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A DESCRIPTIVE STUDY: THE VIEWS OF TOUCH AS RELATED  
TO CHILDREARING PRACTICES CORRELATED  
WITH CERTAIN DEMOGRAPHIC FACTORS

By

Linda Lewis Dunn

A Thesis  
Submitted to the Faculty of  
Mississippi University for Women  
in Partial Fulfillment of the Requirements  
for the Degree of Masters of Science in Nursing  
in the Department of Nursing  
Mississippi University for Women

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TO CHILDREARING PRACTICES CORRELATED  
WITH CERTAIN DEMOGRAPHIC FACTORS

By

Linda Lewis Dunn

*Mary P. Curtis*

---

Assistant Professor  
Director of Thesis

*Phyllis W. Werner*

---

Professor of Nursing  
Member of Committee

*Blandis*

---

Assistant Professor  
Member of Committee

*Ralph Ellett*

---

Director of the Graduate School

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## Abstract

This descriptive study was designed to correlate the views of touch as related to childrearing practices with certain demographic factors. The researcher hypothesized that there would be no significant difference when parenting skills and abusive behavior were correlated with identified demographic variables based on the scores of the researcher-designed questionnaire.

A researcher-designed survey was administered to 10 mothers who were participating in a Parents Anonymous group. Nine of the subjects had abused their child/children, while one subject stated she felt she could abuse. All subjects were natural mothers who had received prenatal care while pregnant. Seven subjects had experienced unplanned pregnancies. All stated they had a special child/children, either stubborn, spoiled, premature, or subject to illness.

To test each of the null hypotheses regarding parenting skills and abusive behavior as related to age, income, race, education, employment, and marital status, the Pearson's R and the Biserial Correlation were used. Age was the only demographic variable found to be significant at the .05 level. Because this variable was significant, the theoretical hypothesis was rejected.

## CHAPTER I

### The Research Problem

#### Introduction

Child abuse and neglect have received much attention in the last 20 years, resulting in increased legislation that attempts to protect the children of America (Nagi, 1977). Nevertheless, abusive behavior is considered the leading cause of death in children, and is, therefore, recognized as a national health problem (Wegmann, Lancaster, Bruhn, & Fuentes, 1981). Approximately 1% of American children are reported to be abused or neglected each year. There is no way to detect how many cases are never reported (Helfer & Kempe, 1976). Child abuse is a problem which occurs at all socioeconomic or educational levels (Solomons, 1979).

#### Origin of Problem

The problem of child abuse and neglect can be traced in the literature to ancient times. Infanticide has occurred throughout history. Many times mothers have killed their newborn infants or bundled them up and thrown them away (Fontana, 1973). Child abuse was first recognized as a health problem in 1888 as a consequence of an article on periosteal swelling in infants (Nagi, 1977). Just over 100 years ago the much publicized abuse of Mary Ellen, a foster

child, was responsible for the formation of the Society for the Prevention of Cruelty to Children in America (Scharer, 1979). Mary Ellen was maltreated by frequent beatings, undernourished from a diet of bread and water, and chained to a bedpost (Fontana, 1973).

The battered child syndrome became public knowledge through the writings of Kempe and colleagues (Solomons, 1979). This continued awareness of child abuse in the United States (U. S.) led to the evolvement of mandatory laws for all health professionals to report any suspected child abuse (Solomons, 1979).

"Child neglect can be divided into two categories: physical and emotional " (Wegmann, et al., 1981, p. 11). Leaman defines physical neglect as "failure to provide adequate food, clothing, shelter, or needed medical care" and "emotional neglect as failure to provide the nurturing a child's needs for adequate psychological and mental development" (Wegmann, et al., 1981, p. 11). Child abuse can be specifically divided into four categories: (a) physical abuse, (b) battering, (c) sexual abuse, and (d) emotional abuse (Wegmann, et al., 1981).

The needs of infants and children are of much interest to this researcher who has two school-age children and is a nurse. Several years' experience in maternal-child nursing has resulted in the opportunity to observe happy parents as well as parents who refused involvement with their newborn infants. While functioning in the role of a high-risk

nurse, this researcher assisted an unwed mother in learning to feed her premature infant. This same mother was later legally charged with physical abuse and neglect of her infant who died at age five months.

From the moment of birth the infant is dependent upon his mother or mother substitute for meeting his needs. The newborn's basic needs include sufficient air of a comfortable temperature, adequate food intake, a safe crib, and touch that conveys love (Ellis & Nowlis, 1977). The emotional and physical dependence which results from feeding, cuddling, and caring for the infant enhances the most meaningful relationship during the first few years of life. If the relationship between mother and infant is genuine, consistent, and affectionate, the baby will view his world as safe, dependable, and trustworthy. If neglected the baby will demonstrate signs of fear, distrust, and agitation (Ellis & Nowlis, 1977).

Touch is a means of communication and is the earliest means of human communication. In-utero, a fetus is surrounded by the warm contact of the amniotic fluid. During the developing months of gestation, the fetus receives vibrations from the maternal heartbeat and responds to it. Furthermore, during labor the contracting uterus transmits cutaneous stimuli that activate such vital systems as the respiratory and gastrointestinal systems. The newborn's first experience with extra-uterine life is the pressure of the mother's flesh during delivery and the touch of the obstetrician's hands. The infant will begin to experience affection and

love, or its deficit, through the maternal touch. Love and touch cannot be separated. Touch is necessary for the child to gain his first knowledge of others (Barnett, 1972).

The situation of abuse is one in which touch is lacking or misused. Every person has need to be touched. If the need for touch is not satisfied, one will not develop in a healthy manner, physically or emotionally (Corey, 1977). Frank (1957) also stated that touch is very necessary if an infant is to grow both mentally and physically. Insufficient touch will retard growth even if an infant is fed and kept clean and dry (Ellis & Nowlis, 1977). A good example of this point occurred in the early 1900's when approximately one-half of all institutionalized infants under age one year died from marasmus. This condition (marasmus) is a wasting away when deprived of warm personal contact even though physical needs are met (Bogdanoff & Elbaam, 1978).

Infants who are deprived of touch during the first six months of life will demonstrate retarded mental development, cry a great deal, will demonstrate poor motor development, and may not gain weight normally. Eventually, the infant's sleep pattern will be altered, facial expressions will become rigid, and he will become passive and will appear retarded (Marlow, 1977).

