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EARLY FAMILIAL MISOGYNY: ITS IMPACT ON ATTACHMENT SECURITY AND LATER CAREGIVING BEHAVIORS

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Psychology:

Child Development

by

Debra Dee Kirtland

June 2007

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Approved by: Laura/Kamptner, hology Chair Psyc David Chavez Gloria Cowan

1-07 Date

ABSTRACT

The purpose of the current study was to look at the impact of early misogynistic treatment of females on subsequent attachment security and the quality of the later caregiving of their own children. It was hypothesized that: 1) daughters experiencing misogyny while growing up would develop an insecure attachment withtheir primary caregiver, and 2) daughters who experienced insecure attachment with their mothers (due to experiencing misogyny while growing up) would become mothers who experienced a poorer-quality relationship with their own child. Participants were one hundred fifty-seven females with at least one child between the ages of 3-10years of age recruited from local colleges and other local community organizations who completed a (self-report) questionnaire comprised of the following scales: the Misogyny Scale (created for use in this study), the Schedule of Sexist Events (Klonoff & Landrine, 1995), the Parental Attachment Questionnaire (Kenny, 1985), the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), and the Parental Acceptance-Rejection Questionnaire-Mother Scale (Rohner, 1978). Results supported the first hypothesis: daughters who experienced higher early misogyny and sexism reported higher feelings

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of insecure attachment between themselves and their primary caregivers. Results showed some support for the second hypothesis; daughters who experienced insecure attachment with misogyny in their early caregive experience showed a (non-significant) trend toward higher neglect with their own children. One of the strengths of this study was the creation of a misogyny scale which future studies could further validate. In conclusion, the connection between mother's experiences of misogyny and their subsequent parenting practices may offer some insight as to why these mothers exhibit abusive and/or neglectful behaviors toward their children, enabling clinicians to provide more informed and appropriate interventions and treatments.

ACKNOWLEDGMENTS

I am sincerely thankful for all of the encouragement and guidance that Dr. Kamptner has given me along this journey. Her presence in my life has been a great source of support and comfort for me. I would also like to thank my committee members, Dr. Chavez, and Dr. Cowan, for your insight and recommendations. Additionally, I would like to thank my wonderful, supportive, family members who have always believed in me and made me believe in myself as well. All this support has been instrumental in making the completion of this study possible. Discovering causes for child maltreatment is essential if we ever hope to eradicate this behavior. This study has helped me to understand that there is much more work that needs to be done in this field and I welcome the opportunity to continue to enlighten and educate as many adults as I can. Finally, I dedicate this study to my beloved father who was not able to make it to the end of this journey with me but was so proud and so supportive of me all along the way.

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CHAPTER ONE

INTRODUCTION

The rising costs of government services (over \$11 billion annually) that are available for the protection and welfare of children have prompted in-depth studies over the past several years into the probable causes of child maltreatment in this country (Courtney, 1998; Reynolds & Robertson, 2003; U.S. Department of Health and Human Services, 2002). While research has shown that there are multiple factors associated with the predictability of child neglect and abuse, e.g., the family in which the child is raised, and the influences of the surrounding environment (Belsky, 1993; Cicchetti & Lynch, 1993), this study focuses on how misogyny contributes to the intergenerational transmission of maternal caregiving practices. McCullough and Scherman (1998) and Scales (2002) have determined that the quality of parenting that mothers are able to give to their children is linked to the quality of parenting that they themselves received from their own primary caregivers during their childhoods. The purpose of the current study is to look at the impact of one purported influence on the quality of later maternal caregiving practices, i.e., the early

misogynistic treatment of females in their family-of-origin.

Misogyny

Misogyny is defined as "hatred of women" (Lexicon, 1988). Behaviors considered misogynistic are those that involve the oppression of women evidenced by acts of denigration and intimidation by men toward women (Dworkin, 1983; Stalker, 2001). Laws (1979) and Stalker (2001), have determined that misogyny is based on a continuum from mild to severe wherein mild is manifested in questions of doubt and unprovoked suspicions of men about women, to severe which includes violent acts against women. The result of misogyny is in the subjugation of women wherein women are controlled by men either by the fear that men have of women or by the desires men project onto women of how they want them to be (Laws, 1979; Stalker, 2001).

Misogyny has existed throughout western history, extending from biblical times as recorded in the <u>Book of</u> <u>Genesis</u> up through modern times as seen and heard in today's pornography and music (Dworkin, 1974; Kramer & Stenger, 1971). Dworkin (1974) believes that the oppression of women is the result of sexism and misogyny which can be traced back to the beginning of recorded

history. Furthermore, Dworkin (1974) believes that sexism and misogyny are passed down from generation to generation in the form of male dominance.

While misogynistic behaviors include acts against women that are sexist in nature, not all sexism is considered misogynistic. Lott (1995) divides the concept of sexism into three interrelated parts, 1) sexist prejudice which includes both positive as well as negative attitudes toward females by men in patriarchal cultures resulting in the oppression of women; 2) sexist stereotypes which characterizes females as being better suited for less powerful roles in society; and 3) sexist discrimination which is a gender issue that describes blatant acts of disrespect toward females but can also include role reversals where men are disrespected by women. According to Dworkin (1974) sexism and misogyny may resemble one another in the outward appearances of female denigration but misogyny is motivated by a deep sense of hatred that men in patriarchal cultures feel toward women rather than the sexist attitude that Glick and Fiske (1997) discuss wherein men simply want to keep women "in their place."

Examples of Misogyny

Examples of misogyny include Chinese footbinding from ancient times, female genital mutilation in a number of African and Asian countries in the 21st century, current female abuse in Muslim societies, and the oppression and sexism experienced by women in Western cultures today. Each of these is discussed in turn below.

The physical, ritualistic footbinding of ancient Chinese females dates back to the 10th century A.D. (Dworkin, 1974). Chinese culture believed that to be born female meant that you were being punished for some evil you were quilty of in your past life (Dworkin, 1974; Levy, 1966). The beauty of a woman was thought to determine her value, and Chinese men considered tiny feet (3 to 4 inches in length) to be sexually attractive (deMause, 1991; Dworkin, 1974). Men were never allowed to gaze upon the feet of the footbound female and it was only after marriage and only in the dark that men were allowed to fondle and kiss the bare feet of their wives (Broadwin, 1997). Broadwin (1997) and Byron (1987) believe that it is the concealment factor that provoked erotic appeal. Female feet that developed naturally marked women as "perverse and sinful; lewd and lascivious" (Dworkin, 1974; Levy, 1966). Footbinding insured paternity certainty for males

as the crippling effects from this process prevented women from going anywhere they could not be carried to and from (Dworkin, 1974; Levy, 1966). But the excruciating pain from this unholy torture, the foul odor of rotting flesh, and the debilitating consequence of this masochistic procedure did not prevent mothers from enforcing this tradition by subjecting their female children (5 to 7 years of age) to the same maltreatment that they themselves had endured at the hands of their own mothers, all for the sake of a secure marriage someday in the future (Broadwin, 1997; deMause, 1991; Dworkin, 1974; Levy, 1966). This sadomasochistic practice of mother/daughter abuse endured for a thousand years from the 10th to the 20th centuries (Dworkin, 1974).

While the sadistic mother/daughter practices of the ancient Chinese seem unconscionable by today's standards, behaviors rooted in misogyny are still being practiced in a number of 21st century cultures. deMause (2002), Lightfoot-Klein (1989), and Toubia and Sharief (2003) all report how the mothers of female offspring in over 25 African countries and some Asian countries today, for example, actively participate in the mutilation of the genitals of their young daughters (about 5 years of age and older) as a means of destroying their sexual appetite

because it is socially dictated by the patriarchal hierarchy that "promiscuous sex... might render men impotent." Women from these cultures are conditioned to believe that acceptance of this highly misogynistic ritual of female genital mutilation (FGM) empowers them with freer mobility and enables them to survive their marriages because their lack of sexual desires prevents them from engaging in adultery and defines them as "sexually pure mothers" (Boddy, 1989; deMause, 2002; Toubia & Sharief, 2003). Older women in these societies are awarded the distinction of "gatekeepers" of the culture and are made to believe by the patriarchal social order that they are highly respected for ensuring that their female offspring experience the same cultural benefits associated with the FGM practices that they themselves endured (Toubia & Sharief, 2003; Young, 2002). Attempts to eradicate this cultural practice began in the early 1980s with the primary focus being on the health risks involved in the brutal mutilation of young girls, but it wasn't until the 1990s that focus shifted from a health perspective to a human rights issue (Toubia & Sharief, 2003). The cultural practices of genital mutilation were introduced at the 1993 World Conference on Human Rights as a violation of human rights because of the gender-bias of these violent

acts (Toubia & Sharief, 2003). And while the patriarchal social authorities have not received this intervention with open arms, the women in these countries are becoming painfully aware of their subjugated roles causing them to finally question the deeply entrenched misogynistic roots of FGM in their culture (Toubia & Sharief, 2003).

