PARENTAL PERCEPTIONS OF ABUSED CHILDREN

THESIS

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By

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Although numerous studies examining variables related to child abuse have been done in recent years, little is known about how abusing parents perceive their abused children's attitudes and behaviors. The present study attempted to examine parental perceptions of personality characteristics of children as a function of whether the parent abused the child. The *Personality Inventory for Children* (PIC) was utilized to obtain parental perceptions of their children's attitudes and behaviors. Twenty parents consisting of 10 abusers and 10 nonabusers were contacted through social agencies. Parents and children were matched for age, sex, and race. Of the 16 personality variables studied, only one significantly differentiated the two groups. Abused children were perceived as significantly more withdrawn than the non-abused matched sample. Results of this study suggest that various personality types are involved in the abusive cycle. Further research is needed to explore this promising area.
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PARENTAL PERCEPTIONS OF ABUSED CHILDREN

Recent findings indicate that mistreatment of children is rampant in this society. In Nagi's (1977) survey of community agencies, an estimated 167,000 annual cases were reported and an additional 91,000 unreported cases were suspected. Kempe and Helfer (1972) identified 60,000 child abuse cases of actual reports in Denver and New York. More children die each year from child abuse than any other cause including disease or accidents. It is estimated that two to 15 children die each day from physical abuse, and even more are permanently handicapped as a result of being abused. According to O'Brien (1979), at least 12 children are brain damaged each day as a result of some sort of abuse.

According to Kempe and Helfer (1980), other children often develop severe psychological problems resulting in permanent developmental and personality defects. Delays in physical, neurological, intellectual, cognitive, speech, language, and psycho-social development account for some psychological effects, as well as problems in learning, and behavior.

Opinions about the frequency and consequences of child abuse vary among authors due to differences in definitions of exactly what constitutes abuse or the type of abuse being referred to. Several different types of child abuse have
been proposed including physical abuse, physical neglect, emotional abuse, emotional neglect, verbal abuse, and sexual abuse. Physical abuse is generally defined as the intentional, unaccidental use of physical force or omission on the part of a parent or other caretaker interacting with a child in his care aimed at hurting, injuring, or destroying that child. According to Welner, Welner, and Robins (1977), this definition is limited when attempting to distinguish "accidental" from "intentional." There are no reliable methods to separate the two entities.

It is evident that some form of violence against children is institutionalized, that is, expected within the American culture. More parents readily rely on some form of physical punishment as a means of controlling their children. Erlanger (1974) states that between 84% and 94% of all parents use some kind of physical punishment against their children at some time during the childrearing relationship. In this sense, it becomes confusing to determine when physical punishment becomes physical abuse.

Gelles and Straus's (1974) nationwide survey on child abuse found milder forms of violence are more prevalent. Fifty-eight percent of the parents used some kind of violence toward their children during the survey year, and 71% of the parents had done so at one time. Gelles and Straus approximate that three children in 100 were kicked, bitten, or punched during the survey year. Additionally, eight children
in 100 had been kicked, bitten, or punched at least once during their lives. One child in 1,000 had been threatened by a gun or knife by a parent during the survey year, and nearly three in 100 were threatened by such weapons at least once in their lifetimes. The same proportion holds for children whose parents actually used a weapon.

Without better prevention and treatment methods, Helfer (1976) predicts that within the next ten years, millions of child abuse cases will be reported. This includes 50,000 deaths and 30,000 permanently injured children. Present methods of alleviating child abuse have proven inadequate at eliminating a growing social problem.

The current models explaining child abuse, medical, psychiatric, behavioral, and sociological models, have not led to effective treatment strategies. Research focusing on the parents, child, and the dysfunctional interactions between the two is necessary to fully understand this complex social problem. The present study is designed to assess personality characteristics of abused children that may play a critical role in the abusive cycle. First, popular models and treatment strategies will be reviewed. Also, a brief discussion of the current knowledge of the role of the child precedes the research question and hypothesis of this study.