During the first five years of life a child must learn to do numerous things for himself. This will include learning to trust others, making friends, developing a positive

self-image, expressing feelings, and having needs met, in addition to talking, walking, and other physiological tasks (Helfer & Kempe, 1976).

According to many developmental psychologists, the first five years of life are the most critical for serious deficits to occur. Once deficits occur, they may never be regained (Helfer & Kempe, 1976). Various animal and human studies have shown that interaction with people is necessary for growth and stimulation of a child (Helfer & Kempe, 1976). A study by Filippine and Rousey (1968) revealed that a delay in talking is related to interpersonal disturbances in a critical area of child development.

Some demographic variables have been identified by researchers that indicate those at risk to abuse as well as those at risk for abuse. This knowledge lends support to two different theories of child abuse and neglect: the psychopathological model and the social health model (Gelles, 1973). Much of the literature is based on a psychopathological model to explain child abuse and neglect.

Child abuse may result from three conditions: (a) special characteristics of the abuser, such as a history of being abused or low self-esteem; (b) a special child, one who was premature, physically handicapped, stubborn, spoiled, or predisposed to illness; and (c) one or more events creating stressful situations, such as poverty, divorce, child out of wedlock, a new baby, or a recent move (Helfer, 1973).

Cultural tolerance for corporal punishment within the family is a fourth condition added by Gelles (1968).

The abusive parent is described as a psychopath: impulsive, depressed, immature, inadequate, self-centered, insecure, demanding, poor emotional control, and has a perverse fascination of punishing children (Gelles, 1973). This psychopathology of the abuser is illustrated further by the parental distortion of the child. As a result, the child is seen by the abusive parent as the cause of the parents' problems and reality becomes distorted (Steele & Pollack, 1968).

More recent literature criticizes this psychopathological model and suggests a means of analyzing child abuse. Socio-cultural aspects of the abuser, such as sex, employment, previous exposure to violence, and socioeconomic status, as correlated with age, temperament, and sib-order of the abused child, have been examined (Galdston, 1965; Gelles, 1973; Gil, 1971).

Child abuse is significant to health care and, in particular, to the Family Nurse Clinician (FNC) whose practice includes families who are directly affected by child abuse. The FNC is in an unique position to intervene effectively with the potential and recognized abusive parent. In order to provide the necessary help to these individuals and their families, the FNC must possess data essential for identifying those parents who are at risk. This study was designed to

determine if factors could be identified to assist in early detection and prevention of child abuse.

The purpose of this study was to explore the relationship between the views toward and use of touch by abusive mothers in childrearing and identified demographic variables.



## CHAPTER II

### Theoretical Framework

The theory of King (1981) was utilized in this study as the theoretical framework. King, a nursing theorist, refers to three systems that interact within her conceptual model: personal, interpersonal, and social. According to King, four generalizations exist throughout these three systems, which she considers to be social systems, perception, interpersonal relationships, and health (Fitzpatrick & Whall, 1983). These generalizations were tested in this study. Specific definitions, as related to this study, are discussed in the context of this chapter.

First of all, King identifies the social system as the family into which one is born, grows, and develops. Families provide the framework for social interaction, social relationships, behavior, and modes of action, as well as beliefs, attitudes, values, and customs (King, 1971). This study focused on the family unit which exists as part of the social system with the role of mothering being greatly emphasized.

A part of the mother's role is childrearing. Views of childrearing are determined largely by the mother's perception of nurturance, parenting skills, and cultural customs. Her childrearing views will affect how the child grows and

develops. These views will also affect how discipline and nurturance are integrated in meeting the child's needs. If the mother exhibits behaviors that result in abuse or neglect of the child, outside individuals or groups must assist the mother to gain momentum. The child may necessitate removal from the home for safety reasons. It is within the scope of the FNC to denote any disruption in the child's growth and development as well as problems in family functioning. The FNC's observations may necessitate counseling, teaching, referring, or reporting to legal authorities.

Secondly, perception, according to King, is the individual's view of reality (King, 1971). A mother's perception of her role in society, how she perceives her child, how she perceives herself, and how she perceives touch will ultimately affect how she perceives childrearing. This descriptive study obtained views of childrearing, touch, and parenting skills according to the mother's perceptions. It further sought data to determine how the above views correlated with selected demographic variables.

Thirdly, interpersonal relationships are the way human beings interact with their environment (King, 1981). The environment, an open system in which a child grows and develops, is responsible for providing the support a child needs to move from dependence as a newborn to independence as an adult. Positive support from the child's environment results in interactions within the social system he is born. Interaction is a form of communication necessary for learning

to take place (King, 1971). Effective communication must occur in an atmosphere of respect for each other. Positive verbal communication will satisfy basic desires by personal contact with others. Positive nonverbal communication (touch) enhances listening and feeling (King, 1971). Thus, an expanded knowledge of maternal-infant bonding, the need to communicate both verbally and nonverbally, normal growth and development, and parenting skills will facilitate the teaching role of the FNC.

Lastly, King defines health as a functional state in life that involves how individuals deal with the stresses of growth and development in any culture and is characterized by the ability to function in one's social role. A goal of nursing is to assist individuals with health maintenance so they can function in their social roles. Mothers may need assistance from the FNC to facilitate this functioning. The FNC, with her knowledge base of growth and development, her understanding of the social system, and her knowledge of basic human needs, can assist the mother in achieving optimum health. Stressors can be identified and dealt with using the nursing process.

This study sought to correlate the views of childrearing as related to parenting skills with certain demographic factors. The purpose of this study, then, was to provide the FNC with the necessary information to identify at-risk mothers who could have a problem in the social role of "mothering."

## CHAPTER III

## Hypotheses

Theoretical Null Hypothesis

Parenting skills of abusive parents do not significantly correlate with identified demographic variables.

Theoretical Definitions

1. Parenting skills: views of touch as related to care and rearing of children.
2. Abusive parents: those mothers participating in a Parents Anonymous group who have abused or feel they have the potential to abuse their child(ren).
3. Significantly: a score at the .05 level of significance.
4. Correlate: the relationship between the scores on the Parent's Anonymous questionnaire and demographic variables with income and age using the Pearson's R statistical test and employment, marital status, race, and education using the Biserial statistical test.
5. Demographic Variables: characteristics of participants which include employment, marital status, age, race, education, and income.

Operational Hypotheses:

1. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to employment, using the Biserial Correlation statistic, there will be no significance at the .05 level.

2. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to marital status, using the Biserial Correlation statistic, there will be no significance at the .05 level.

3. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to age, using the Pearson's R Correlation statistic, there will be no significance at the .05 level.

4. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to race, using the Biserial Correlation statistic, there will be no significance at the .05 level.

5. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to education, using the Biserial Correlation statistic, there will be no significance at the .05 level.

6. When the views of touch as related to childrearing practices by mothers attending Parents Anonymous groups are surveyed, using the researcher-designed questionnaire, and the results are correlated to income, using the Pearson's R Correlation statistic, there will be no significance at the .05 level.

## CHAPTER IV

## Review of the Literature

A voluminous amount of literature has been written on child abuse and neglect, especially in medicine, law, social services, and behavioral sciences (Nagi, 1977). Although much of the available literature is from "armchair philosophers," some research has been accomplished in the areas of the developmental effects of abused children, the type parents who abuse, the importance of maternal-infant bonding, and touch. However, no research is available as to the views of touch by mothers who are participating in a Parents Anonymous group.

This selected review of the literature will include studies associated with the incidence of child abuse, maternal deprivation, maternal-infant bonding, abused children, parents who abuse, touch, and demographic variables.

The "true" incidence of child abuse and neglect is difficult to obtain due to the cases that are never reported. However, the most commonly quoted national figure from actual reports is believed to be 60,000 incidents per year (Nagi, 1977). Data from David Gil's 1965 National Opinion Research Center (NORC) survey of physical abuse in the U. S. estimated that figures between 2.53 and 4.07 millions would represent

the lower and upper limits of the yearly U. S. incidence of child abuse resulting in some type of injury. Due to some limitations of his study, Gil added that the actual incidence is likely to be lower. Using Gil's data, Richard Light estimates between 200,000 and 500,000 children are abused physically each year in America with 465,000 to 1,170,000 children receiving severe neglect or sexual abuse (Nagi, 1977). For his study Gil "operationally defined child abuse as an occurrence whereby a caretaker, usually an adult, injures a child, not by accident but in anger or deliberately" (Gil, 1973, p. 49). The sample consisted of 1,520 respondents 21 years of age or older with some under 21 who were married being considered in this sample. The survey interview focused on several topics with child abuse being one of the topics. The survey investigated awareness of child abuse, sources of knowledge, personal knowledge of families involved in child abuse, knowledge of community resources, what the propensity to child abuse might be in the population, and how much publicity child abuse should receive.

Kempe, a pediatrician at the University of Colorado School of Medicine, and his colleagues made the public more aware of child abuse with their paper on the battered child. Published in 1962, their study illustrated the incidence of child abuse as obtained from reports of 71 hospitals and 77 district attorneys from various parts of the U. S. Of the 302 hospital cases and 447 court cases studied, many children were found to have died as a result of physical abuse. The



authors recommended to doctors, lawyers, and social workers the need to be alert to child abuse and to draft a model aimed at preventing child abuse (Gil, 1973). This encouraged all fifty states to have in existence by the mid-1960's mandatory laws for all health professionals, as well as other professions, to report any suspected child abuse (Solomons, 1979).

A nationwide survey of the press, published in the 1960's, reported that on 662 cases of child abuse, 178 were fatalities, over 70% were abused by their parents, and most of the children were 4 years old or younger. Abuse by fathers were results of uncontrolled outbursts while disciplining a child. Maternal abuse resulted from emotional problems (Gil, 1973).

Emotional neglect, one category of child abuse, can result from a failure to establish an early mother-infant affectional bonding. This bonding is known to be essential for normal healthy growth and development of the child (Swanson, 1978). Maternal-infant bonding is the establishment of a relationship between mother and infant through use of all senses: sight, hearing, taste, smell, and touch. Touch is the most important sense in maternal-infant bonding. It is the means of maternal-infant communication (McRae, 1979). Eye contact and touch between two people stimulate an awareness of each other that will evolve into interaction. Caretaking of the infant is one aspect of this interaction (Swanson, 1978).

Maternal deprivation is described as an infant's lack of a warm relationship with his mother (Marlowe, 1977).

Mothering can be defined as the total care of the infant that is provided by one person. This will involve tender loving care, handling, cuddling, cooing, and stroking. Mothering is essential from the third through the fifteenth month for normal physical and intellectual growth. Infants who are deprived during this period of development will not learn to trust others or to develop significant relationships. It has been shown that infants who are institutionalized for a long period of time will not grow because of maternal deprivation (Kozier & Erb, 1979).

Steele and Pollack (1968) state that abuse is a result of a deficit in "motherliness." The mother does not possess the qualities of tenderness and emotional interactions nor is she aware of the infant's needs. They view neglect or failure to thrive as failing to mother in the physical aspect, such as feeding, cuddling, or bathing the infant (Scharer, 1979).

One of the significant findings in psychiatry in the last few years is that the kind of parental care given an infant is of great importance to his future mental and physical health (Marlow, 1977).

Abused children are described as dull eyed, unresponsive to friendly touch, and turn their faces to the wall when approached. Neglected children may be seen as failure-to-thrive, emotionally battered, and deprived of mothering. These children are starved of substance necessary for physical, spiritual, and mental growth. Often this damage is beyond repair (Fontana, 1973). Maltreated children are pushed around,

thrown down stairs, dropped out windows, burned with cigarette butts, fried on stove tops, scalded with boiling water, man-handled, beaten, tortured, battered to death, abandoned, or thrown in a river. Abused children are love starved and will grow up without self-esteem, a hater, a potential killer, and possibly a future child abuser (Fontana, 1973).

Emotional abuse and physical abuse in early life have an impact on the psychological development that will result in antisocial and violent behavior. Aichorn, 1920, noted that juvenile delinquency is related to the earliest emotional relationships the juvenile has with his parents. Bender, 1950, published a series of studies that involved 5,000 children thirteen years old or younger who were described as aggressive, disturbed, delinquent, and antisocial. She concluded these behaviors stemmed from a childhood abused, neglected, and deprived by adults who were themselves disturbed (Helfer & Kempe, 1976). Joan Hopkins, 1970, interviewed 200 juveniles shortly after their arrest. Out of 100 juvenile reports that could not be confirmed, 72 reported abuse and neglect as preschoolers. Of the other 100, reports were confirmed by parents or reliable sources, 84 were abused or neglected by age 6 and 92 had been maltreated one and one half years prior to this arrest (Helfer & Kempe, 1976).

