1998

Chronic childhood disease and child abuse

Michelle Marie Lindholm

CHRONIC CHILDHOOD DISEASE AND CHILD ABUSE

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:

General Experimental Concentration

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by

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ABSTRACT

Differences in the treatment of chronically ill children and healthy children was investigated. The gender of both parent and child was also examined for differences in the treatment of chronically ill children. It was hypothesized that chronically ill children would be victims of child abuse more often than healthy children. Results were non-significant and did not support this hypothesis. It was also hypothesized that chronically ill girls would be treated strictly and punitively, but not aggressively and that chronically ill boys would be treated aggressively and punitively, but not strictly. Results were not significant and the hypothesis was not supported. Finally, it was hypothesized that mothers would be more abusive toward their chronically ill children than fathers. This was not supported in this research. Results were non-significant.

ACKNOWLEDGMENTS

I would like to express my appreciation to my thesis committee members Dr. Michael G. Weiss, my committee chair, Dr. Laura Kamptner, and Dr. Jodie Ullman for their educational guidance during the development and completion of this thesis.

In particular, having Dr. Weiss as my mentor has been an intellectually calming experience. The accessibility and support Dr. Kamptner provided over the course of this research proved intellectually enlightening. Working with Dr. Ullman, learning multivariate statistics, has been an intellectually invigorating experience.

A special note of thanks goes to Miriam Resendez for her clarification abilities and friendship.

I would like to thank my mom for all her love and support throughout my educational endeavors and my life. I love you mom, I could not have done this without you. Thank you for teaching me I could do anything I put my mind to.

To My Mother
Two Down One to Go
I Love You
Your Independent Miss

TABLE OF CONTENTS

INTRODUCTION

The purpose of the present research is to investigate whether or not chronically ill children are victims of child abuse more frequently than healthy children. The gender of the child and of the parent will also be examined for differences in the treatment children receive.

Child abuse has taken place since the beginning of human history. In recent years it has attracted considerable attention and is now one of the most pressing issues of the nation (Calam & Franchi, 1987; Iverson & Segal, 1990; Williams, 1982). The number of children at risk for physical abuse and emotional ill health appears to be increasing and until the medical and psychological professions become more alert, sensitive, and informed about the significance of the parent-child relationship, the plight of this nation's children will remain grim (Bishop, 1971).

Healthy and age appropriate parent-child interaction provides the child with a crucial basis for development; however, among abusive families, the parent-child relationship is often poorly established from birth or has undergone structural change during periods of developmental growth or decline and stressful situations within the family (Wolfe, Edwards, Manion, & Koverola, 1988). According to

Burrell, Thompson, & Sexton (1994) child abuse potential is interrelated with stress, family resources, and social support. Parents with a child who has a chronic disease or disability are confronted with high emotional, economic, physical, and social demands (Benedict, White, Wulff & Hall, 1990).

Chronic childhood disease, such as asthma, epilepsy, juvenile diabetes, leukemia, or spina bifida afflicts approximately 15% of all children under the age of 18 and their families (Friedrich, 1977; Hobbs, Perrin, & Ireys, 1985; Patterson, 1988; Wright, Schaefer, & Solomons, 1979). Genetic and environmental factors appear to contribute to the cause of chronic illness (Hobbs et al., 1985; Patterson, 1988). In many cases there is a genetic susceptibility and with environmental exposure the chronic illness occurs (Patterson, 1988). For example, the onset of juvenile diabetes is often triggered by a viral infection in children who are genetically predisposed for diabetes (Patterson, 1988).

Chronic physical diseases are long-term and often require major adjustments for children and their families. Some families make appropriate adjustments. However, others cannot cope and fail to adapt to the chronic illness. One way families demonstrate this lack of adjustment and

adaptation is through physical abuse and neglect of the chronically ill child (Hauenstein, 1990; Roberts, 1986).

Chronic Childhood Disease and Family Distress

The life of the chronically ill individual and his/her family is profoundly affected by the onset of the illness and the lives of the members of the family continue to be affected throughout the life-span of the child (Hauenstein, 1990). Generally the entire family, nuclear and sometimes extended family members, are involved in the care of the child with the illness. Interaction patterns may be altered or changed completely to compensate for the chronic illness (Bruhn, 1977; Friedrich, 1977; Hauenstein, 1990).

The chronically ill child never returns to perfect health and must often spend his or her entire life coping with the limitations that are sometimes progressively debilitating. Frequently the child lives at home and the parents are responsible for providing his/her care and treatment (Patterson, 1988). Chronic childhood illness produces specific demands on the family and the parental dyad (Hauenstein, 1990). Litman (1974) observed that the family's response to the ill child may impact the course of the chronic illness and the health and happiness of the family.

"Parents' child-rearing practices can be influenced both behaviorally and affectively by chronic childhood illness" (Hauenstein, 1990, p. 360). Three specific influences were identified: 1) significant emotional and psychological distress is evident in a proportion of mothers and fathers with a chronically ill child; 2) parental distress is significantly related to the lack of availability of social resources; and 3) more problems associated with illness, treatment, and caretaking responsibilities were identified by parents with chronically ill children than identified by parents of healthy children when asked to respond to lists of potential problems (Hauenstein, 1990).