In other predominantly Muslim 21st century cultures, females are considered polluted beings and forced to hide behind long robes and veils (deMause, 2002; Goodwin, 1994). While the laws of the culture (Koran) do not require females to be veiled, women are frequently imprisoned for their own protection as it is not illegal for a husband to brutally punish (or kill) his wife for "honor crimes" such as being unveiled in public, walking proudly down the street, or holding a job (Ahmed, 1992; Del Collins, 2003; deMause, 2002). According to recent studies on Islamic/Muslim societies, sexual molestation and the rape of young girls and women are common occurrences and are considered to be the fault of the victim herself because it is believed that if a female is abused, it is because she asked for it to happen (deMause, 2002; Tamish, 1996). And wives are routinely subjected to unprovoked beatings from their husbands as a means of keeping them subservient and are often times killed by

their own families when seeking divorce from their batterers (deMause, 2002). Findings from a study of Jordanian-Muslim women on wife-beating indicated a strong tendency for women to blame themselves for the violence against them while at the same time proclaiming that "there is no excuse for a man to beat his wife" (Haj-Yahia, 2002).

Barakat (1993) and Haj-Yahia (2002) report that the extreme and constant acts of violence against the wives in these male-dominated societies have had devastating effects on the health and psychological well-being of the Muslim women. Studies reveal that these tormented Muslim mothers subsequently impose their sufferings onto their children by constantly abusing them both physically as well as emotionally (deMause, 2002). Sons of Muslim mothers are shamed into performing acts of violence against others to show their manliness, and Muslim mothers look the other way when their daughters fall victim to physical violence and sexual abuse as the mothers are resigned to their state of oppression and force their daughters to accept the same fate (Barakat, 1993; deMause, 2001; 2002; Fayyazuddin, Jillani, & Jillani, 1997; Haj-Yahia, 2002). From infancy, Muslim children are raised to be completely obedient and loyal to their parents and

to respect them above all else (deMause, 2002). Respect for the parents, however, is accomplished through the use of violence against the children rather than through the modeling of good behaviors commonly associated with the term "respect" (deMause, 2001; 2002). Child abuse rituals such as infanticide, beating, shaming, abandonment, and torture (to name a few) keep the children in many Muslim societies in a constant state of fear, making it easier for the parents to maintain power and control over them even into adulthood (deMause, 2001; 2002). Muslim children are taught by their mothers to "kill the part of themselves" (and others) "that is selfish and wants personal pleasures and freedoms" (deMause, 2002). Public displays of love and affection commonly expressed in Western civilizations are considered sinful and "Godless" in many Muslim societies and warrant extreme punishment, while the rape and physical abuse of women and children are considered justifiable behaviors (Albertini, 2003; deMause, 2002).

It is from these violently misogynistic Muslim societies that the most deadly of terrorists have emerged in recent years (e.g., deMause, 2002). Muslim children are raised to believe that the only reason for their existence is to die for Allah, and because their childhoods are

filled with violence and hatred they are easily able to inflict pain and death on others (Albertini, 2003; deMause, 2002; Hirschkind & Mahmood, 2002). Muslim men and women who die as a result of terrorist acts are considered martyrs in these Muslim societies, and are held in the highest regard (Albertini, 2003; deMause, 2002). Muslim mothers do not mourn for their martyred sons and daughters as they and their children both believe that by dying for the conservative Muslim ideals Allah will give them the love in their afterlife that they were denied while on earth (deMause, 2002; Lelyveld, 2001).

Although misogyny is not as flagrant in Western culture as it is in other parts of the world there is little doubt of its existence today in our society. Pornography, for example, continues to flourish in Western culture today despite evidence that pornography has been linked to sexually aggressive behaviors by men toward women (Malamuth, Addison, & Koss, 2000). In their efforts to criminalize pornography, anti-pornography feminists defined pornography as "the sexually explicit subordination of women, graphically depicted, whether in pictures or in words" (Allen, 2001). Pornography is easily accessible and readily available to mainstream society and is found on network television, videos, films, books,

magazines, through internet websites, and in the music that is broadcast on public radio and available for purchase by anyone with the money to do so (Lynxwiler & Gay, 2000). Because of the sexually explicit and violent content found in the lyrics of heavy metal music, child advocates have lobbied for more than two decades for the regulation of "porn-rock" (Lynxwiler & Gay, 2000). In the early 1990s, a number of conservative political organizations rallied for regulation of rap music as the lyrics were considered obscene and the messages "promoted youth violence, adolescent sexuality, and misogyny" (Binder, 1993; Bayles, 1994). While the debate continues between anti-pornography feminists and anti-censorship feminists over whether or not pornography constitutes the oppression of women or whether it is simply reflective of the oppression of women, both groups agree that pornography is not only linked to acts of violence against women but that pornography in and of itself is a form of violence toward women (Luff, 2001). Anti-pornography feminists believe that pornography is empowering to the dominant male system in Western culture (Luff, 2001). Studies have consistently shown significant associations between men's habitual use of pornography and aggressive

and harassing behaviors by men toward women (Malamuth et al., 2000).

Domestic violence is a critical problem in Western cultures and females have a history of being the likeliest targets (Arnault, 2003; Dworkin, 1997). During the battering process, women lose their sense of themselves because they are forced to do the will of the batterer (Arnault, 2003). A woman's self-image becomes compromised with chronic beatings and/or emotional badgering and the meaning of her position within her social circles becomes distorted to the point where she can no longer identify with anyone but her abuser (Arnault, 2003). Heru (2001) reported that in the American culture women are encouraged to be passive, dependent, and subservient to men and that this culturally accepted model can lead to some women believing that they are powerless to escape oppressive and/or abusive relationships.

Each of the above examples of misogyny embodies a profusion of scurrilous and oppressive behaviors routinely inflicted upon women by men, or that are embedded in the psyche of the women through their cultural experiences in patriarchal societies (Baumeister & Leary, 1995; Dworkin, 1974). Additionally, each of the above examples demonstrates the physical pain as well as emotional and

mental anguish that women experience in misogynistic environments (Arnault, 2003; Dworkin, 1997).

Impact of Misogyny on Subsequent Parenting Behaviors

Women who are victims of misogyny experience depression, anxiety, repression of anger, and extreme frustrations (Simons, Beaman, Conger, & Chao, 1993). Muslim wives who are routinely subjected to unprovoked beatings from their husbands as a means of keeping them subservient suffer devastating consequences to their health and psychological well-being (Barakat, 1993; deMause, 2002; Haj-Yahia, 2002; Tamish, 1996). Some women in Western cultures who are the targets of domestic violence lose their sense of themselves and are unable to socially identify with anyone but their abusers, leading them to believe they are powerless to escape the abusive behavior (Arnault, 2003; Dworkin, 1997; Heru, 2001). Others have theorized that the consequence of misogyny is reflected in negative maternal parenting behaviors such as neglect and even abuse of their offspring (deMause, 2002; Simons, Beaman, Conger, & Chao, 1993). Instead of protecting their children Muslim mothers look the other way when their daughters fall victim to physical violence and sexual abuse as they are resigned to their state of

oppression and force their daughters to accept the same fate (Barakat, 1993; deMause, 2001; 2002; Fayyazuddin et al., 1997; Haj-Yahia, 2002). Females in Western cultures who experienced misogynistic behaviors in their families of origin most likely did not experience warm, sensitive, and responsive caregiving from their oppressed mothers (Bowlby, 1979; deMause, 2001; 2002; Fraiberg et al., 1987). When these females become mothers themselves they may be unable to be warm, sensitive, and responsive caregivers to their own children (McCullough & Scherman, 1998; Scales, 2002). To understand how and why child maltreatment is predictably intergenerational researchers have suggested a link between misogyny, early attachment styles, and later parenting behavior.

Attachment Theory: Influences on Maternal Caregiving Practices

According to attachment research, there is a high likelihood that mothers will treat their children the same way that their own mothers treated them (Main & Goldwyn, 1984). Ainsworth (1969) determined that the maternal bond that forms between the primary caregiver and the infant manifests itself in the form of attachment behaviors that develop as a result of the interactions between the primary caregiver and the infant. In 1978 Mary Salter

Ainsworth broke away from her work with William Blatz and his "Security Theory" and together with her colleagues began the "Strange Situation" study which provided the data used to label the three distinctly different styles of attachment that she observed: "secure" "insecure" (or "ambivalent") and "anxious" (or "avoidant") (Ainsworth, Blehar, Waters, & Wall, 1978; Webber, 2003). Infants described as "securely attached" were observed as being upset when their primary caregiver left them alone in a strange environment but responded favorably when the caregiver returned (Ainsworth et al., 1978). Consistent and positive mother-child facial interactions, the mother's response to the infant's cries and feeding cues, and overall attentive, tender-loving care are believed to be the primary contributors to the securely attached child (Ainsworth et al., 1978). The insecurely attached (ambivalent) infants were observed as being upset at being left by the primary caregiver, and while they were eager to be reunited upon the caregiver's return they would resist being comforted (Ainsworth et al., 1978). In an effort to gain attention from the caregiver the ambivalent child exhibits persistent behavior in that the child develops a sense that the persistence will eventually pay off and the need will be met (Karen, 1990). The anxiously

attached (avoidant) infants that Ainsworth et al. (1978) observed did not become upset when the caregiver left them alone, nor did they seem to care when the caregiver returned. The mothers of these anxiously attached infants were observed as being "inconsistent, unresponsive, or rejecting," in their interactions with their infants (Ainsworth et al., 1978).