The immediate and long-term effects of child abuse need thoughtful consideration. Infants who are abused cannot react with "flight or fight," and, as Storr explains, ill treatment creates hate that may be carried into adulthood

(Carter, 1974). In a three-year follow-up study by Morse, Sahler, and Friedman of children who were abused and neglected, 9 out of 26 cases were considered to be slow in mental development or mentally retarded; 6 children were described as "bad," "selfish," "defiant," or "hard to discipline" (Kempe & Helfer, 1972). Children who are abused will provide the next generation of abusive parents (Helfer & Kempe, 1976).

Other studies have also shown developmental problems due to abuse. Elmer and Gregg studied 50 children who had been abused which revealed speech defects as being universal within this group. They hypothesized that these children were emotionally and/or physically abused during the critical period of speech development (Helfer & Kempe, 1976). Another of their studies involved 20 abused children who were treated at Children's Hospital and reevaluated years later. Only one factor resulting from abuse alone was indicated by one-third of the children, that being growth failure appearing to be reversible. Maternal deprivation is a strong developmental influence (Elmer & Gregg, 1967). Passage of time and removing children from abuse accounted for some of this recovery. Environment is a powerful factor in children achieving their growth potential. One-half of this abused group were mentally retarded which was irreversible. Of this abused group, five will become public charges due to mental retardation or serious emotional problems; several may be able to live in a community if kept in a sheltered environment. Therefore, only a few will be able to become self-sufficient adults (Elmer & Gregg, 1967).

Another interesting study by Money (1977) found a rare condition, psychosocial dwarfism, an outcome of severe and malignant child abuse. The endocrine system of the abused child ceases to produce growth hormones and the young body stops growing. These dwarfed children, stunted physically and mentally, were removed to a hospital or foster home and their growth impairment reversed. One child grew 8 inches. Improved environment enabled these children to catch up mentally as well with a rise in IQ and increase in learning ability (Segal, 1979). Similarly, Harlow (1962) conducted some studies with rhesus monkeys. He demonstrated that those monkeys abused in infancy grew into sexually incompetent adults (Segal, 1979).

It is also necessary to investigate parents who abuse. They are described as those having potential to abuse which may have been acquired in childhood. If they were abused as children, they never knew how to get their own needs met (Scharer, 1979). Fewer than 10% of parents who abuse and/or neglect children are diagnosed as having psychiatric problems. Many parents abuse as a result of social stressors (Wegmann, Lancaster, Bruhn, & Feuntes, 1981).

Delsordo (1963) studied 80 cases of abused children to gain a typical description of the abusive parent. Five types were identified as follows: (a) abuse resulting from parents' mental illness, (b) abuse resulting from the parents' aimless way of life, (c) abuse resulting from a nonspecific disturbance in the past, (d) abuse resulting from harsh discipline

of children, (e) abuse resulting from parents' misplaced conflict (Gil, 1973).

Kempe & Helfer identify three major criteria present in the abusive pattern. First, the parent must have the potential to abuse. This potential is acquired and consists of the following factors:

1. The way they were reared: did they receive mothering imprint?
2. Are they isolated and cannot trust others?
3. Is spouse so passive he or she cannot give?
4. Are expectations from their children unrealistic?

Second, the child must be special. Is he retarded, gifted, defective, hyperactive; is he considered bad, stubborn, spoiled, or slow? Third, a crisis or series of crises must develop. For example: supper burns, the telephone rings, the washing machine overflows, company arrives, and the baby is screaming. These events at the right time will lead to abuse (Kempe & Helfer, 1972).

In the preceding review of the literature, studies have shown that abuse in children is to some degree a lack of touch or a misuse of touch. The normal child will experience a wide degree of sensory stimulation. He will be able to interact with parents, siblings, peers, and significant others in his environment. This stimulation facilitates development. If sensory deprivation occurs, the child will seek to fill his needs through other means. Sensory and emotionally deprived children will infrequently masturbate

as a substitute for interpersonal relationships (McCray, 1978).

Touch between humans and human relationships connects one with his humanness. The more a person is touched, the more vigorous and alive he becomes. A lack of touch will cause one to sink into an unconscious, ageless state leaving one bored and empty (Ujhely, 1979).

Touch is a form of communication. Contact with the mother's body through touch is the infant's means of communicating with his mother (Waddell, 1979). Harlow's studies (1962) with monkeys illustrate the importance of touch. Rhesus monkeys were reared in cages with a wire "mother" that gave milk or a terry cloth and sponge "mother" that also gave milk. When the monkeys were given a choice, baby monkeys would choose the terry cloth mother because of the soft touch and comfort it provided. Thus, a baby loves his mother not just for food, but also for the touch and comfort she provides (Barnett, 1972). Harlow also was able to show that these same monkeys had difficulty interacting and mating. If these monkeys did produce offspring, their mothering ability was poor. By comparison, humans deprived of touch will demonstrate physical and psychological problems (Waddell, 1979).

Touch is a basic human need. It is an important aspect of human nurturance. The behavioral sciences have long recognized the need for touch to integrate growth and development in humans and animals (Bogdanoff & Elbaun, 1978). The infant develops confidence in his world and trust in people through early tactile stimulation. Infants who are deprived

of this early tactile stimulation will suffer damage in his future ability for learning, such as in areas of speech, thought, and reading (Barnett, 1972). The stories of Laura Bridgeman and Helen Keller are examples of this point. Both women were blind and deaf, yet after the patient efforts of their teachers, they were able to communicate with symbols. Extreme sensory deprivation, like deafness and blindness, can be survived if the sensory stimulation of the skin is maintained (Montagu, 1971).

Misuse of touch can result in abusive behavior. Abusive parents can be considered to be those lacking in knowledge of how to use touch to develop nurturance. Fontana (1974) found that the majority of abusive parents are hurt, lonely, insufficiently mothered, guilt ridden, and desire to know the right thing to do but lack the knowledge to do it (Friedman, Juntti, & Scoblio, 1976).

The perpetrators of child abuse are predominately the parents (Fontana, 1973). Some studies have revealed characteristics of the abuser as well as demographic variables.