Review of Models

Medical Model. Kempe (1962) coined the term "battered child syndrome" to characterize the clinical condition of
young children who had received serious physical abuse. A child is considered to be suffering from this syndrome when he/she exhibits injuries such as fractured bones, subdural hematoma, multiple soft tissue injuries, malnutrition, or poor skin hygiene. Battered child syndrome is also suspected when there is a discrepancy between social, psychological, medical, and family histories supplied by parents and clinical findings. Although the battered child syndrome occurs at any age, the children affected most are usually under three years of age. The physician's responsibility includes early identification and diagnosis, treatment, prediction, prevention, or placement of the child.

Smith (1978) reported the incidence of physical injuries accrued by victims of child abuse. He stated that over 90% of the abused children had skin injuries, 46% had fractures which were often clinically undetected, and 28.7% had subdural hematoma. Thirty percent were permanently brain damaged and 10.3% of the cases resulted in death either from the first injury or subsequent injuries.

Studies by Klaus and Kennell (1979) signifies the importance of maternal-infant bonding and its effects on subsequent parent-child interactions. Maternal-infant bonding emphasizes the importance of close proximity of the mother and infant after labor. Accordingly, there appears to be a sensitive period for maternal bonding during the hours immediately following birth. The authors postulate
that endocrine changes may be responsible for the mother's ability to bond, empathize and nurture the child. Significant disruptions in this bonding process creates a situation of risk for future abuse for the child.

Support for the findings of Klaus and Kennell are provided by Lynch (1975). She compared abused children with their nonabused siblings. Her findings included the frequency of maternal-infant separations during the first six months among abused children. Lynch demonstrated that the parents in her sample were able to parent well when elements interfering with maternal-infant bonding and attachment were not present.

There are several limitations with the medical model. This model does not offer a sufficient formulation of the syndrome. Its major thrust is on detection with subsequent referral to the appropriate social agency. In actuality, the medical model's attempt at explanation (Klaus & Kennell, 1979) has not been vigorously researched. Social agencies gain little valuable information pertinent to psychological strategies from the medical model. Another criticism of the medical model is its emphasis on the child below the age of three. Since the younger child is more vulnerable to physical damage, they are generally overrepresented in this model, to the exclusion of the older child.

**Psychiatric Model.** The psychiatric model focuses on emotional and personality deficits within the abuser to
explain child abuse. A leading proponent of this model is Merrill (1962). He concluded that the characteristics most prevalent among abusers are: hostility and aggression, compulsiveness and lack of warmth, passivity and interpersonal dependence.

Blumberg (1979) states that abusive parents suffer a low self-esteem coupled with low frustration tolerance. Accordingly these factors lead to isolation in the parent, creating conditions of mistrust and poor social adjustment. Under such isolated conditions, a parent with abusive propensities is more likely to strike out against a child instead of turning to others for support. These individuals were diagnosed as having passive aggressive character disorders.

Some parents rely on the child to gratify dependency needs unsatisfied in their present relationships (Green, Gaines, & Sandgrund, 1974). They found role reversal to be the most prevalent feature in the maladaptive parent-child relationships. Parents tended to perceive many negative characteristics in the child which were derived from their own experiences. When such expectations are unmet, the parent is more likely to abuse the child.

This model concentrates heavily on parental defects. It appears limited in that it ignores or underrates other factors such as psycho-social stress factors or the complex interactions between stress and personality characteristics.
The model does provide for the development of psychological treatment. Unfortunately, long term psychotherapy is usually recommended.

**Behavioral Model.** Theorists within the behavioral model maintain that child abuse is similar to other child and family problems (Hutchings, 1979; McAuley & McAuley, 1977). According to them, abusive behavior is being maintained by reinforcement contingencies. The contingencies develop from a lack of alternative responses, a rigid cognitive set, or a reinforcing state of affairs, usually tension reduction.

In their research, Dubanoski, Evans, and Higuchi (1978) defined five factors which pertain to child abuse. The first two are specific to child abuse, and the remaining three are likely to underlie and provoke abuse:

1. Lack of management skills and lack of knowledge about normal developmental processes. This suggests that many abusers lack knowledge of techniques designed to increase a child's prosocial behaviors and decrease undesirable ones.

2. Punitive Discipline. Societal expressions such as "spare the rod--spoil the child" suggest that punishment is enmeshed in the cultural values of our society as a means of control for parents.

