree with a statement, circle **DA** for disagree. Be honest when giving your answers. Remember to read each statement; it is important not to skip any statement.

●○○○

- | | | |
|---|---|----|
| 1. I never feel sorry for others | A | DA |
| 2. I enjoy having pets | A | DA |
| 3. I have always been strong and healthy | A | DA |
| 4. I like most people | A | DA |
| 5. I am a confused person | A | DA |
| 6. I do not trust most people | A | DA |
| 7. People expect too much from me | A | DA |
| 8. Children should never be bad | A | DA |
| 9. I am often mixed up | A | DA |
| 10. Spanking that only bruises a child is okay | A | DA |
| 11. I always try to check on my child when it's crying | A | DA |
| 12. I sometimes act without thinking | A | DA |
| 13. You cannot depend on others | A | DA |
| 14. I am a happy person | A | DA |
| 15. I like to do things with my family | A | DA |
| 16. Teenage girls need to be protected | A | DA |
| 17. I am often angry inside | A | DA |
| 18. Sometimes I feel all alone in the world | A | DA |
| 19. Everything in a home should always be in its place | A | DA |
| 20. I sometimes worry that I cannot meet the needs of a child | A | DA |
| 21. Knives are dangerous for children | A | DA |
| 22. I often feel rejected | A | DA |
| 23. I am often lonely inside | A | DA |
| 24. Little boys should never learn sissy games | A | DA |
| 25. I often feel very frustrated | A | DA |

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26.	Children should never disobey	A	DA
27.	I love all children	A	DA
28.	Sometimes I fear that I will lose control of myself	A	DA
29.	I sometimes wish that my father would have loved me more	A	DA
30.	I have a child who is clumsy	A	DA
31.	I know what is the right and wrong way to act	A	DA
32.	My telephone number is unlisted	A	DA
33.	The birth of a child will usually cause problems in a marriage	A	DA
34.	I am always a good person	A	DA
35.	I never worry about my health	A	DA
36.	I sometimes worry that I will not have enough to eat	A	DA
37.	I have never wanted to hurt someone else	A	DA
38.	I am an unlucky person	A	DA
39.	I am usually a quiet person	A	DA
40.	Children are pests	A	DA
41.	Things have usually gone against me in life	A	DA
42.	Picking up a baby whenever he cries spoils him	A	DA
43.	I sometimes am very quiet	A	DA
44.	I sometimes lose my temper	A	DA
45.	I have a child who is bad	A	DA
46.	I sometimes think of myself first	A	DA
47.	I sometimes feel worthless	A	DA
48.	My parents did not really care about me	A	DA
49.	I am sometimes very sad	A	DA
50.	Children are really little adults	A	DA
51.	I have a child who breaks things	A	DA
52.	I often feel worried	A	DA
53.	It is okay to let a child stay in dirty diapers for a while	A	DA
54.	A child should never talk back	A	DA
55.	Sometimes my behavior is childish	A	DA
56.	I am often easily upset	A	DA
57.	Sometimes I have bad thoughts	A	DA
58.	Everyone must think of himself first	A	DA
59.	A crying child will never be happy	A	DA
60.	I have never hated another person	A	DA
61.	Children should not learn how to swim	A	DA
62.	I always do what is right	A	DA
63.	I am often worried inside	A	DA
64.	I have a child who is sick a lot	A	DA
65.	Sometimes I do not like the way I act	A	DA
66.	I sometimes fail to keep all of my promises	A	DA
67.	People have caused me a lot of pain	A	DA
68.	Children should stay clean	A	DA
69.	I have a child who gets into trouble a lot	A	DA
70.	I never get mad at others	A	DA