The dominant theme in child abuse research is the "psychopathological model" (Gelles, 1973, p. 611). Researchers of this model point out that abusive parents are a result of a psychological pathology (Galdston, 1965; Kempe, 1962; Steele & Pollack, 1961). Adherers of this model do not feel that social variables are factors in child abuse. Steele and Pollack (1968) state that social, economic, and demographic factors are not related to child abuse. Other authors could



be cited regarding this psychopathological model, but this researcher feels the works cited are adequate to show they view abusive parents as possessing abnormal psychological traits. However, this model appears to contradict itself since some research studies have found that all abusers are not psychopaths (Gelles, 1973). Thus, research with such findings provides data to analyze the sociocultural features of parents that abuse, which include socioeconomic status, sex, employment, exposure to violence, age, temperament, and sib-order of the child (Gelles, 1973). This broader model is referred to by Gelles (1973) as the social-psychological model.

Bennie and Sclare (1969) revealed that there are sociological variables associated with child abuse. They studied 10 parents, 3 men and 7 women, who had abused children. All 10 parents were characterized by inadequacy and impulsive behavior. Depression followed the abuse in 50% of the parents. All of the men had criminal records, 2 women had unwanted pregnancies when they abused, 1 was in puerperium, and 2 were physically ill at the time of the assaults. All 3 males were diagnosed as high-grade mentally deficient while the women's intelligence ranged from above average to mentally defective. Eight of these parents were unskilled workers.

In analyzing the 10 abused children, 6 of the 10 died, 6 had been abused previously while 4 were abused a single time. It appeared that the abusive acts resulted from displaced aggression due to domestic or marital turmoil which resulted in the child becoming the object of parental aggression.

All 10 parents felt the abusive behavior resulted from the child's excessive demands, refusal to conform to discipline, or that the infant laughed at them or seemed to dislike them. These parents could only vaguely recall all that occurred during the abusive act, but they remembered feelings of intense fury and hate.

Following the abusive act, all parents became frightened and sought to conceal their act. This resulted in further stress in the home, in turbulent marriages, and emotional isolation of the parent.

All parents felt a lack of support from their parents or parents-in-law. Management in these 10 homes usually devolved the abusive parent who strived to maintain equilibrium that resulted in abuse of the child.

Psychotherapy of these 10 parents uncovered experiences that favored an inadequate and impulsive personality. They illustrated emotional inadequacy, dependency, and had witnessed fighting in their parental home. These parents had experienced a crisis situation during late adolescence that centered upon a child, usually one born out of wedlock. This conflict often remained unresolved and resulted in unexpressed hostility toward the infant.

Lack of spouse support and encouragement angered the abusive parents and increased their level of helplessness. This feeling toward the spouse and lack of assertiveness were displaced onto the child. The abusive parents became paranoid, found the child unresponsive to their love, and as a result

these parents felt gratification and release of tension in abusing their children.

This study also showed that the 10 abused children were the youngest of the siblings, 1 was the oldest, 1 was an only child, and 1 did not belong to the abusive parent's immediate family. Thus, the sib-order of the child appears significant. Of these 10 families, the youngest tended to be unwanted and rejected.

Other researchers have conducted studies in which similar findings were significant (Blumberg, 1964; DeFrancis, 1963; Galdston, 1965; Resnick, 1969; Wasserman, 1967). Gil has conducted numerous studies related to demographic variables. In 1971 he conducted nationwide epidemiologic studies of child abuse. In a sample of 6,000 cases of abuse, he found that 60% were on welfare, the family size usually exceeded the national average, the most common age group for abusive behavior was the 20-30 year old group, and that 80% of the cases were one-parent families headed by the mother.

Thus, the review of the literature illustrates the multi-dimensions of child abuse and the interrelationships of the factors that result in abusive behavior. It also creates an awareness in the two models of child abuse: the psychological and the social-psychological. This researcher is more aware of the problem of child abuse and the need for research regarding demographic variables that correlates with parenting skills and abusive behavior.

## CHAPTER V

### Research Design and Methodology

#### Research Design

The research design employed in this study was descriptive. According to Isaac and Michael (1980), descriptive research is systematically describing the facts and characteristics of a given population or an area of interest that is conducted factually and accurately. This study was designed to describe the relationship between selected demographic variables and parenting skills of abusive parents.

#### Variables

The dependent variable was the score of the subject on the researcher-designed tool. Controlled variables included the sex of participants and current involvement in a Parents Anonymous group. Intervening variables included honesty of participants in answering questionnaires, as well as their intelligence, perception, needs, personality, motivation, and feelings about touch and childrearing.

#### Setting, Population, and Sample

Tuscaloosa County, Alabama, was the setting for this study. Located in the west central portion of Alabama, Tuscaloosa County has a population of 137,541 (Census of Population, 1980). Of this number, 99,634 live in the urban area while 37,907 live in the rural area of this 1,333 square

mile county. Representation of all age groups with varied educational and socioeconomical backgrounds exist. The mean income for Tuscaloosa residents is \$16,309 with the most common type of employment occurring in an industrial setting. The majority of persons 25 years and older have a high school education; 12,237 of this age group have four or more years of college (Census of Population, 1980). Tuscaloosa County has varied educational facilities, some of which include The University of Alabama, Stillman College, and Shelton State College. Also available are many medical facilities which include two medical centers, a general hospital, a care unit, three mental institutions, a health department, and a community mental health center which is available for consultation and treatment on a sliding scale basis as well as providing the public with a crisis line. Such agencies as Parents Anonymous, Child Abuse, Juvenile Protection Agency, and the Department of Pensions and Security are available to residents. Tuscaloosa County Department of Pensions and Security stated that 675 cases of child abuse and neglect were reported for Tuscaloosa County, Alabama, in 1982.

This study's population consisted of all mothers participating in the Parents Anonymous group in Tuscaloosa County, Alabama. Due to an insufficient number of participants from this group, participants from a similar Parents Anonymous group in Calhoun County, Alabama, were included in the study. Calhoun County, Alabama, resembles Tuscaloosa County in population, size, composition, education facilities, and health

facilities. Therefore, the sample consisted of all mothers active in the Parents Anonymous groups in these two Alabama counties during the period of data collection. All who agreed to participate were included in the sample.

#### Data Gathering

This researcher contacted the directors of two Parents Anonymous groups to explain the purpose and methodology of the study. Each director was instructed to read the proposed survey materials that each participant would complete. Next they were asked to sign an agreement (Appendix A) to conduct the survey in the absence of this researcher since nongroup members are not allowed to have direct member contact.