Ainsworth et al., (1978), Berman and Sperling (1994), Bowlby (1982), and Karen (1990) believe that it is in the consistent interactions that take place between mothers and their children during infancy that these different attachment styles develop, and that they ultimately lay the foundation for the internal working models that give infants the blueprint for the sense of self and human relationships that will persist throughout their lifetimes unless there are interventions to the contrary along the way. Thus, a child whose caregiver is warm, sensitive, and responsive to the needs of the child will formulate a secure attachment to the primary caregiver, and the child will develop an inner sense of value and self-reliance (Ainsworth & Bowlby, 1991). The securely attached child will continue to exhibit growth in self-confidence over time and feel free to explore the environment trusting that the primary careqiver will be available to give

protection and comfort when needed (Ainsworth et al., 1978). The *internal working model* defines not only the relationship between the child and the primary caregiver but also provides a model for behaviors that the child will come to expect in others and eventually emulate as well (Bowlby, 1973; 1979). Securely attached children grow up to be parents who have securely attached children who will become self-confident and caring adults (Bowlby, 1979).

Conversely, a child who formulates an insecure attachment due to neglect or abuse from the primary caregiver will develop an inner sense of unworthiness, anxiety, and fear (Ainsworth & Bowlby, 1991). Because the insecurely attached (ambivalent) child has learned that the attachment figure is unpredictable, the child will exhibit persistence in vying for the attention of the primary caregiver when encountering stressful situations but will resist the attachment figure when comfort is offered (Ainsworth et al., 1978; van IJzendoorn & Kroonenberg, 1988). The exchange of mixed messages between the insecure (ambivalent) child and the primary caregiver produce an *internal working model* riddled with inconsistencies and mistrust issues that will likely

persist into adulthood (van IJzendoorn & Kroonenberg, 1988).

The anxiously attached (avoidant) child has determined that the primary caregiver is unlikely to be available when comforting is needed (Ainsworth et al., 1978). In order to escape potential rejection from the attachment figure the *internal working model* of the anxiously attached (avoidant) child contrives a strategy that prevents the primary caregiver from becoming aware that any needs exist (Ainsworth et al., 1978; van IJzendoorn & Kroonenberg, 1988). Children exhibiting this type of behavior are often identified as having "independent personalities" (van IJzendoorn & Kroonenberg, 1988). While these children may be considered precocious and self-sufficient, they tend to become adults who are unable to convey their wants and needs to others (van IJzendoorn & Kroonenberg, 1988).

Ainsworth (1989), Bowlby (1980), and Webber (2003) have determined that all infants will adopt some form of attachment because it is believed that infants utilize their acquired attachment behaviors as survival skills. Bowlby (1980), van IJzendoorn and Kroonenberg (1988), and Webber (2003) have also determined that without interventions along the way the *internal working models*

that are based on attachment styles formed early in life will carry over into adulthood and become the blueprints by which the mother models her own parenting behaviors. Thus, the mother who was securely attached during her childhood will likely become a mother who is warm, nurturing, and sensitive to her own child's needs (Ainsworth, 1989; Bowlby, 1980; Webber, 2003). Conversely, the mother who was insecurely attached (ambivalent) or anxiously attached (avoidant) during her childhood may be unable to tend to the needs of her offspring because her own emotional needs were never met (deMause, 2002). According to Bowlby (1979) the *internal working model* of the mother is most likely programmed to repeat the same behaviors with her children that she experienced in her own childhood.

Fraiberg and her colleagues (1987) believe that mothers who experienced the pain of abuse in childhood may have repressed the memories of anxiety, shame, and worthlessness that accompanied the violations against them thereby enabling them to identify with their abusers and form an unconscious alliance with them by repeating abusive behaviors with their own children. Fraiberg (1987) refers to the anxiety and the repressed memories as "ghosts in the nursery." deMause (2002) believes that

abusive mothers may be using their children as "poison containers" for the release of the anger, anxiety, and frustrations that they repressed during their abusive childhoods. Thus, a mother who was neglected or abused during her childhood will be very likely to neglect or abuse her own child unless there are interventions along the way that circumvent these behaviors (Fraiberg et al., 1987; Karen, 1990; Leifer, 1990).

As discussed earlier, misogynistic environments are those wherein the hatred of women is evidenced by acts of denigration and intimidation by men toward women (Dworkin, 1983; Stalker, 2001). According to Lott (1995), while misogynistic behaviors include acts against women that are sexist in nature, not all sexism is considered misogynistic. Klonoff and Landrine (1995) report that sexist events are viewed as gender-specific stressors because they are negative life events (stressors) that happen to women, because they are women. However, Dworkin (1974) considers that while sexism and misogyny may resemble one another in the outward appearances of female denigration misogyny is motivated by a deep sense of hatred that men in patriarchal cultures feel toward women rather than the sexist attitude that Glick and Fiske (1997) discuss wherein men simply want to keep women "in

their place." Researchers do agree that women living in misogynistic environments routinely suffer from physical pain and emotional anguish that induce feelings of fear, anxiety, anger, and frustration that they are forced to suppress for fear of reprisal from their oppressor (Fraiberg et al., 1987). The chronic beatings and/or emotional badgering and denigration women routinely experience in misogynistic environments compromise their self-images and may result in the formation of an allegiance with their oppressor (Arnault, 2003). While it has not yet been empirically determined, deMause (2002) proposed that as mothers these oppressed women will likely assume the role of the oppressor and levy upon their children the same subjugated behaviors that were imposed upon them in their misogynistic environments -- with boys encouraged to perpetuate the misogynistic tradition of the patriarchal societies, and girls expected to assume responsibility for all misogynistic behaviors directed toward them. Because deMause (2002), Fraiberg et al., (1987), McCullough and Scherman (1998), and Scales (2002) have determined that the quality of parenting that mothers are able to give to their children is linked to the quality of parenting that they themselves received from their own primary caregivers during their childhoods, it

has been hypothesized that daughters growing up in misogynistic environments raised by oppressed mothers who are unable to be warm, sensitive, and nurturing caregivers, will in turn become mothers who are also less likely to be nurturing, loving, and responsive in meeting the needs of their own children (e.g., Diagram 1). However, this has not yet been examined empirically. The purpose of this study is to test these assumptions.

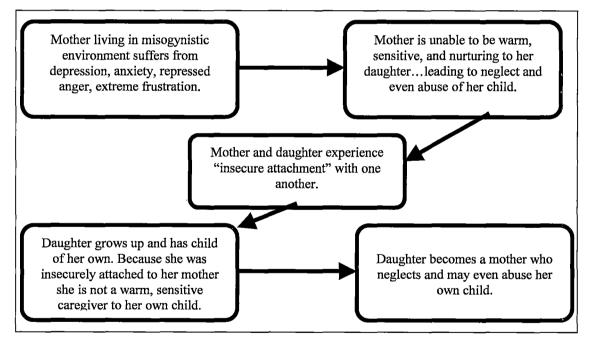


Figure 1. Proposed Model

Summary and Purpose of Study

In sum, researchers have determined that the attachment which forms between the primary careqiver and

the infant develops as a result of the quality of the interactions between the primary caregiver and the infant. Furthermore, this relationship lays the foundations for the internal working model that gives infants the blueprint for future relationships as well as for their sense of self that will persist throughout their lifetime unless there are interventions to the contrary along the way. It has been theorized by Fraiberg et al. (1987), Karen (1990), and Leifer (1990) that misogynistic and extremely sexist environments will put daughters at higher risk for developing an insecure attachment early on in life as well as less nurturing, neglectful, and/or even abusive behaviors with their own children later on. The purpose of this study is to empirically demonstrate this relationship. The hypotheses for this study are as follows:

Hypothesis 1

There will be a positive and significant relationship between a daughter experiencing misogyny while growing up, and the development of an insecure attachment between the daughter and her primary caregiver.

Mother living in misogynistic environment suffers from depression, anxiety, repressed anger, extreme frustration.



Mother and daughter experience insecure attachment with one another.

Figure 2. Hypothesis 1

Hypothesis 2

Daughters who experience insecure attachment with their mothers due to experiencing misogyny while growing up will be more likely to become mothers who experience a poorer-quality relationship with their own child (e.g., lower warmth/affection; higher aggression/hostility, higher neglect, and higher rejection).¹

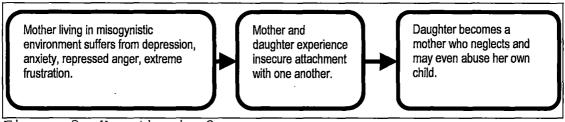


Figure 3. Hypothesis 2

While there are no empirical claims that all women growing up in misogynistic environments will continue the pattern of abuse and neglect with their own children, researchers collectively predict the likelihood of the intergenerational transmission of neglect and abuse. Little research has been done that targets unique motivators for the abusive maternal caregiving practices that are passed from one generation to the next. A greater understanding of these influential factors may provide valuable guidance for clinicians and others working with families in need of parenting interventions.