71.	I always get along with others	A	DA
72.	I often think about what I have to do	A	DA
73.	I find it hard to relax	A	DA
74.	These days a person doesn't really know on whom one can count	A	DA
75.	My life is happy	A	DA
76.	I have a physical handicap	A	DA
77.	Children should have play clothes and good clothes	A	DA
78.	Other people do not understand how I feel	A	DA
79.	A five year old who wets his bed is bad	A	DA
80.	Children should be quiet and listen	A	DA
81.	I have several close friends in my neighborhood	A	DA
82.	The school is primarily responsible for educating the child	A	DA
83.	My family fights a lot	A	DA
84.	I have headaches	A	DA
85.	As a child I was abused	A	DA
86.	Spanking is the best punishment	A	DA
87.	I do not like to be touched by others	A	DA
88.	People who ask for help are weak	A	DA
89.	Children should be washed before bed	A	DA
90.	I do not laugh very much	A	DA
91.	I have several close friends	A	DA
92.	People should take care of their own needs	A	DA
93.	I have fears no one knows about	A	DA
94.	My family has problems getting along	A	DA
95.	Life often seems useless to me	A	DA
96.	A child should be potty trained by the time he's one year old	A	DA
97.	A child in a mud puddle is a happy sight	A	DA
98.	People do not understand me	A	DA
99.	I often feel worthless	A	DA
100.	Other people have made my life unhappy	A	DA
101.	I am always a kind person	A	DA
102.	Sometimes I do not know why I act as I do	A	DA
103.	I have many personal problems	A	DA
104.	I have a child who often hurts himself	A	DA
105.	I often feel very upset	A	DA
106.	People sometimes take advantage of me	A	DA
107.	My life is good	A	DA
108.	A home should be spotless	A	DA
109.	I am easily upset by my problems	A	DA
110.	I never listen to gossip	A	DA
111.	My parents did not understand me	A	DA
112.	Many things in life make me angry	A	DA
113.	My child has special problems	A	DA
114.	I do not like most children	A	DA
115.	Children should be seen and not heard	A	DA

116.	Most children are alike	A	DA
117.	It is important for children to read	A	DA
118.	I am often depressed	A	DA
119.	Children should occasionally be thoughtful of their parents	A	DA
120.	I am often upset	A	DA
121.	People don't get along with me	A	DA
122.	A good child keeps his toys and clothes neat and orderly	A	DA
123.	Children should always make their parents happy	A	DA
124.	It is natural for a child to sometimes talk back	A	DA
125.	I am never unfair to others	A	DA
126.	Occasionally, I enjoy not having to take care of my child	A	DA
127.	Children should always be neat	A	DA
128.	I have a child who is slow	A	DA
129.	A parent must use punishment if he wants to control a child's behavior	A	DA
130.	Children should never cause trouble	A	DA
131.	I usually punish my child when it is crying	A	DA
132.	A child needs very strict rules	A	DA
133.	Children should never go against their parents' orders	A	DA
134.	I often feel better than others	A	DA
135.	Children sometimes get on my nerves	A	DA
136.	As a child I was often afraid	A	DA
137.	Children should always be quiet and polite	A	DA
138.	I am often upset and do not know why	A	DA
139.	My daily work upsets me	A	DA
140.	I sometimes fear that my children will not love me	A	DA
141.	I have a good sex life	A	DA
142.	I have read articles and books on child rearing	A	DA
143.	I often feel very alone	A	DA
144.	People should not show anger	A	DA
145.	I often feel alone	A	DA
146.	I sometimes say bad words	A	DA
147.	Right now, I am deeply in love	A	DA
148.	My family has many problems	A	DA
149.	I never do anything that is bad for my health	A	DA
150.	I am always happy with what I have	A	DA
151.	Other people have made my life hard	A	DA
152.	I laugh some almost every day	A	DA
153.	I sometimes worry that my needs will not be met	A	DA
154.	I often feel afraid	A	DA
155.	I sometimes act silly	A	DA
156.	A person should keep his business to himself	A	DA
157.	I never raise my voice in anger	A	DA
158.	As a child I was knocked around by my parents	A	DA
159.	I sometimes think of myself before others	A	DA
160.	I always tell the truth	A	DA