At respective group meetings each director read a script (Appendix B) to all mothers who agreed to participate in the study. Next each participant received the survey materials. These included a cover letter (Appendix C), Demographic Sheet (Appendix D), and Parents Anonymous Questionnaire (Appendix E) with an attached envelope in which the survey forms were to be sealed. Participants were instructed not to write their names on any of the forms. After completion, each subject sealed her forms in the envelope and returned to the director. Both directors later personally delivered the sealed envelopes to this researcher. The data were collected during June, 1983.

#### Procedure

Each subject consenting to participate in this research study was asked to complete a demographic sheet and the Parents Anonymous Questionnaire, a researcher-designed tool.

The Demographic Sheet includes the identified variables of age, race, marital status, education, employment, and average monthly income. This sheet also includes questions related to prenatal and postnatal care as well as eight yes/no responses reflecting the subject's views on touch.

The Parents Anonymous Questionnaire consists of 34 questions pertaining to touch and childrearing views. Answers are ranked according to a summated rating scale with 0 indicating never, 1 sometimes, 2 usually, 3 frequently, and 4 always. Questions number 6, 9, 11, 12, 16, 18, 20, 32, and 34 represent negative behaviors while all the other questions denote positive behaviors. A score of 100 indicated positive views of the use of touch in childrearing while a score of 36 indicates a negative view.

Because this survey tool is researcher designed, it has no established reliability or validity. The tool was pre-tested by 5 mothers. Therefore, the tool was assumed to have face validity and reliability within the confines of this study.

### Statistical Analysis

The statistical analysis used on the collected data for hypotheses 1, 2, 4, and 5 was biserial and for hypothesis 3 and 6 was Pearson's R. The biserial was utilized to correlate nominal data while the Pearson's R correlates interval data.

### Assumptions

1. Touch is essential in building positive interaction behaviors.

2. Each person has a need to be touched.
3. Touching is a learned behavior.
4. Touch implies comfort, affection, and caring.
5. Practitioners can intervene and prevent abusive behavior in mothers by identifying high-risk factors.
6. Parenting skills are learned behaviors.
7. The subjects will respond honestly on the survey materials.

#### Limitations

1. The study to mothers prevents generalizations to fathers.
2. The results cannot be generalized to women in other parts of Alabama or other areas of the U. S.
3. The data cannot be generalized to abusive mothers who are not currently participating in Parents Anonymous.



CHAPTER VI  
Analysis of Data

The purpose of this descriptive study was to determine if a relationship existed between certain demographic variables and the use of touch with parenting skills by abusive parents. Data were collected from 10 mothers who completed the Demographic Sheet and the Parents Anonymous Questionnaire.

This group contained 6 whites and 4 blacks. Their monthly income ranged from \$118 to \$1,200 with a mean of \$492.66. The ages ranged from 21 years to 44 years of age with a mean age of 29. Of the 10, 3 were married, 3 were single, and 4 were divorced. Two had less than high school education, 4 were high school graduates, 1 had a college education, and 3 had completed trade/technical school. Six subjects were unemployed while 4 were employed. These data along with the individual subject scores related to parenting skills and abusive behavior are found in Table 1.

Hypothesis 1

The researcher hypothesized that when the views of touch as related to childrearing practices were correlated with employment, there would be no significant difference. To

Table 1

Raw Subject Data Including Age, Race, Marital Status, Employment, Education, Monthly

Income, and Scores

Subject	Age	Race	Marital	Employment	Education	Monthly	Scores	
							Income	Parenting Skills
S <sub>1</sub>	27	B	S	No	< HS	\$ 188	64	10
S <sub>2</sub>	32	W	M	No	≥ HS		74	22
S <sub>3</sub>	29	B	S	Yes	≥ HS	\$ 500	76	12
S <sub>4</sub>	44	W	M	No	< HS	\$1,002	93	17
S <sub>5</sub>	22	W	M	No	≥ HS	\$1,200	82	18
S <sub>6</sub>	26	B	S	Yes	≥ HS	\$ 118	78	23
S <sub>7</sub>	21	W	S	No	≥ HS	\$ 189	70	16
S <sub>8</sub>	32	W	Divorced	Yes	≥ HS	\$ 700	69	20
			Divorced	No	≥ HS	\$ 177	86	21
S <sub>9</sub>	33	B	S	Divorced	≥ HS			
S <sub>10</sub>	24	W	S	Yes	≥ HS	\$ 360	72	12

test this hypothesis, the data were subjected to the Biserial Correlation. Since the obtained value for correlation of Parenting Skills was  $-.2076$  and the value for Abusive behavior was  $-.1669$ , neither value was significant at the .05 level; the researcher failed to reject the null hypothesis. These data are shown in Table 2.

Table 2

Correlation of Parenting Skills and Abusive Behavior with Employment Using the Biserial Correlation

Measure	N	r	P
Parenting Skills	10	$-.2076$	.282
Abusive Behavior	10	$-.1669$	.322

Hypothesis 2

The researcher hypothesized that when the views of touch as related to childrearing practices were correlated with marital status, there would be no significant difference. These data were analyzed using the Biserial Correlation. The obtained value for correlation of Parenting Skills was  $.5332$ , which was marginal, and the value for Abusive Behavior was  $.3239$ . Therefore, since neither value was significant at the .05 level, the researcher failed to reject the null hypothesis. Table 3 shows this correlation.

Table 3

Correlation of Parenting Skills and Abusive Behavior with Marital Status Using the Biserial Correlation

Measure	N	r	P
Parenting Skills	10	.5332	.056
Abusive Behavior	10	.3239	.181

Hypothesis 3

This researcher hypothesized that when the views of touch as related to childrearing practices were correlated with age, there would be no significant difference. The data, as analyzed by utilization of the Pearson's R Correlation, obtained a value for correlation of Parenting Skills of .6302 and a value for Abusive Behavior of .0974. Since this was a significant value for Parenting Skills, the researcher rejected the null hypothesis. The findings from these data are shown in Table 4.