CHAPTER TWO

METHOD

Participants

One hundred fifty-seven female volunteers who have at least one child between the ages of 3-10 years of age participated in the current study. Ranging in age from 19 to 56 years (x = 30.1 yrs.), they were primarily recruited from local colleges. Approximately 20% of the participants, however, were from local battered women's shelters. Participants were predominately Hispanic (45.2%). The remainder included African-American (17.8%), Caucasian (26.8%), and Asian/"other" (10%). The sample could be described as coming from predominantly lower-middle class backgrounds (based on the levels of education completed by the fathers of participants) with over 56% having completed high school and/or trade school or less; less than 40% had at least some college.

Materials

A questionnaire comprised of scales assessing participants' early familial misogyny (including their experience of sexist events), participants' early attachment experiences, the quality of current

mother-child relationships, and background information was utilized.

Early Misogyny

To assess early misogyny, two scales were used: the Misogyny Scale (MS) and the Schedule of Sexist Events (SSE).

First, the Misogyny Scale (MS) is a 33-item scale designed for use in the current study to detect the presence of and assess the intensity of misogyny experienced by adult females in their family of origin while they were growing up (Appendix A). The MS items are responded to on a Likert-type scale (1 = not applicable,6 = severely) spread over the following seven scales: Hatred of Women (e.g., "Males in my family and/or extended family hated females in our family"), Oppression of Women (e.g., "Males in my family and/or extended family devalued the ability of females in family to work outside the home"), Denigration of Women (e.g., "Males in my family and/or extended family called females in my family 'stupid'"), Intimidation of Women (e.g., "Males in my family and/or extended family used threats of force to influence the behaviors of females in my family"), Questions of Doubt About Women (e.g., Males in my family and/or extended family accused females in my family of

keeping secrets from them"), Unprovoked Suspicions of Women (e.g., "Males in my family and/or extended family accused females in my family of being unfaithful to their partners (cheating on them)"), Violent Acts Against Women (e.q., "Males in my family and/or extended family would physically assault females in my family by punching them"), and Women Being Controlled by Men (e.g., "Males in my family and/or extended family would tell females in my family who they could and could not be friends with"). Questions for each of the misogyny scales were based on definitions of misogyny (Lexicon, 1988) from studies that define misogyny as the "hatred of women" involving the oppression of women evidenced by acts of denigration and intimidation by men toward women (Dworkin, 1983; Stalker, 2001) and the subjugation of women wherein women are controlled by men either by the fear that men have of women or by the desires men project onto women of how they want them to be (Laws, 1979; Stalker, 2001). Higher scores on the Misogyny Scale means participant experienced a higher intensity of misogyny while growing up.

Second, the Schedule of Sexist Events (SSE) (Klonoff & Landrine, 1995) was used. Sexist events are viewed as gender-specific stressors because they are negative life events (stressors) that happen to women, because they are

women. In its original form, the SSE consists of 20 Likert-type items (1 = never, 6 = almost all of the time) that assess the frequency with which a woman has experienced sexist events of various types in a diversity of settings. Preliminary evidence for the validity of the SSE as a measure of stressful events was established, and factor analyses exhibited high internal-consistency reliability of .92 and .90. For the current study, items were modified slightly to pertain to family members only: (e.g., "How often have family members made inappropriate or unwanted sexual comments to you because you are a woman?") (Appendix B). Higher scores on the Schedule of Sexist Events means the participant experienced more sexism by family members.

Mother's Early Attachment Experiences

Two questionnaires were used to measure family relationships and how well mother figures served as sources of psychological security when growing up. First, the mother scale from the *Parental Attachment Questionnaire (PAQ-Mother)* was used (Kenny, 1985). This scale assesses family relationships and the kinds of feelings and experiences frequently reported by young adults (Appendix C). The measure asks participants to provide a single rating on a scale of 1 to 5 that best

describes their mother, their relationship with their mother, and their experiences and feelings. The PAQ-Mother consists of 55 items divided into three subscales measuring: 1) individuals' perception of the affective quality of their relationships with mother (e.g., Following time spent together, I leave my mother... "with warm and positive feelings"), 2) mothers as facilitators of autonomy (e.g., In general my mother... "has provided me with the freedom to experiment and learn things on my own"), and 3) mothers as sources of emotional support (e.g., In general, my mother... "is a person I can count on to provide emotional support when I feel troubled"). An overall test-retest reliability of .92 using a two-week interval was established (Kenny, 1987). Cronbach's alpha was calculated, yielding .96 for Affective Quality of Attachment and .88 for both the Parental Role in Providing Emotional support and Parental Fostering of Autonomy Scales. The higher the score on the Maternal Attachment Questionnaire (PAQ) with regard to Affective quality of relationships means the greater the understanding and acceptance the participant had with her mother. With regard for Mother as Facilitator of Independence, higher scores mean greater maternal encouragement and support of participants' autonomy. With regard for Mother as Source

of Emotional Support, higher scores mean the more available and supportive the participant's mother was to her during times of stress and difficult decision making.

In addition, the maternal scale from the Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987) was used to assess how well mothers served as sources of psychological security while participants were growing up (Appendix D). The 25-item scale is based on Bowlby's attachment theory and assesses the following three dimensions: Degree of Mutual Trust (e.g., "My mother trusted my judgment" and "I trusted my mother"); Quality of Communication (e.g., "If my mother knew something was bothering me, she asked me about it" and "When we discussed things, my mother cared about my point of view"); and Extent of Anger and Alienation (e.g., "When I got angry about something, my mother tried to be understanding"). Participants were asked to rate how true each statement was for them when they were a child (1 = almost never or never true; 5 = almost always oralways true). Validity for this instrument has been consistently demonstrated in a number of studies. Three-week test-retest reliabilities conducted with a sample of 27 participants ranging in age from 18 to 20 years old were .93 for parent attachment. Armsden and

Greenberg (1987) reported good internal consistency for the IPPA with Cronbach's alpha coefficients ranging between .72 and .91 for the subscales across both parent and peer scales. Higher global IPPA scores mean higher levels of maternal attachment security. Likewise, higher Trust score mean higher degrees of mutual trust between participant and her mother. Higher Communication scores mean higher levels of good communication skills between participant and her mother, while higher Alienation scores mean greater amounts of feelings of anger and alienation between the participant and her mother.

Quality of Current Parent-Child Relationship

To assess the affectional quality of parent-child relationships, the adult Parental Acceptance-Rejection Questionnaire: Mother (PARQ-M) Scale was used (Rohner, 1978). The PARQ-M assesses the mother's perception of her behavior toward her child in terms of acceptance-rejection. It is a 60-item, Likert-type inventory wherein participants are asked to describe the extent to which each statement is true by using a 4-point scale (1 = almost never true; 4 = almost always true). Scores on the four subscales: a) Warmth/Affection (e.g., "I talk to my child in a warm and affectionate way"); b) Aggression/Hostility (e.g., "When my child does

something wrong, I threaten or frighten him/her"); c) Neglect (e.g., "I ignore my child when he/she asks for help"); and d)Rejection (e.g., "I let my child know he/she is not wanted") (Appendix E). Subscales are combined to determine a composite score, which can range from 60 to 240 (midpoint = 150). Individuals who score higher than 150 perceive more rejection than acceptance. Reliability studies (Rohner, 1991) have yielded Cronbach's alpha coefficients ranging from .86 to .95. Further research has produced evidence of concurrent, convergent, and discriminant validity (Rohner, 1991). Higher scores on each of the four scales mean higher levels of each of that parenting quality.

Background Information

Finally, participants were asked to complete background information items (Appendix F). Questions included age, gender, marital status, numbers and ages of children living in the home, ethnic background, educational levels of self and parents, and who lived in their home environment when the participant was growing up.

Procedure

Once participants completed the informed consent they were given the questionnaire to complete and return. Upon completion of the questionnaire all participants received a debriefing form. As an incentive, college student volunteers were given an extra credit slip and volunteers from the battered women's shelters were given a \$5.00 Wal-Mart gift certificate.

CHAPTER THREE

RESULTS

Preliminary Analyses

The definitions, means, and standard deviations for each of the scales used in this study are shown in Table 1. Reliability analysis for the Misogyny scale yielded a Cronbach's alpha of .97.

To examine whether ethnicity impacted the misogyny and/or sexism scales, a one-way ANOVA was computed for the three major ethnic groups of participants in this study (African-American, Caucasian, and Hispanic). Results showed no significant differences between the three ethnic groups on the misogyny scores, so all participants were combined for the remainder of the analyses.