3. Impulsive Aggression. Expressive acts by the parent may be triggered by the child's behavior.

4. High Levels of Stress. These factors include unemployment, low income, and social isolation.
5. Negative attitudes towards the child or dislike of the child. The child may elicit a negative emotional response which may lead to parental avoidance.

Dubanoski et al., describe specific factors likely to perpetuate child abuse. Many of these factors can be easily treated with the application of certain treatment strategies. From the behavioral viewpoint, the elimination of child abuse would require: 1) a functional analysis of the abusive behavior, 2) identification and modification of operating contingencies, 3) skills development, and 4) stress reduction.

The behavioral model is limited in that its major emphasis is on parental behavioral patterns and attitudes. Little attention is focused on the child and his/her interactions with the parent.

Sociological Model. The sociological model maintains that societal pressures such as cultural attitudes toward violence, unemployment, unwanted pregnancies, and pressures in the economic condition are responsible for child maltreatment. In Gelles (1973) analysis of child abuse, he points out three aspects of abuse. Among these are the situational properties of the abusive act such as job pressures. Accordingly such societal pressures can create an atmosphere where child abuse is likely to occur.

Another factor which determines the family's adaptation for handling stress is the parent's childhood socialization. Parents raised in abusive situations where physical force
and violence were used may be unfamiliar with more appropriate methods of child rearing. These parents are prone to rely upon similar methods of physical force in dealing with their children. In support of this, Gil's (1970) nationwide survey found that 11% of parents who abused their children were abused during their childhood.

An appreciation for social conditions is essential for an understanding of the problem. A systems approach appears promising. In many instances, caseworkers attempt to educate clients to the system. The goal is generally to teach clients how to work with the social system which will relieve stress and hopefully decrease abuse.

**Review of Treatment Strategies**

Numerous treatment strategies have emerged. There appears to be, however, a lack of an effective comprehensive program. This may be due to the magnitude and growth of the problem.

**Medical Model.** In the medical model, the primary treatment goal is diagnosis and immediate intervention and treatment for the child's physical injuries. This includes a complete assessment of the child's medical history, physical examination, and photographs of the injury. The physician's concern is prevention of further maltreatment and the arrangement of referral sources for the child and parent.

It has been postulated that some adult patients, threatened by the possibility of committing child abuse, develop
acute functional symptoms which result in their signaling for help and entry into the health care system (Mogielnicki, Mogielnicki, Chander, & Weissberg, 1977). They suggest that data be gathered on emotional and behavioral areas that have been found related to abuse such as the appropriateness of the parent's expectations of the child, the parent's relationship to each other, parent's childhood experience, and available support systems.

This approach is essential in the treatment of the child's physical injuries, and subsequent referrals to appropriate social agencies. It is limited, however, in that psychological focuses are seldom thoroughly addressed.

Psychiatric Model. The common treatment methodology within the psychiatric model is long term psychotherapy. This technique assumes that emotional disturbances are responsible for the abuser's aggressive behavior, and through insight, this behavior can be alleviated.

Transactional Analysis has proven successful in helping abusive parents (Justice & Justice, 1975). The major goal of therapy is to break the destructive symbiosis between the parents and between the parent and child.

Another therapy mode within this model is the employment of lay therapists to function as a friend to the abuser and provide emotional support. Self help groups such as Parent's Anonymous also provide ego strength from the group interaction process (Belsky, 1978). Huner and Kilstrom (1979) found that
abusive parents despite histories of abuse within their own childhood succeeded in breaking the abusive cycle through the help of family support.

A major problem with these treatments is compliance. It generally requires several months of treatment before a positive effect is noted. Clients tend to drop-out prematurely. As a result the abuse is likely to continue.

**Behavioral Model.** The behavioral treatment strategies suggest teaching techniques on child management with an emphasis on extinction and positive reinforcement. Methods for eliminating a child's undesirable behaviors, such as response cost strategies and time-out are encouraged.

Wolfe, Sandler, and Kaufman (1981) devised a treatment program involving group parent training. They found that abusive parents trained in child management and self control techniques resulted in improvement in parenting skills and the elimination of abusive behaviors.