Table 4

Correlation of Parenting Skills and Abusive Behavior with Age Using the Pearson's R Correlation

Measure	N	r	P
Parenting Skills	10	.6302	.025*
Abusive Behavior	10	.0974	.394

\*p ≤ .05

Hypothesis 4

This researcher hypothesized that when the views of touch as related to childrearing practices were correlated with race, there would be no significant difference. To test this hypothesis, the researcher used the Biserial Correlation. As a result, the obtained value for correlation of Parenting Skills was  $-.0045$  and the obtained value for correlation of Abusive Behavior was  $-.1669$  which was not significant at the  $.05$  level. The researcher failed to reject the null hypothesis. These data are shown in Table 5.

Table 5

Correlation of Parenting Skills and Abusive Behavior with Race Using the Biserial Correlation

Measure	N	r	P
Parenting Skills	10	$-.0045$	.495
Abusive Behavior	10	$-.1669$	.322

Hypothesis 5

The researcher hypothesized that when the views of touch as related to childrearing practices were correlated with education, there would be no significant difference. To test this hypothesis, the Biserial Correlation was utilized. The obtained value of Parenting Skills was  $-.0948$  and the obtained value of Abusive Behavior was  $.1405$  which was not significant. As a result, the researcher failed to reject this hypothesis. These data are shown in Table 6.

Table 6

Correlation of Parenting Skills and Abusive Behavior with Education Using the Biserial Correlation

Measure	N	r	P
Parenting Skills	10	-.0948	.397
Abusive Behavior	10	.1405	.349

Hypothesis 6

This researcher hypothesized that when the views of touch as related to childrearing practices were correlated with income, there would be no significant difference. This hypothesis was analyzed with the Pearson's R Correlation. The obtained value of Parenting Skills was .4460 and the obtained value of Abusive Behavior was .1223 which was not significant. Therefore, the researcher failed to reject the hypothesis. These data are shown in Table 7.

Table 7

Correlation of Parenting Skills and Abusive Behavior with Income Using the Pearson's R Correlation

Measure	N	r	P
Parenting Skills	10	.4460	.114
Abusive Behavior	10	.1223	.377

### Additional Findings

Of particular interest to this researcher was the fact that all 10 subjects were abused as a child and yelled at by their mothers while in the parental home. Fifty percent of the subjects reported they never sat on their mother's lap. All subjects also reported never being jealous of their child/children. Four subjects reported not having help available to them after delivery of a child. In relation to touch as important to childrearing, 2 subjects did not feel that touch is talking while 3 subjects felt that touching is not learned behavior. Nine subjects have positive views of touch in that it communicates value and worth of an individual, that a lack of touch may damage a child's ability to learn, and that a baby develops trust in others from being touched.

## CHAPTER VII

Summary, Conclusions, Implications,  
and RecommendationsSummary

This descriptive study was designed to correlate the views of touch as related to childrearing practices with certain demographic factors. The researcher hypothesized that there would be no significant difference when parenting skills and abusive behavior were correlated with identified demographic variables based on the scores of the researcher-designed questionnaire.

A researcher-designed survey was administered to 10 mothers who were participating in a Parents Anonymous group. Nine of the subjects had abused their child/children, while one subject stated she felt she could abuse. All subjects were natural mothers who had received prenatal care while pregnant. Seven subjects had experienced unplanned pregnancies. All stated they had a special child/children, either stubborn, spoiled, premature, or subject to illness.

To test each of the null hypothesis regarding parenting skills and abusive behavior as related to age, income, race, education, employment, and marital status, the Pearson's R and the Biserial Correlation were used. Age was the only demographic variable found to be significant at the .05 level.



Because this variable was significant, the theoretical hypothesis was rejected.

### Conclusions and Implications

These data supported the findings of Bennie and Sclare (1969), Gelles (1973), and Gil (1971) that there are certain sociological variables associated with child abuse. These findings could be useful to the FNC when assessing, managing, and counseling families.

Since age was a significant finding, an implication for practice would be that the FNC may assist school officials in providing teenagers with parenting skill information, sex-education information, and referrals for children suspected of having been abused. Parents with preteen and teenagers can be assisted to provide sex-education information to their children. Referral agencies, such as Family Planning Clinics, may also aid some to these parents in preventing unwanted pregnancies both for themselves and their children.

Because teenage-pregnant females are at risk for child abuse due to age, the FNC is in a position for intervention. These expectant mothers must be made aware of the various options. These options include abortion, adoption, and counseling including contraceptive techniques and financial assistance. Further options could include prenatal and parenting classes as well as Well Baby Clinics.

The FNC must be alert to helping the identified parents who were abused in their parental homes. As subjects in this study stated, they were abused as children and have abused

their own children. For this circle to be broken, the FNC must implement treatment for these high-risk parents. Again, the FNC can be a role model to these parents. She may refer these parents to self-help agencies. They can also be taught parenting skills that implement the positive use of touch.

In conclusion, then, there are significant differences in parenting skills and abusive behavior when correlated with age as a demographic variable. This researcher suggests that further investigation into the use of touch in children who have been abused is needed.

### Recommendations

The following recommendations are made, based upon the findings from this study:

#### Research:

1. Replication of this study with a larger sample size.
2. Conducting a similar study surveying fathers' parenting skills including touch.
3. Replication of this study in other geographical areas.
4. Conduct a longitudinal study to see if the mothers' views on childrearing including touch change with time and additional children.
5. Further studies to establish reliability and validity of the researcher-designed tool.
6. Conduction of an experimental study to examine the effect of planned touch on the abused child.
7. A study to look at the abusing mothers' views toward touch versus the misuse of touch (abuse).

Nursing Practice:

1. That FNC's be aware of the implication of age as a significant variable in childrearing skills including touch.

2. That the FNC intervene with high-risk groups to prevent child abuse.

3. That the FNC be aware that the abused child becomes the abusing adult and that the abused child needs specific intervention to interrupt this cycle.

4. That the FNC be aware that the abusing parent does not know the delimitations of touch; therefore, parenting classes should include not only when but how to touch.

## APPENDICES

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## APPENDIX A

## Agreement

A Descriptive Study: The Views of Touch as Related to  
Childrearing Practices Correlated  
with Certain Demographic Factors

I, \_\_\_\_\_, Director of Parents Anonymous, Tuscaloosa, Alabama, hereby agree to distribute the survey material in the absence of Linda Dunn. I further agree to read the script to the Parents Anonymous group; obtain verbal consent of those wishing to participate; distribute the cover letter, Demographic Sheet, and Parents Anonymous Questionnaire to each mother who agrees to participate in this study; to collect sealed envelopes from participants, and personally give them to Linda Dunn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

## APPENDIX B

## Script

Linda Dunn is a registered nurse and a graduate student at Mississippi University for Women. She is conducting research related to the importance of touch with children. She requests that the mothers from this Parents Anonymous group participate in her study. Those willing to participate need only to give me verbal agreement to protect your anonymity. Upon verbal agreement I will distribute a cover letter, demographic sheet, questionnaire, and envelope. After you finish the survey, please place them in the attached envelope and seal. Remember, DO NOT write your name on any of the survey forms. Turn in the sealed envelopes to me, and I will personally give them to Linda Dunn.