Table 1. Definitions, Means, and Standard Deviations for the Misogyny Scale (MS), Schedule of Sexist Events (SSE), Parental Attachment Questionnaire (PAQ-Mother), Inventory of Parent and Peer Attachment (IPPA), and Parental Acceptance-Rejection Questionnaire-Mother (PARQ-M) Scales

V	ariables	Definition	Range	X	SD
Misogyn	<u>y:</u>				
1. Miso	gyny Scale	hatred of women	33-135	57.1	26.2
2. Scheo Sexia	dule of st Events	gender specific stressors	10- 56	17.1	8.9
Early Ma Attachmo					
& Pee	ntory of Parent er Attachment al (IPPA)	maternal attachment security			
Subse	cales:				
a) Maternal Trust(IPPA)	degree of mutual trust	11- 50	36.3	10.2
b) Maternal Communication (IPPA)	quality of communication	9 45	29.8	9.6
C) Maternal Alienation (IPPA)	extent of anger and alienation	6- 29	14.4	5.9
	rnal Attachment tionnaire:				
Subse	cales:				
a) Affective Quality of Relationships (PAQ)	feels that mother understands and accepts her	51-130	102.5	21.4
b)	Mother as Facilitator of Independence (PAQ)	feels that mother encouraged and supported her autonomy	23- 68	50.1	11.3

Va	riables	Definition	Range	X	SD
c)	Mother as Source of Support (PAQ)	feels mother was available during times of stress and difficult decision making	15- 63	43.3	11.2
Maternal of Child	Treatment :(PARQ)				
	r Acceptance- tion Questionnaire				
Subsc	ales:				
a)	Warmth- Affection	feel warm and affectionate toward own child	38- 99	73.8	8.1
b)	Aggression- Hostility	aggressive and hostile toward own child	15- 75	26.6	8.5
c)	Neglect	ignores own child	15- 67	22.6	7.3
d)	Rejection	rejects own child	10- 50	15.7	5.8

Analyses

The first hypothesis stated that there would be a positive and significant relationship between experiencing misogyny while growing up and the development of an insecure attachment between a daughter and her primary caregiver. To test this hypothesis, a Pearson correlation was computed for early misogyny and maternal attachment. Results supported the hypothesis: there was a negative, significant relationship between the measures of maternal attachment and the misogyny scale (Table 2). In other words, higher levels of misogyny were associated with

lower levels of (measures of) attachment security. In addition, Misogyny was positively and significantly correlated with maternal anger and alienation (Alienation). Findings were similar for the Sexism scale.

Table 2. Correlation Between Early Misogyny/Sexism and

Early Attachment Security

	Misogyny	Sexism
Early Maternal Attachment:		
Inventory of Parent		
& Peer Attachment (IPPA)		
Global (IPPA) Attachment	38***	37***
Trust (IPPA)	35***	32***
Communication (IPPA)	36***	35***
Alienation (IPPA)	.39***	.40***
Parental Attachment Questionnaire (PAQ)		
Affective Quality (PAQ)	36***	27***
Independence (PAQ)	28***	16*
Encouragement of Autonomy		
Supportive (PAQ) Emotional Support	27***	22**

* p< .05 ** p< .01 *** p< .001

The second hypothesis stated that daughters who experience insecure attachment with their mothers (due to experiencing misogyny while growing up) would be more

likely to become mothers who experience a poorer-quality relationship with their own child (e.g., lower warmth/affection, higher aggression/hostility, higher neglect, and higher rejection). Three separate tests were computed. First, to determine the relationship between mother's early attachment and subsequent treatment of her child, a Pearson correlation was computed. Results are shown in Table 3, and indicate a moderately low but significant relationship between several measures of mother's attachment and her subsequent treatment of her child. Specifically, higher levels of global attachment (Global Security), mutual trust (Trust), maternal understanding and acceptance (Affective Quality), and maternal support of autonomy (Independence) were significantly correlated with a greater likelihood of treating their own children in a warm and affectionate manner (Warmth). In addition, the attachment measures of mutual trust (Trust) and maternal understanding and acceptance (Affective Quality) were significantly and negatively related to the neglect of her own child.

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Table 3. Correlation Between Mother's Early Attachment and Subsequent Treatment of Her Child

		ther Treatmer Aggression		
Early Maternal Attachment:				
Inventory of Parent & Peer Attachment(IPPA):				
Global Security (IPPA)	.16*	10	13	05
Trust (IPPA)	.22**	12	17*	09
Communication (IPPA)	.13	06	12	02
Alienation (IPPA)	08	.12	.07	.02
Parental Attachment Questionnaire (PAQ):				
Affective Quality (PAQ)	.21**	08	18*	07
Independence (PAQ)	.18*	01	10	02
Support (PAQ)	.05	.00	05	.07

* p< .05

** p< .01 *** p< .001

A second analysis examining the relationship between mother's early misogyny (and sexism) experiences and her current treatment of her child involved computing a Pearson correlation on these variables. Results are shown in Table 4, and reflect a small but significant correlation between mothers' experience of early misogyny and subsequent neglect and lessened amounts of warmth

toward their own children. None of the other correlations were significant.

Table 4. Correlation Between Misogyny and Sexism in Mother's Early Caregiving History and Her Current Treatment of Her Child

		rnal Behavior Aggression		
Early Misogyny	17*	.13	.18*	.11
Early Familial Sexism	08	.12	.12	.10
* $p \le .05$ ** $p \le .01$ *** $p \le .001$				

Third, to examine whether mothers with an insecure attachment background with "higher" misogyny impacted subsequent treatment of their own child more than having an insecure attachment background with "lower" misogyny, the following analysis was conducted. First, participants who scored below the mean on the global IPPA were identified. These individuals were then further divided (using a trimedian split) according to how they scored on the misogyny scale: high, medium, or low. The "high" and "low" groups were then compared using t-tests on the four parental treatment of child scales: Neglect, Rejection,

Aggression, and Warmth. Results are shown in Table 5 and indicate no significant differences between the two groups.

Table 5. Comparison of Low Attachment Security Participants: "High" Misogyny versus "Low" Misogyny Groups on Child Treatment Variables

	х			=33			
		SD	Х	SD	t	df	sig
Neglect	25	(6.8)	22	(22.2)	1.74	76	.09
Rejection	17	(16.8)	15	(15.1)	1.54	76	.13
Warmth	71	(71.5)	73	(73.3)	90	76	.38
Aggression	28	(28.1)	27	(27.2)	.53	76	.60

* p< .05 ** p< .01 *** p< .001

Additional Analyses

A Pearson correlation was also conducted to determine whether educational level of participant, father, and/or mother was related to misogyny. Results shown on Table 6 show a significant, negative relationship between misogyny and mothers' level of education, with lower levels of the mother's education being significantly related to higher levels of early misogyny.

Table 6. Correlation Between Level of Education of Participant, Father, and Mother and Impact of Misogyny

	Level Participant	of Educat Father	
Misogyny	13	13	21 **
* p< .05 ** p< .01 *** p< .001			

Stepwise regressions were also computed to examine whether attachment quality measures, early misogyny, or maternal education level was the better predictor of the four current caregiving qualities (i.e., Warmth, Neglect, Rejection, and Aggression). The independent variables entered were Maternal Attachment (global IPPA score), the three subscales from the PAQ (Affective Quality of Relationships, Mother as Facilitator of Independence, and Mother as Source of Support), Maternal educational level, and Misogyny. Results showed that Neglect was influenced by Misogyny F(1, 157) = 4.84, p = .03, but since the adjusted R² was only .02, this was not of practical significance. Results also showed that Warmth was influenced by Affective Quality of Relationship and Mother as Source of Support (R² = .07; F(1, 157 = 6.37, p = .002.

None of the remaining analyses for Aggression and Rejection were significant.

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CHAPTER FOUR

DISCUSSION

Introduction

The purpose of the current study was to look at the impact of early misogynistic treatment of females in their family-of-origin on the quality of later maternal caregiving practices.

The first hypothesis, which stated that there would be a positive and significant relationship between experiencing misogyny while growing up and the development of an insecure attachment between a daughter and her primary caregiver, was supported. Daughters' scores on the experience of misogyny (and sexism) were negatively and significantly related to attachment security with their primary caregivers. Several factors may be at work here. First, (our participants') mothers who are victims of misogyny may be unable to be warm, sensitive, and responsive caregivers as these mothers are more likely to suffer from depression, anxiety, repression of anger, and extreme frustrations (deMause, 2002; Fraiberg et al., 1987). deMause (2002) and Simons et al. (1993) have theorized that mothers who suffer from these negative emotional and psychological conditions are unable to be

nurturing caregivers, and will be more likely to neglect and/or abuse their children, thereby placing them at higher risk for developing an insecure attachment early on in life (Fraiberg et al., 1987; Karen, 1990; Leifer, 1990).

Second, parenting young children is challenging under any circumstances, but mothers who live in a constant state of fear and anxiety within misogynistic environments may only be able to parent with skills that will not further jeopardize their current domestic lifestyles (Arnault, 2003; deMause, 2001; 2002). For example, mothers who live in misogynistic environments may be preoccupied with finding ways to avoid any physical violence or emotional badgering that they (and perhaps their children) are repeatedly subjected to, and may not be able to respond to the wants and needs of their children on a consistent basis (deMause, 2002; Fraiberg et al., 1987). The child whose needs are not consistently met by the primary caregiver (mother) will come to realize that the mother is unpredictable and untrustworthy, resulting in the formation of an insecure (i.e., ambivalent) attachment (Ainsworth et al., 1978; van Ijzendoorn & Kroonenberg, 1988).