Crozier (1979) utilized social learning principles focused on providing improved child management skills. This approach showed a large reduction in aversive parent and child behaviors. The behavioral treatment strategies appear to offer the greatest results and the more lasting effects. They are limited, however, in that the treatments are usually designed for the abuser. There are no attempts made to change maladaptive behavioral patterns in the child.
Sociological Model. Sociological perspectives suggest that for incidents of abuse to decrease, the social conditions that foster abuse must be altered. Gil (1970) argues that only a restructuring of American Society can be effective in coping with the problem such as the elimination of poverty and comprehensive health care and social services. Garbarino (1976) believes that more child care networks should be established. Belsky (1978) recommends that socialization for parenthood begin early in life. Programs for school age children and teenagers should be developed that would give them experience in caring after young children.

The establishment of preschool and day care centers provide daily treatment to children while relieving parental stress by removing a child from the home a few hours a day. Crisis nurseries provide emergency relief for parents in times of stress. They serve as a safe refuge for a child and help parents learn to utilize other people and recognize when crisis care is needed. Crisis nursery programs are designed to identify a child's problems so that appropriate intervention can be implemented (Belsky, 1978).

The sociological strategies would be beneficial in conjunction with individual treatment programs for the child and the parent. It is possible that the child is exhibiting behavior that the parent perceives as undesirable. This behavior can be modified to create a more functional system.
Role of the Child

The focus on child abuse has primarily been upon children under the age of three. It is felt that these children are more vulnerable to abuse, and are more likely to incur a greater amount of physical damage due to their inability to defend themselves. Gil (1970), however, contends that younger children are overrepresented in an abuse studies since most of these studies are hospital-based studies of emergency rooms. These children are more seriously abused and in need of medical attention. In his nationwide study utilizing reported incidences of abuse, he discovered that over three-quarters of the children were over the age of two, and almost one-half were older than six years. He also found that about one-fifth were teenagers. Consequently, many abused children are older, and are therefore more likely to play a role in their abuse.

In their examination of the role children play in their maltreatment, Friedrick and Boriskin (1976) identified several types of children who provoked parental stress reactions sufficient enough to increase the probability of abuse. These factors include genetic contributions, parental perceptions, prematurity, mental retardation, and physical handicaps. Genetic contributions include different temperamental types and individual differences present in infants since birth. Thomas, Chess, and Birch (1968) identified three types of children. They are: 1) slow to warm
up children characterized by quiet withdrawal tendencies; 2) easy children characterized by adaptability and a generally positive mood; and 3) difficult children characterized by nonadaptability and negative mood expressions. According to their study, approximately 70% of the difficult children developed behavioral problems.

Parental perceptions also play an important role in abuse. Specific research in this area is lacking. Case studies allude to the possibility that parental perceptions are important variables. Helfer (1973) contends that if a child is perceived by his parents as a special child, the probability for abuse is increased. Additionally, many parents perceive negative characteristics in the child which were derived from their own personality characteristics or experiences. As a consequence, the child is perceived as special and may eventually provoke abuse.

Although current research has not indicated a significant association between prematurity and child abuse, premature infants are considered at risk within the abusive syndrome. In support of this, Lynch (1975) found a significantly higher frequency of serious illness during the first year of life. This suggests that sickly infants, as well as premature infants, who experience prolonged hospital stay, are at greater risk for abuse. This makes it difficult for attachment to occur between the mother and child.
Researchers have also reported a high incidence of mental retardation among battered children. Many battered children are retarded before the abuse, others become retarded as a result of severe abuse. Brandwein (1973) suggested that brain damage resulting from child abuse is a primary factor in the increased frequency of mental retardation. Given other factors such as socioeconomic stress, parental care, parental depravity, differences in reinforcement contingencies, physical damage to the central nervous system from abuse and genetic variables, it is uncertain how much child abuse contributes to the mental retardation.

The National Institution of Mental Health (1974) reported that 29% of the abused children demonstrated abnormal social interactions the year prior to the abusive act. Other studies have shown that inquisitive behavior of children intellectually more competent than their parents are at a risk for abuse. Scapegoating behavior was identified, whereby, some children despite impending danger behave in a manner upsetting to their parents.