APPENDIX B

Ann 9/24

PSYTEC INC.
P.O. Box 564
De KALB, IL 60115 USA

3696

(815) 758-1415

SALESPERSON	DATE OF INVOICE 09/18/91
SHIP TO LARA GONYEA CTR. FOR DEV. DISABILITIES 711 JEFFERSON AVE. MEMPHIS, TN 38105	

ACCOUNT NO.	DATE SHIPPED	SHIPPED VIA	COPIES	F.O.B. POINT	TERMS	YOUR ORDER NUMBER		
	09/18/91	UPS			NET DUE			
QUANTITY	DESCRIPTION						UNIT PRICE	AMOUNT
1	1001	CAP INVENTORY MANUAL				28.00	28.00	
1	1002	CAP INTERPRETIVE MANUAL				18.00	18.00	
2	1013	CAP QUESTIONNAIRE FORM VI, PKG. 100				85.00	170.00	
1	4002	CAPSCORE 2.04, IBM				60.00	60.00	
POSTAGE AND HANDLING							13.80	13.80
AMOUNT PAID CK# 1151							-13.80	-13.80
TOTAL								\$276.00

Thank You

ORIGINAL

APPENDIX C



Office of Institutional Review Board
847 Monroe Avenue, Suite 220
Memphis, Tennessee 38163
(901) 577-4824

November 6, 1991

Lara Gonyea
Boling Center for Development
Social Work
UT Memphis

Dear Ms. Gonyea:

On November 6, 1991 the UT Memphis Administrative Section of the Institutional Review Board reviewed your application entitled "A Comparison Study to Measure Physical Child Abuse Potential in Parents Who Have Children with Mental Retardation and in Parents with Non-Mentally Retarded Children" (IRB # 4326) which includes human subjects and/or tissue for investigative purposes.

The administrative section of the IRB determined your application to fall under the guidelines of exempt review, therefore your application was approved in this regard as complying with proper consideration of the rights and welfare of human subjects, the risk involved and the potential benefits of the study.

Any further alterations in the protocol must be promptly reported and approved by the Institutional Review Board.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'John McCall'.

John McCall, Ph.D.
Vice Chairman
Institutional Review Board

APPENDIX D



Dear Parent,

The University of Tennessee, Boling Center for Developmental Disabilities (CDD) serves a large number of families with various needs. To develop the best possible programs and services, CDD is asking parents to participate in this study.

Your name was chosen from a list of families who have been served at our Center. For the results to be truly representative, it is important that each questionnaire be completed and returned. A postage-paid envelope is enclosed for your convenience.

Let us assure you that your answers will remain completely confidential, and you will never be connected to your responses in any way. The numbers on the questionnaire are for mailing purposes only and will be used to remove your name from the mailing list when your questionnaire is returned.

The results of this research will be used by CDD to evaluate and improve services. Thank you very much. Your help is greatly appreciated.

Sincerely,

Lara Gonyea, MSSW Intern

Alison Lozano, LCSW
Chief of Social Work

Gerald Golden, M.D., Director,
Boling Center for Developmental Disabilities

Enclosure

LG/GG:tlp

PLEASE SEE OTHER SIDE

APPENDIX E

CONSENT FORM

I agree to participate in this study being conducted by Lara Gonyea and Alison Lozano through Boling Center for Developmental Disabilities (CDD). Participants include parents of children seen at LeBonheur and CDD. I understand that all information will be kept confidential and will in no way be connected to my completed survey.

Anonymity will be strongly protected and the completed surveys will not be shared with anyone other than Lara Gonyea or Alison Lozano.

I understand that I am participating voluntarily and can withdraw at any time without penalties. If I choose, I may sign and return this consent form, otherwise, my returning the completed survey indicates my consent.

Signature _____

Date _____

In case of questions, please feel free to contact Lara Gonyea or Alison Lozano at 528-6511.

VITA

Larisa M. Gonyea was born in Gainesville, Florida on August 29, 1968. She attended various schools in Germantown, Tennessee and graduated from Germantown High School in May, 1986. The following August she entered Memphis State University and in May, 1990 received a Bachelor of Arts in Social Work.

She entered the Graduate School at the University of Tennessee, Knoxville, and attended the College of Social Work, Memphis Branch. During her two years there, she worked as a student intern at the UT Boling Center for Developmental Disabilities. She received a Master of Science in Social Work degree in May of 1992.

The author served as the Student Government Association president for the College of Social Work during the 1991-92 academic year. She is also a member of the National Association of Social Workers.