Third, it could also be that mothers living in misogynistic environments lose their sense of themselves because they are forced to do the will of the batterers (Arnault, 2003) and will cater to the needs of the misogynistic partners before taking care of the needs of their children. The physical violence and/or emotional badgering (associated with misogyny) may distort the way these mothers view their positions in their social circles to the point where they can no longer identify with anyone but their abusers (Arnault, 2003). Tending to the needs of their children would not take precedence over fulfilling the demands of the misogynistic partner, which would likely result in these mothers neglecting or abusing the children who seek their attention (deMause, 2002). In order to escape potential rejection from the mother attachment figure, the neglected and/or abused child may contrive a strategy that prevents the primary caregiver (mother) from becoming aware that any needs exist (Ainsworth et al., 1978). This form of insecure attachment (i.e., anxious) may go undetected by the mother attachment figure because these children have devised a protective mechanism against her inconsistencies, her unresponsiveness, and her rejection, that (in outward appearances) would indicate that the child is

"self-sufficient" or "precocious" rather than being insecurely attached (van Ijzendoorn & Kroonenberg, 1988).

Finally, another factor that may be at work here is that mothers who have come to feel defenseless against their male abusers may be compelled to vent their frustrations by taking out their anger on their young, defenseless, children (deMause, 2002; Simons et al., 1993). deMause (2002) believes that as mothers these oppressed women will likely assume the role of the oppressor and levy upon their children the same abusive behaviors imposed upon them in their misogynistic environments. According to Ainsworth and Bowlby (1991), the abused child will develop an inner sense of unworthiness, anxiety, and fear. The child who is repeatedly the target of the mother's frustrations, and who rarely experiences warm, sensitive, and responsive caregiving, will determine that the mother is unlikely to be available when comforting is needed and will not be able to form a secure attachment with the mother attachment figure (Ainsworth et al., 1978).

The second hypothesis stated that daughters who experience insecure attachment with their mothers (due to experiencing misogyny while growing up) would be more likely to become mothers who have a poorer-quality

relationship with their own children. Results showed some support for this hypothesis. Three trends, or "themes," though not very strong, were evident throughout the analyses computed for this hypothesis: 1) a positive relationship between mother's early attachment security and the warmth and neglect she shows her child, 2) a relationship between her early misogyny and neglect (and lowered warmth) in the current parenting of her own child, and 3) mothers with early insecure attachment *and* high misogyny while growing up tended to show more neglect of their own children.

Regarding the first "trend," there is empirical research that supports the theory that warm, sensitive, and appropriately responsive parenting practices are directly related to secure attachment between children and their primary caregivers (Ainsworth & Bowlby, 1991). The internal working model that develops as a result of the formation of a secure attachment between the child and the primary caregiver provides a model for behaviors that the child will come to expect in others and eventually emulate as well (Bowlby, 1973; 1979). Parents who are securely attached to their children are likely to model more favorable patterns of behavior for their children, promote the growth and development of emotional regulation

(Propper & Moore, 2006), and are less likely to be abusive or neglectful (Ainsworth et al., 1978; Berman & Sperling, 1994; Bowlby, 1982; Karen, 1990). Securely attached children grow up to be parents who have securely attached children who will become self-confident and caring adults (Bowlby, 1979).

Regarding the second "theme," according to deMause (2002) and Simons et al. (1993), daughters who experience misogyny while growing up are more likely to be victims of abuse and neglect themselves since their "abused" mothers (who are more likely to suffer from depression, anxiety, and fear) are less able to provide protection from the patriarchal offenders (deMause, 2002; Simons et al., 1993). There is a high likelihood that when these women became mothers themselves they are at higher risk for neglecting their own children the same way that their mothers neglected them, and are less able to be warm, nurturing caregivers (Main & Goldwyn, 1984; McCullough & Sherman, 1998; Scales, 2002). The present study supports Bowlby's (1980), van IJzendoorn and Kroonenberg's (1988), and Webber's (2003) studies which report that daughters who were neglected by their mothers during their childhood will likely adopt similar parenting behaviors of neglect with their own children. Mothers who did not receive warm,

sensitive, and responsive caregiving from their primary caregivers (while growing up in misogynistic environments) most likely have *internal working models* lacking nurturing qualities, and are unable to provide warmth to their own children because they are not familiar with this particular parenting style (e.g., Ainsworth & Bolwby, 1991; deMause, 2002). Studies show that children who have been maltreated do not know how to act differently when they become adults and may exhibit behaviors that reflect a lack of caring about others (e.g., Paavilainen & Astedt-Kurki, 2003).

Finally, regarding the third "theme," a number of studies have shown that mothers raised in misogynistic environments became insecurely attached because they were either neglected or abused by their mothers during their childhoods (e.g., Fraiberg et al., 1987; Karen, 1990; Leifer, 1990; Tyler, Allison, & Winsler, 2006). Researchers have determined that all children will adopt some form of attachment because it is believed that attachment behaviors are utilized by infants and young children as survival skills (Ainsworth, 1989; Bowlby, 1980; Webber, 2003). As stated earlier, McCullough and Scherman (1998), and Scales (2002) have determined that the quality of parenting that mothers are able to give to

their children is linked to the quality of parenting that they themselves received from their own primary caregivers during their childhoods. Mothers who have a history of misogyny while growing up will most likely form an insecure attachment with their primary caregiver, and will likely be programmed to repeat the same neglectful behaviors with their own children that they experienced in their childhoods (Bowlby, 1979; deMause, 2002).

One surprising finding in the present study (particularly related to this last "theme") is that the strength of the relationship between the early environment of the mother and her current childrearing was not as strong as we had anticipated. One speculation regarding this is that there may be a third variable which we did not measure that could be influencing both early experiences and subsequent caregiving practices. Depression, for example, is one factor that consistently shows up in the literature as being associated with mothers who experienced misogynistic environments during their childhoods. Kendall-Tackett (2002) report that mothers who were victims of abuse during their childhood may have more difficulties in their adult relationships due to depression, and are more likely to have negative attitudes toward others (including their children).

According to Wolfe (1992), depressed mothers with a history of abuse are at an increased risk of attracting abusive male partners. A recent study of adults who experienced abuse and neglect in their childhoods reported an increased risk factor for major depressive disorder (Kaplow, Widom, & Spatz, 2007). Based on unpublished data (personal communication), there may also be a moderator variable here (depression) that could provide a stronger link between early maternal misogyny and subsequent treatment of her children. This coincides with deMause's (2002) theory that mothers who were insecurely attached during their childhoods may be unable to tend to the needs of their offspring because their own emotional needs were never met.

Another finding in the current study was that the education of participants' mothers was significantly and negatively related to misogyny. Studies have shown that females with higher levels of educations feel they are emotionally empowered, are less likely to tolerate misogynistic relationships, and will seek "escape" methods to remedy unhealthy living situations (Frieze & McHugh, 1992; Wallerstein, 1992; Zimmerman and Rappaport (1988). Conversely, females in misogynistic environments have poorer mental health, feel powerless to escape their

life-styles, and are less likely to seek resources to enable them to continue their education.

Another factor contributing to the lack of strength in our findings (results showing only a "trend" toward more child neglect by mothers who experienced early misogyny) was that there were too few individuals who had extreme misogyny scores. In addition, it could also be that mothers who have more exposure to education may be able to look more objectively at how their early misogynistic experiences affected their own mother's parenting practices, and make a conscious decision to treat their own children better than they were treated when growing up.

In addition to the above, one of the strengths in this study was the development of a measure, i.e., the Misogyny Scale, which identifies misogynistic behavior from a woman's perspective. Sexism measures most often examine sexist male behavior toward females from the point of view of the male but rarely look at the effect sexism has on the female from the female's perspective. While the Misogyny Scale may prove to be a valuable tool in helping assess the effects of misogyny on parenting behaviors, more research is needed for validation of this scale. However, if a connection can be made between maternal

early (or current) misogyny and later caregiving behaviors of neglect or abuse, clinicians may be better able to suggest interventions that include removing the mother from the misogynistic environment as one means of alleviating the maltreatment of her children.

Limitations and Future Research

One limitation of the current study is that the sample sizes were quite small in the analyses assessing insecure attachment (with and without early misogyny) and current treatment of own child. A second limitation is that the participants' data was all self-report: participants may not have been completely objective with their answers regarding the treatment of their own children. Studies utilizing video-taping of mothers in their home environments may provide more accurate data on the actual relationships that exist between mothers and their children.

Future research could study a large sample size (with more extreme misogyny) utilizing causal modeling to gain a clearer picture of the interrelationship among these variables. Additionally, future studies could assess maternal depression as it frequently shows up in the literature as being associated with mothers who

experienced misogynistic environments during their childhoods. Early misogyny may also effect adult interpersonal relationships when women are drawn into these relationships due to the familiarity factor. This current misogynistic relationship may in and of itself be a direct and contributing factor toward child maltreatment. While studies consistently link high misogyny and sexism to lower socio-economic status (SES), it may also be interesting to look at whether misogyny effects socio-economic status: i.e., whether or not a woman in a misogynistic relationship (who is mentally or physically tormented) would be able to leave her oppressive environment, or whether she would she feel like a prisoner in her own home. Would she have high enough self-esteem to seek gainful employment, or be made to feel she is incapable of contributing to the household finances? Is she mindful of the benefits of continuing her education and motivated to pursue this avenue, or is she made to believe that she is stupid and will never succeed?