Due to individual differences, many children learn to deal with their predicament in various ways such as poor self-esteem, oppositional behavior, hypervigilance, compulsivity, precocious behavior, or withdrawal. Others may display psychophysical symptoms such as enuresis, sleep disturbances, or aggression (Martin & Beezley, 1977). Personality characteristics ascertained from that study were obtained primarily through behavioral observations.
The limitations of the previous studies failed to identify specific personality patterns in abused children. A validated personality assessment instrument was not utilized in Martin and Beezley's study. Another drawback of the study was that their sample was not representative of the abusive population. The children within their study were not severely abused children. Suprisingly, no study has investigated personality types of abused children as perceived by their parents using a validated psychological instrument. A study of parental perceptions of their children's personality is critical if the role of the child is seriously considered as a contributing factor to child abuse.

**Purpose of Study**

The literature contains several theories which attempt to explain the causes of child abuse. Most of these theories emphasize the abuser. Several attempts have been made to identify personality characteristics of abusers and potential abusers (Furlong & Leton, 1977; Merrill, 1962; Milner & Wimberly, 1979; Paulson, Afifi, Chaleff, Thomason, & Lici, 1975). Yet no study has been found which properly accesses the personality of the abused child. Although much of the research points to the physical or behavioral abnormalities in the abused child, it is difficult to establish whether these problems have been the cause or effect of abusive acts. Research in the area of child abuse has not determined why some children are singled out for abuse. Also, it is unclear
whether parents of abused children have different perceptions of their children's attitudes and behaviors than parents of nonabused children. Furthermore, it has not been determined whether abused children with physical and behavioral abnormalities are perceived differently from other abused children. The purpose of this study is to compare the personality profiles of abused and nonabused children.

The purpose of this investigation was to explore whether abusive parents perceive their children differently from nonabusive parents. Perception is defined in this study as the parental beliefs of the child's attitudes and behaviors which make up the child's personality. Perceived personality characteristics of abused children will be identified by parents utilizing the Personality Inventory for Children. The experimenter is aware of possible parental biases which will affect their responses. Validity scales are utilized to test the validity of responses given by parents.

Method

Subjects

Subjects were 20 Black children, 10 abused and 10 non-abused. The subjects were obtained through agencies in Dallas, Denton, and Tarrant counties. Ten parents were contacted through representatives of the agency and were asked to participate in the study voluntarily. Ten nonabusive parents were randomly selected and served as a control group from throughout Denton and Dallas counties.
The mean age for the experimental group was 10.4. The age range for this group was 6-14. The mean age for the control group was 10. Age range for this group was 5-16. There were four females and six males in the experimental group. Five males and five females were in the control group. All of the children in the experimental group were full term babies. Only one child in the control group was considered premature. One parent in the experimental group reported a reading problem for her child. One parent in the control group reported that her child had an allergy. Another parent in that group indicated that her child sucked her thumb.

Mean age for the parents in the experimental group was 30.5. The mean age for the parents in the control group was also 30.5. Five of the parents in the experimental group and six of the parents in the control group were married. One parent in each group was divorced.

Among the parents in the experimental group, three of the mothers had attended college for two years; one mother had attended business school; five mothers and eight fathers were high school graduates; one mother and one father had not graduated from high school. Most of the parents in the experimental group were employed in blue collar occupations. Employment consisted of laborers, painters, cooks, truck driver, school bus driver, day care worker, domester worker, secretaries, salesman, and accountant.
Among the control group, five mothers and four fathers had completed college; three mothers and two fathers had attended but did not complete college; and one mother and two fathers were high school graduates. Employment among the nonabused group included teachers, secretaries, property managers, laborer, oil driller, musician, fireman, and custodians. One nonabusive parent was a full-time college student.

Materials

The Personality Inventory for Children (PIC). The PIC is a 600 item true false questionnaire administered individually in booklet form. It is utilized as an objective measure to attain descriptions of the children's personality on the basis of the parent's knowledge of their children's attitudes and behaviors. Scales include Adjustment, Achievement, Intellectual Screening, Development, Somatic Concern, Depression, Family Relationship, Delinquency, Withdrawal, Anxiety, Psychosis, Hyperactivity, and Social Skills. Validity scales include Lie, Faking, Defensiveness. Questionnaires were hand scored through the use of templates designed for individual scales. The test-retest reliability coefficient is reported as .86. Internal consistency estimates range from .62 to .84.