APPENDIX C  
Cover Letter

My name is Linda Dunn, and I am a registered nurse and a graduate student at the Mississippi University for Women. I am conducting research related to the importance of touch with children. I would appreciate your help by answering the demographic sheet and the questionnaire. DO NOT write your name on any of the forms. Edna Lancaster will distribute copies of these forms to each mother who agrees to participate. Upon completion would you please place your answers in the attached envelope and seal. Then give your envelope to Edna Lancaster. A summary of the data will be available to those who so desire. All the information obtained will be used for educational purposes. The data will be analyzed as a group. Thank you for your cooperation. I am grateful for your assistance with this research.

## APPENDIX D

## Demographic Sheet

1. Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Times Pregnant \_\_\_\_\_
2. Were pregnancies planned? Yes \_\_\_ No \_\_\_ Number of  
Children \_\_\_\_\_
3. Age/sex of each child \_\_\_\_\_
4. I have a child who is/was: Premature \_\_\_ Gifted \_\_\_  
Adopted \_\_\_ Physically Handicapped \_\_\_ Stubborn \_\_\_  
Subject to Illness \_\_\_ Spoiled \_\_\_
5. I received prenatal care while I was pregnant. Yes \_\_\_ No \_\_\_
6. As a child I was: Premature \_\_\_ Gifted \_\_\_ Adopted \_\_\_  
Stubborn \_\_\_ Physically Handicapped \_\_\_ Spoiled \_\_\_  
Subject to Illness \_\_\_
7. Marital Status: Married \_\_\_ Single \_\_\_ Separate \_\_\_  
Divorced \_\_\_ Widow \_\_\_
8. Education: Less than High School \_\_\_ High School \_\_\_  
College \_\_\_ Graduate Study \_\_\_ Trade/Technical School \_\_\_\_\_
9. Are you employed? Yes \_\_\_ No \_\_\_ Occupation \_\_\_\_\_
10. Spouse employed? Yes \_\_\_ No \_\_\_ Occupation \_\_\_\_\_
11. Average monthly income \_\_\_\_\_
12. I had a child in high risk nursery. Yes \_\_\_ No \_\_\_
13. I have a "special child." Yes \_\_\_ No \_\_\_
14. Touching is talking. Yes \_\_\_ No \_\_\_
15. Touching is learned behavior. Yes \_\_\_ No \_\_\_
16. Touching communicates value and worth of an individual.  
Yes \_\_\_ No \_\_\_



17. Lack of touch may damage a child's ability to learn.

Yes \_\_\_ No \_\_\_

18. A baby develops trust in others from being touched.

Yes \_\_\_ No \_\_\_

19. Help was available to me at home after I delivered

each child. Yes \_\_\_ No \_\_\_

## APPENDIX E

## Parents Anonymous Questionnaire

	<u>Never</u>	<u>Some-</u> <u>times</u>	<u>Usually</u>	<u>Frequently</u>	<u>Always</u>
1. I felt comfortable in holding and giving care to my baby.	( )	( )	( )	( )	( )
2. I talk/talked to my newborn infant.	( )	( )	( )	( )	( )
3. I hold/held my baby close during feeding time.	( )	( )	( )	( )	( )
4. I hug my child/children.	( )	( )	( )	( )	( )
5. I kiss my child/children.	( )	( )	( )	( )	( )
6. I have abuse my child physically.	( )	( )	( )	( )	( )
7. A child needs to be loved and wanted.	( )	( )	( )	( )	( )
8. I listen to my child/children.	( )	( )	( )	( )	( )
9. I have abused my child emotionally.	( )	( )	( )	( )	( )
10. I praise my child/children for doing his/their best.	( )	( )	( )	( )	( )
11. I scream at my child/children.	( )	( )	( )	( )	( )
12. I have neglected my child.	( )	( )	( )	( )	( )
13. I comfort my child/children when he/they express(es) pain or fear by holding him/them.	( )	( )	( )	( )	( )
14. Discipline is a necessary task of being a parent.	( )	( )	( )	( )	( )

	<u>Never</u>	<u>Some-</u> <u>times</u>	<u>Usually</u>	<u>Frequently</u>	<u>Always</u>
15. I raise my child/ children as I was raised.	( )	( )	( )	( )	( )
16. I am under stress at home.	( )	( )	( )	( )	( )
17. I spend time alone with my child/ children each day, playing a game or reading to him/them	( )	( )	( )	( )	( )
18. I feel like I could abuse my child/ children.	( )	( )	( )	( )	( )
19. I try to be consis- tent with my child/ children in letting him/them know what I expect.	( )	( )	( )	( )	( )
20. I am jealous of my child/children.	( )	( )	( )	( )	( )
21. I strive to meet the needs of my child/ children.	( )	( )	( )	( )	( )
22. I spank for disci- pline.	( )	( )	( )	( )	( )
23. It is O.K. to get angry with my child/ children.	( )	( )	( )	( )	( )
24. I was spanked for discipline as a child	( )	( )	( )	( )	( )
25. As a child I sat on my mother's lap.	( )	( )	( )	( )	( )
26. My child/children hug me.	( )	( )	( )	( )	( )
27. I like to touch my child/children.	( )	( )	( )	( )	( )

	<u>Never</u>	<u>Some-</u> <u>times</u>	<u>Usually</u>	<u>Frequently</u>	<u>Always</u>
28. My child/children kiss me.	( )	( )	( )	( )	( )
29. I believe touch is important in child- rearing.	( )	( )	( )	( )	( )
30. My child/children likes/liked to be rocked.	( )	( )	( )	( )	( )
31. My child/children touch me.	( )	( )	( )	( )	( )
32. As a child I was abused.	( )	( )	( )	( )	( )
33. My child/children like to be touched.	( )	( )	( )	( )	( )
34. As a child my mother yelled at me.	( )	( )	( )	( )	( )

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