Conclusions

This is the first study to examine the effects of early misogyny on mothers' later caregiving behaviors. Results from this study indicate a strong link between

misogyny in the family-of-origin and an insecure attachment developing between mothers and their primary careqivers. Consistent with attachment research, insecure attachment influences the treatment of the next generation of children. Although the current study did not find a significant link between mothers' early misogyny and subsequent poorer-quality treatment of their children, the results do imply a consistent trend toward that end. Whereas mothers who experienced misogyny while growing up reported feelings of lower warmth and higher neglect toward their children, mothers with no misogynistic experiences in their childhoods reported higher feelings of warmth and affection toward their children. While the findings in this study are not conclusive, there is sufficient evidence to suggest that mothers who experience misogyny during their childhoods are more likely to abuse or neglect their children than those mothers who did not experience misogyny during childhood.

FOOTNOTES

Due to the lack of an attachment measure to assess mothers and preschool aged children, a measure of participants warmth/acceptance, aggression, neglect, and rejection was used instead. The actual hypothesis, though, is that there will be insecure attachment in future generations.

APPENDIX A

MISOGYNY SCALE

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Misogyny Scale

Instructions: Indicate the intensity to which the following describes your experiences while you were growing up in your family of origin. Select the number that best corresponds and write it on the line preceding the question.

ا App	Not licat 1	ble	Mildly/ Mildly 2	M	loderately 3		oderately/ oderately 4	Sever 5	rely	Severely 6
	1.	Males in	my family	and/or	extended	family	disliked fe	males in o	ur family.	
	2.	Males in	my family	and/or	extended	family	hated fema	ales in my	family.	
	3.	Males in	my family	and/or	extended	family	were rude	to females	s in our fa	amily.
. <u> </u>	4.	Males in family.	my family	and/or	extended	family	were disre	spectful to	females	in our
	5.	Males in family.	my family	and/or	extended	family	were hosti	le toward f	emales ir	n my
	6.		my family in my fami		extended	family	would say	hurtful and	d cruel thi	ings to
	7.		my family in my fami		extended	family	would do h	nurtful and	cruel thir	ngs to
	8.	Males in my famil		and/or	extended	family	devalued t	he opinion	s of the f	emales in
	9.		my family work outs			family	devalued t	he ability c	of the fem	ales in my
	10.		my family be good h			family	devalued t	he ability c	of the fem	ales in my
	11.		my family in my fami		extended	family	were insult	ting/deroga	atory towa	ard
	12.		my family statement					lerous (ma	ade false;	malicious;
	13.	Males in	my family	and/or	extended	family	called the	females in	my famil	y "stupid."
	14.	Males in	my family	and/or	extended	family	called the	females in	my famil	y "lazy."
	15.		my family s of femal			family	used threa	ts of force	to influer	nce the
	16	Malos in	my family	and/or	ovtonded	fomily	used weer	one cuch	aa knivaa	or guns to

16. Males in my family and/or extended family used weapons such as knives or guns to influence the behaviors of females in my family.

Not Mildly Applica		Mildly 2	Moderately/ Moderately 3	Moderately 4	Severely 5	Severely 6
17	baseba		nd/or extended fa ker, etc.,) as threa /.			
18		n my family a from them.	nd/or extended fa	mily accused ferr	nales in my farr	nily of keeping
19	. Males i liars.	n my family a	nd/or extended fa	mily accused ferr	nales in my farr	ily of being
20			nd/or extended fa er than their partn		nales in our fan	nily being
21			nd/or extended fa rtners (cheating or		nales in my farr	ily of being
22		n my family a by slapping th	ind/or extended fa iem.	mily would physic	cally assault fer	nales in my
23		n my family a by punching tl	nd/or extended fa hem.	mily would physic	cally assault fer	males in my
24		n my family a by pushing the	ind/or extended fa em.	mily would physic	cally assault fer	nales in my
25		n my family a by burning the	ind/or extended fa	mily would physic	cally assault fer	nales in my
26		n my family a by pulling thei	ind/or extended fa r hair.	mily would physic	cally assault fer	males in my
27		n my family a by choking the	nd/or extended fa em.	mily would physic	cally assault fer	males in my
28	. Males i in my fa		nd/or extended fa	mily would shout,	, scream, or ye	ll, at females
29	. Males i my fam		nd/or extended fa	mily would shout	obscenities at	females in
30			nd/or extended fa o routine things.	mily would order/	command fema	ales in my
31			nd/or extended fa e family finances.	mily would blame	the females in	my family
32			nd/or extended fa ere and who they v		er the females i	n my family
33			nd/or extended fa be friends with.	mily would tell fer	males in my far	nily who they

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APPENDIX B

11

SCHEDULE OF SEXIST EVENTS SCALE

Schedule of Sexist Events

Instructions: Indicate the frequency to which the following describes your experiences with family members during your lifetime. Select the number that best corresponds and write it on the line preceding the question.

Neve	er Once in a while	Sometimes	A lot	Most of of the time	Almost all of the time
1	2	3	4	5	6
1. How often have you been treated unfairly by family members because you a woman?					
2. How often have family members made inappropriate or unwanted sexual comments to you because you are a woman?					
3. How often have family members failed to show you the respect that you deserve because you are a woman?					
4.	How often have you	wanted to tell a far	nily member of	f for being sexis	st?
5.	How often have you been really angry about something sexist that was done or said to you by a family member?				
6.	6. How often were you forced to take drastic steps (such as running away, moving away, or other actions) to deal with some sexist thing that was done to you by a family member?				
7.	How often have you names?	been called a sexis	st name like ch	ick, slut, bitch, '	'ho", or other
8.	How often have you something sexist that				
9.	How often have you threatened with harn			shed, shoved, h	it, or
10	. How often have you jokes, or sexual com		bers making se	exist jokes, degr	ading sexual

APPENDIX C

PARENTAL ATTACHMENT (MOTHER) SCALE

Parental Attachment Questionnaire (Mother)

The following pages contain statements that describe family relationships and the kinds of feelings and experiences frequently reported by young adults. Please respond to each item by filling in the number on a scale of 1 to 5 that best describes your mother, your relationship with your mother, and your experiences and feelings. Please provide a single rating to describe your mother and your relationship with her.

Not at All	Somewhat	A Moderate Amount	Quite a Bit	Very Much	
1	2	3	4	5	

In general, my mother...

- 1. is a person I can count on to provide emotional support when I feel troubled.
- _____ 2. supports my goals and interests.
- _____ 3. lives in a different world.
- 4. understands my problems and concerns.
- _____ 5. respects my privacy.
- 6. restricts my freedom or independence.
- _____ 7. is available to give me advice or guidance when I want it.
- _____ 8. takes my opinions seriously.
- 9. encourages me to make my own decisions.
- 10. is critical of what I can do.
- 11. imposes her ideas and values on me.
- 12. has given me as much attention as I have wanted.
- 13. is a person to whom I can express differences of opinion on important matters.
- _____ 14. has no idea what I am feeling or thinking.
- _____ 15. has provided me with the freedom to experiment and learn things on my own.
- 16. is too busy or otherwise involved to help me.
- 17. has trust and confidence in me.
- _____ 18. tries to control my life.

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Not at All	Somewhat	A Moderate Amount	Quite a Bit	Verv Much	
1	2	3	4	5	

In general, my mother...

- _____ 19. protects me from danger and difficulty.
- _____ 20. ignores what I have to say.
- _____ 21. is sensitive to my feelings and needs.
- _____ 22. is disappointed in me.
- _____ 23. gives me advice whether or not I want it.
- _____ 24. respects my judgment and decisions, even if different from what she would want.
- _____ 25. does things for me, which I could do for myself.
- _____ 26. is a person whose expectations I feel obligated to meet.
- ____ 27. treats me like a younger child.

During recent visits or time spent together, my mother is a person...

- _____ 28. I looked forward to seeing.
- _____ 29. with whom I argued.
- _____ 30. with whom I felt relaxed and comfortable.
- _____ 31. who made me angry.
- ____ 32. I wanted to be with all the time.
- _____ 33. towards whom I felt cool and distant.
- ____ 34. who got on my nerves.
- _____ 35. who aroused feelings of guilt and anxiety.
- _____ 36. to whom I enjoyed telling about the things I have done and learned.
- _____ 37. for whom I felt a feeling of love.
- _____ 38. I tried to ignore.
- _____ 39. to whom I confided my most personal thoughts and feelings.
- _____ 40. whose company I enjoyed.

During recent visits or time spent together, my mother is a person...

41. I avoided telling about my experiences.

Following time spent together, I leave my mother...

- _____ 42. with warm and positive feelings.
- 43. feeling letdown and disappointed by my mother.

When I have a serious problem or an important decision to make...

- 44. I look to my mother for support, encouragement, and/or guidance.
- 45. I seek help from a professional, such as a therapist, college counselor, or clergy.
- _____ 46. I think about how my mother might respond and what she might say.
- 47. I work it out on my own, without help or discussion with others.
- _____ 48. I discuss the matter with a friend.
- _____ 49. I know that my mother will know what to do.
- 50. I contact my mother if I am not able to resolve the situation after talking it over with my friends.