Demographic Data Questionnaire (DDQ). DDQ was utilized to collect information regarding the child's age, sex, race, any specific physical or behavioral problems, and the type of employment and educational level of the parent.
Procedure

Subjects were given the questionnaire package by representatives of each agency. Special care was taken to insure the anonymity of the subjects; therefore, agency representatives were utilized. Representatives informed the subjects that they had no further involvement in the study, and had no access to the results. Subjects were instructed to read and sign the consent forms. Questionnaires were answered privately by the subjects. Subjects were instructed to mail the questionnaire to the examiner. In other cases, the representatives picked up the questionnaire package.

Results

The dependent variables for this study were the 16 personality variables obtained from The Personality Inventory for Children. The means and standard deviation for each scale are contained in Table 1. To test the hypothesis that abusive parents' perceptions of their abused children's personality characteristics differ significantly for non-abusive parents' perceptions of their children's personality characteristics, a Hotelling's $T$ was computed. The Hotelling's $T$ which compares all 16 scales simultaneously revealed no significant overall differences, $F = .953, p > .1$. Individual scale comparisons reveal a significant difference between the two groups on one scale, withdrawal, $F (1, 18 = 4.52, p < .05)$. Abused children are perceived as more detached, less
emotionally accessible, and less socially responsive than a matched group of nonabused children. Individual scale comparisons are contained in Table 2.

Table 1
Means and Standard Deviations for Personality Inventory for Children T Scores for Abused and Nonabused Children

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Table 2

Univariate F Test for Individual T Scores, Mean Squares on Personality Inventory for Children of Abused and Nonabused Children

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<td>924.80</td>
<td>4.525</td>
</tr>
<tr>
<td>Anx</td>
<td>1,18</td>
<td>162.45</td>
<td>.691</td>
</tr>
<tr>
<td>Psy</td>
<td>1,18</td>
<td>858.05</td>
<td>1.990</td>
</tr>
<tr>
<td>Hpr</td>
<td>1,18</td>
<td>125.00</td>
<td>.638</td>
</tr>
<tr>
<td>Ssk</td>
<td>1,18</td>
<td>480.20</td>
<td>2.507</td>
</tr>
</tbody>
</table>

N = 10/group.

p = .05.

The personality profiles for both groups are illustrated in Figure 1 (Appendix C). As indicated, the T score for the control group range from 46.9 to 63.8. None of the scale scores for this group fall above 70. This is the cut-off for interpreting the clinical significance of the scales. Inspection
of the profile of the abused group reveal the T scores were above 70, the interpretable range, on four scales. These scales were the Fake (79.6), Psychosis (76.5), Delinquency (75.7), and Somatic Concern (73.1). Two other scales, Adjustment (69.6) and Withdrawal (69.0), also deserve attention. They approached the 70 T range.

The value of this study lies in a clinically significant rather than a statistically significant viewpoint. This study demonstrates that parents perceive abused children to differ from nonabused children behaviorally, emotionally, and possible physiologically as evidenced by elevations over 70 T score.

**Discussion**

Statistical support for the hypothesis that abused and nonabused children's personalities differ significantly according to parental opinions was only minimally obtained in this study. Only one of the 16 scales reached an acceptable level of significance. It is likely that the large range and the small sample of subjects in each group severely decreased the power of the test. This methodological flaw appears plausible considering the fact that the groups were matched according to age, race, and sex. There was also an imbalance among one variable, sex.

The empirical validity of *The Personality Inventory for Children* on blacks and females has been demonstrated. No consistent relationships or biases were found between the
instrument's scale elevations, race, and sex. Thus, the fact that the sample contained all black subjects had no bearing on the results.

Respondents completed the questionnaire as recommended in the instructions manual. All subjects received and understood the instructions on completing the forms. Procedurally, it would have been better to assemble all participants together and have the forms completed rather than allowing participants to work at their own pace. This would have insured that its completion was not confounded with other variables. It is possible but not likely, completion of portions of the inventory may have coincided with a critical incident and affected the response. However, this is purely speculation.

The elevated fake scales calls to question the validity of the responses of the abused group. However, when F is elevated along with other clinical scales such as Psychosis, this attenuates the faking hypothesis. Therefore, the profile is interpreted as valid.

Profile Comparisons

Adjustment. Profile comparisons suggest that abused children are perceived differently from a matched group of nonabused children in several important ways. Abused children tend to exhibit poor psychological adjustment. These children tend to exhibit an inability to adjust to new situations and probably experience marked psychological discomfort when such
situations arise. Higher levels of self-destructive and aggressive behaviors have been found among abused children (Green, 1978; Reidy, 1977). Green postulated that it is the result of primitive learned behavioral patterns originating from painful encounters with hostile primary objects. Martin and Beezley (1977) assessed abused children's ability to adjust to new home situations. They found a significant relationship between behavioral maladjustment and instability in the child's present home environment. Accordingly, the more maladjusted a child was, the more likely he was to be living in a punitive home environment. These findings receive additional support from the evidence that parents of abused children experience adjustment difficulties (Blumberg, 1979). The child may not have had the teaching or modeling experiences conducive to successful adjustment. Evidence that abusive parents were abused children is well documented and indirectly suggests that children will exhibit some of the same features as their parents including adjustment difficulties. The fact that abused children are often neglected children also suggest that fundamental basic skills teaching is less than sufficient, making adjustment more difficult.

Delinquency. T-scale scores for the groups differed by 15 points on this scale. The experimental subjects were well above the 70 T cut-off point. Elevations on this scale suggest that abusive parents perceive their children as having
greater tendencies toward acting out in undesirable fashions. Abused children are also perceived to have more antisocial characteristics, disregard for the rights and feelings of others, and disrespect for parents. Such character tendencies may create serious communication and control problems for parents resulting in physical abuse. Dubanoski et al., (1978) provides research supporting these findings. His research suggests that abusive parents lack techniques to reduce a child’s undesirable behaviors. Additionally, abusive acts by parents may be triggered by the child’s behaviors. As delinquent behavior persists, parental discipline becomes more severe escalating to the point of serious abuse. Desensitization was proposed by Dubanoski as a treatment technique to desensitize parents to delinquent behaviors displayed by the child.

**Somatic Concern.** The chronically ill, physically handicapped or sickly, complaining child has been reported as a high risk for child abuse. Johnson and Morse (1968) reported a study of abused children. It was noted in this study that nearly 70% of the children exhibited either mental or physical deviations prior to the reported abuse. Twenty percent were considered unmanageable due to severe temper tantrums. Nineteen percent had retarded speech development, and 17% demonstrated either a learning disability or mental retardation. Lynch (1975) also noted a high incidence of serious illness that first year of life among abused children. Premature
infants also have a higher probability of abuse. Mussen, Conger, and Kagan (1974) suggested a reason for a premature child's higher likelihood for abuse may be due to their susceptibility to such illnesses as anoxia and colic. Irritability and demanding behavior was also perceived in this group of subjects. The findings of these studies support the results of the present study.

Withdrawal and psychosis. Elevations for these scales and the F scale suggest that abusers view their children as seriously psychologically disturbed. These emotional disturbances impaired their ability to establish emotional attachments, develop appropriate social skills, and foster growth and development. Similar findings have been reported by Green (1978). Green reported impairments in the ego functions, such as reality testing, overly defensive behavior, and disturbances in body image. Among characteristics reported by Martin were withdrawal, compulsivity, low self-esteem, and the impaired ability for enjoyment.