When I go to my mother for help...

- 51. I feel more confident in my ability to handle the problems on my own.
- _____ 52. I continue to feel unsure of myself.
- _____ 54. I feel confident that things will work out as long as I follow my mother's advice.
- 55. I am disappointed with her responses.

APPENDIX D

INVENTORY OF PARENT AND PEER ATTACHMENT SCALE

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Inventory of Parent and Peer Attachment

Instructions: Please carefully read each item below and choose the best response. Mark its corresponding "letter" on the line in front of each question. Please be sure to answer every item!

A. Each of the statements below asks about your feelings about your <u>mother</u>. Please read each statement and mark on the line in front of each question the <u>ONE</u> letter that tells how true the statement was for you <u>WHEN YOU WERE A CHILD</u>.

	or Not Very Often	Sometimes	Often True	Almost Always or
Never true	true	True		Always true
1	2	3	4	5

- _____ 1. My mother respected my feelings.
- 2. I felt my mother did a good job as my mother.
- _____ 3. I wish I had had a different mother.
- 4. My mother accepted me as I was.
- 5. I liked to get my mother's point of view on things I was concerned about.
- 6. I felt it was no use letting my feelings show around my mother.
- 7. My mother was able to tell when I was upset about something.
- 8. Talking over my problems with my mother made me feel ashamed or foolish.
- 9. My mother expected too much from me.
- 10. I got upset easily around my mother.
- _____ 11. I got upset a lot more than my mother knew about.
- _____ 12. When we discussed things, my mother cared about my point of view.
- _____ 13. My mother trusted my judgment.
- _____ 14. My mother had her own problems, so I didn't bother her with mine.
- _____ 15. My mother helped me to understand myself better.

A. Each of the statements below asks about your feelings about your <u>mother</u>. Please read each statement and mark on the line in front of each question the <u>ONE</u> letter that tells how true the statement was for you <u>WHEN YOU WERE A CHILD</u>.

Almost Never	or Not Very Often	Sometimes	Often True	Almost Always or
Never true	true	True		Always true
1	2	3	4	5

- 16. I told my mother about my problems and troubles.
- _____ 17. I felt angry with my mother.
- _____ 18. I didn't get much attention from my mother.
- _____ 19. My mother helped me to talk about my difficulties.
- _____ 20. My mother understood me.
- _____ 21. When I got angry about something, my mother tried to be understanding.
- _____ 22. I trusted my mother.
- _____ 23. My mother didn't understand what I was going through.
- _____ 24. I could count on my mother when I needed to get something off my chest.
- 25. If my mother knew something was bothering me, she asked me about it.

APPENDIX E

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MOTHER PARENTAL ACCEPTANCE AND REJECTION

QUESTIONNAIRE

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Mother Parental Acceptance and Rejection Questionnaire

The following pages contain a number of statements describing the way different mothers act toward their children. Read each statement carefully and think how well it describes the way you treat your child. Work quickly; give your first impression and move on to the next item. Do not dwell on any item. Remember there is no right or wrong answer to any statement so be as frank as you can. Respond to each statement the way you feel you really are rather than the way you might like to be. Place the corresponding number of your selection on the line in front of each numbered question.

Almost Always	Sometimes	Rarely	Almost Never
True	True	True	True
1	2	3	4

- _____ 1. I say nice things about my child.
- _____ 2. I nag or scold my child when he/she is bad.
- ____ 3. I ignore my child.
- _____ 4. I wonder if I really love my child.
- 5. I discuss general daily routines with my child and listen to what he/she has to say.
- ____ 6. I complain about my child to others when he/she does not listen to me.
- _____ 7. I take an active interest in my child.
- 8. I encourage my child to bring friends home, and I try to make things pleasant for them.
- ____ 9. I make fun of my child.
- _____ 10. I ignore my child as long as he/she does not do anything to disturb me.
- _____ 11. I yell at my child when I am angry.
- _____ 12. I make it easy for my child to confide in me.
- _____ 13. I am harsh with my child.
- _____ 14. I enjoy having my child around me.
- ____ 15. I make my child feel proud when he/she does well.
- ____ 16. I hit my child even when he/she may not deserve it.
- ____ 17. I forget things I am supposed to do for my child.

Almost Always	Sometimes	Rarely	Almost Never	
True	True	True	True	
1	2	3	4	

- _____ 18. My child is a burden for me.
- _____ 19. I praise my child to others.
- _____ 20. I punish my child when I am angry.
- _____ 21. I make sure my child has the right kind of food to eat.
- _____ 22. I talk to my child in a warm and affectionate way.
- ____ 23. I am impatient with my child.
- _____ 24. I am too busy to answer my child's questions.
- _____ 25. I resent my child.
- _____ 26. I praise my child when he/she deserves it.
- _____ 27. I am irritable with my child.
- _____ 28. I am concerned who my child's friends are.
- _____ 29. I take real interest in my child's affairs.
- _____ 30. I say unkind things to my child.
- _____ 31. I ignore my child when he/she asks for help.
- 32. I am unsympathetic to my child when he/she is having trouble.
- _____ 33. I make my child feel wanted and needed.
- _____ 34. I tell my child that he/she gets on my nerves.
- _____ 35. I pay a lot of attention to my child.
- 36. I tell my child how proud I am of him/her when he/she is good.
- _____ 37. I hurt my child's feelings.
- _____ 38. I forget events that my child thinks I should remember.
- _____ 39. When my child misbehaves, I make him/her feel I don't love him/her anymore.
- _____ 40. I make my child feel what he/she does is important.

True True True True	Almost Always	Sometimes	Rarely	Almost Never	
1 2 3 4	True	True	True	True	
1 2 5 7	1	2	3	4	

- _____ 41. When my child does something wrong, I threaten or frighten him/her.
- _____ 42. I like to spend time with my child.
- 43. I try to help my child when he/she is scared or upset.
- 44. When my child misbehaves, I shame him/her in front of his/her playmates.
- ____ 45. I avoid my child's company.
- _____ 46. I complain about my child.
- 47. I respect my child's point of view, and encourage him/her to express it.
- _____ 48. I compare my child unfavorably with other children.
- 49. When I make plans, I take my child into consideration.
- 50. I let my child do things he/she thinks are important, even if it is inconvenient for me.
- 51. When my child misbehaves, I compare him/her unfavorably with other children.
- 52. I leave my child to someone else's care (e.g. a neighbor or relative).
- _____ 53. I let my child know he is not wanted.
- _____ 54. I am interested in the things my child does.
- _____ 55. I try to make my child feel better when he/she is hurt or sick.
- 56. I tell my child I am ashamed of him/her when he/she misbehaves.
- _____ 57. I let my child know I love him/her.
- _____ 58. I treat my child gently and kindly.
- 59. When my child misbehaves, I make him/her feel ashamed or guilty.
- _____ 60. I try to make my child happy.

APPENDIX F

BACKGOUND INFORMATION

Background Information

Please answer the following questions. This information is anonymous and confidential. Do not skip any items. If you have any questions, please ask them now.

- 1. Your age: _____
- 2. Your gender: ____Female ____Male
- 3. Your current marital status:(Check one)

Single	
Married	
Separated/Divorced	
Widowed	
Other ()

4. How many children do you have living with you?

- 5. What are the ages of your children living with you:
- 6. What is your ethnic background? (Check one)

Asian	
Black	
Caucasian	
Hispanic	
Other ()

- 7. What is the highest level of education **you** have completed? (Check one) Have not finished high school
 - Graduated from high school
 - _____Trade School
 - _____Some college (includes A.A. degree)
 - Graduated from college (B.A. or B.S. degree)
 - ____Some post-graduate work
 - Graduate or professional degree (specify:_____)
- 8. What was the highest grade in school (or level of education) your **mother** completed? (Check one)
 - _____Has not finished high school
 - Graduated from high school
 - ____Trade School
 - _____Some college (includes A.A. degree)
 - Graduated from college (B.A. or B.S. degree)
 - _____Some post-graduate work
 - _____Graduate or professional degree (specify:_____)
 Unknown

- 9. What was the highest grade in school (or level of education) your **father** completed? (Check one)
 - Has not finished high school
 - Graduated from high school
 - Trade School
 - _____Some college (includes A.A. degree)
 - _____Graduated from college (B.A. or B.S. degree)
 - Some post-graduate work
 - Graduate or professional degree (specify:_____)
 - Unknown

When **you** were growing up (Birth to 18 years of age) who did you live with either part-time or full-time? (check all that apply)

neck all that apply)	
Mother	Mother's boyfriend
Father	Father's girlfriend
Grandmother	Grandfather
Step-mother	Step-father
Step-Grandmother	Step-Grandfather
Foster Mother	Foster Father
Aunt: Maternal: Paterna	l:
Uncle: Maternal: Paterr	nal:
Siblings (biological) How many	y female siblings?
How many male siblings? Ho	w many male siblings
were older than you?	
Step-siblings – How many fem	hale step-siblings? How many male step-
siblings? How many male ste	
	family members not mentioned above:
	······ ·

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