Summary and Conclusions

Methodological problems hampered the conclusions that may be drawn from the statistical analysis of this study. A larger number of subjects is required for an instrument with the range of the PIC to reveal significant results. The finding that several scales were elevated over the clinically significant range deserves further exploration. The T-score elevations for the abused group suggest the possibility that
there are at least four different personality types perceived by the parents of abused children. These are, first the chronically maladjusted type. This child experiences psychological discomfort when new situations arise which affect his/her ability to adjust to such situations. Secondly, the delinquent type child. This type of child disregards set limits or considerations for others. This child is likely to be in trouble with his neighbors, community, the law, and is basically out of control. The third type, the somatizer constantly complains of physical symptoms or illnesses. The fourth type is the seriously emotionally disturbed child who evidences significant impairments in emotional attachments and development. It must be noted that these characteristics are parental perceptions. As indicated by Helfer (1973), the child need only be perceived by a parent as a special child to increase the probability of abuse. Accordingly, parental beliefs of the child's attitudes and behaviors can contribute to child abuse.

Future Research

In future research, it is suggested that a larger population be used. Due to the small number of subjects and the possible heterogeneity among the personality types, statistical significance was not obtainable.

Cross cultural and cross sectional comparisons would be beneficial. This would provide generalizations across cultures and different age groups. Future research should also
include comparisons between the parent and the child's personality profiles.

Comparisons of parental perceptions with perceptions by significant others in the child's life would validate the abused child's personality characteristics. This would also provide clues to whether these characteristics are genetically based or a function of modeling or shaping. If the characteristics are well ingrained patterns of behavior then this should be evident to others who interact with the child. If there is a discrepancy between parental perceptions and the perceptions of significant others, than it is likely that the parental perceptions should be the target for treatment.

Considerable research has been done on child abuse. However, child produced factors in the abusive cycle has received limited attention. The findings of this study suggest that the child may play a crucial role in his abuse, through the exhibition of various character types. In order to gain a more complete understanding of child abuse, it is imperative that the role of the child receive further research attention.
Appendix A

I, ______________, freely consent to be a participant in the project entitled "Parental Perceptions of Children" to be conducted at N.T.S.U. during the period of March 21, 1982 through May 31, 1982 with Julathra Smith and Alvin Smith, Ph.D., as the principle investigators. The procedures to be followed and their purpose, including identifying any procedures to be followed and their purpose, including identifying any procedures which are experimental, have been explained to be, and I understand them. They are: I understand I will be asked to complete two questionnaires. My identity on the questionnaires shall remain anonymous. I understand the purpose of the project is to examine parental perceptions of their children through the use of questionnaires. I understand that, after participation, if I should choose, I will be fully informed of the results.

The attendant discomforts and risks reasonably to be expected by my participation in this project have been explained to me, and I understand that they might be as follows: I may become tired or fatigued due to the length of the procedures. I might find some questionnaire items upsetting or confusing. I understand that I should feel free to discuss any feelings I have due to my participation and that I may stop at any time.

Any benefits reasonably to be expected from my participation have been explained to be and are as follows: I understand that if I choose, I will be given individual feedback regarding critical areas related to my perceptions of my child's personality; I will also receive recommendations regarding child development.

I understand that the person who provided the questionnaires assisted on this project only to the extent of giving out the questionnaires and have no access to the results. I also understand that the experimental numbers on the questionnaires serve only as a means of identification, if I should choose feedback. Therefore, if I should choose individual feedback, I should contact Julathra Smith, N.T. Box 13587, Denton, TX 76203; telephone (817) 788-2632, ext. 25.

I understand that this consent and data may be withdrawn at any time without prejudice. I have been given the right to ask and have answered any inquiry concerning the foregoing. Questions, if any, will be answered to my satisfaction. I have read and understand the foregoing.

___________________________
Signature

___________________________
Date
Appendix B

Child's Age _____

Child's Sex _____

Race ______________

Was your child full term: Yes______ No ____

This form was filled out by:

Mother _____ Age _____ Marital Status ________

Father _____ Age _____ Marital Status ________

Other _____ Age _____ Marital Status ________
(Specify)

Parent's Type of Work (Please be specific, for example: auto mechanic, homemaker, laborer, shoe salesman).

Father's type of work ____________________________

Mother's type of work ____________________________

Father's educational level _________________________
PERSONALITY INVENTORY FOR CHILDREN
PROFILE COMPARISON OF ABUSED AND NONABUSED CHILDREN

Abused ---- Nonabused

L  F  DEF  ADJ  ACH  IS  DVL  SOM  D  FAM  DLQ  WDL  ANX  PSY  HPR  SSK
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