Following are some problems faced by parents with a chronically ill child. Families with a chronically ill child experience enormous financial and emotional demands. These families confront challenges and bear burdens unknown to healthy families (Cummings, 1976; Cummings, Bayley, & Rei, 1966; Hauenstein, 1990; Hobbs, Perrin, & Ireys, 1985). Shortly after initial diagnosis, families must implement a number of short-term and long-term changes within the family structure, including role and responsibility redistribution (Bruhn, 1977; Cummings, 1976; Cummings et al., 1966; Hobbs et al., 1985). Data suggest that the difficulties faced by

parents with a chronically ill child place them at a significantly greater risk for distress than parents of healthy children (Cummings, 1976; Cummings et al., 1966; Hauenstein, 1990; Hobbs et al., 1985).

Families may be required to become intensely involved in the caregiving responsibilities of the ill child. The challenges and responsibilities of raising a child with a chronic illness are simply too great for some families to handle (Hauenstein, 1990; Hobbs et al., 1985).

Family Distress and Child Abuse

Child abuse is complex and there are no simple answers as to why parents abuse or neglect their children (Iverson & Segal, 1990). Child abuse may include acts of commission or omission and encompass physical abuse and neglect dimensions (Bourne, 1979; Holter, 1979). Newberger, Haas, and Mulford (1973) define child abuse as the child

> Suffering from serious physical injury or abuse inflicted upon him by other than accidental means, or is suffering harm by reason of neglect, malnutrition or sexual abuse or is without necessary and basic physical care, including medical and dental care, or is growing up under conditions which threaten the physical and emotional survival of the child. (p.32)

Holter (1979) states that child abuse is not seen as an isolated phenomenon in American culture today, but is seen as a common child rearing pattern. Differences in parenting and child development experiences, being raised in an

abusive household, can lead to abuse by limiting exposure to adaptive and productive parenting techniques and by restricted availability to information about appropriate developmental capabilities of children (Iverson & Segal, 1990). Parents who mistreat their children based on these maladaptive parenting styles typically do not believe their abusive actions are inappropriate (Iverson & Segal, 1990). "The abuse is not usually a willful or planned action, but an impulsive response to a stressful situation" (Holter, 1979, p. 418).

According to Trickett and Susman (1988), abusive parents show patterns of differences in child-rearing styles in both parental control and nurturance. In the area of nurturance "... abusive parents are less satisfied with their children and perceive child rearing to be more difficult than do nonabusive parents" (p.274). Abusive parents unlike nonabusive, report less enjoyment in their role as a parent and "they view the child as unlovable or disappointing" (Calam & Franchi, 1987, p. 5). Furthermore, in families with abusive parents, there are greater amounts of conflict and less expression of positive emotions. Affection and satisfaction are suppressed, but the expression of conflict and anger runs rampant. The abusive parents, unlike nonabusive parents, are clearly more reliant

on physical punishment, such as spanking. They also report less reliance on reasoning as a discipline technique, because they believe it is ineffectual (Trickett & Susman, 1988).

The management of a child's chronic disease is an especially stressful event for families. One of the factors that may differentiate abusing families from nonabusing ones is that abusing families are not only under high stress, but also tend to respond to stress with violence. Stress certainly plays a role in child abuse, but how the family copes with this stress is the important factor (Justice & Justice, 1990; Venters, 1981).

Abusive parents often struggle with a combination of factors and feelings that they experience as overwhelmingly stressful and for which they do not have, or perceive they have coping skills (Morgan, 1987). McLean (1988) found that parental inadequacy interferes with the care of the chronically ill child and is present in many cases of hospitalizations.

Hauenstein (1990) and Patterson (1988) state that families vary in their ability to follow through with medical protocol recommendations and instructions on how to deal with the chronic disease depending on the severity and complexity of the illness. Two challenging recommendations

for successful home treatment are minimizing the undesirable consequences and slowing the progression of the disease. These recommendations are made in order to reduce detrimental complications and prolong the child's life (Hauenstein, 1990; Patterson,1988).

Chronic Childhood Disease as a Child Abuse Risk Factor

Chronic illness has been identified as a possible risk factor for child abuse and neglect. Not every child within the same abusing family is abused, or is equally susceptible or vulnerable to abuse. Researchers have asked the question, what makes one child more vulnerable to abuse than his or her siblings (Clapp, 1988; Lynch, 1975)?

Daro (1988) presents a list of characteristics which contribute to a child's being at risk for child abuse. Child characteristics include physical illness, premature birth, and physical and developmental disabilities. Parent characteristics include history of abuse as a child, lack of attachment to their child, lack of parenting skills, and an inability to control anger. Daro (1988) also lists stress factors such as sudden illness, chronic health problems, and sudden financial burdens as contributing characteristics. Friedrich and Boriskin (1982) report that abused and neglected children have one or more unique attributes, with chronic illness as one of these distinguishing features.

A clear contrast is indicated when comparing physically abused children to their unharmed siblings in their first year of life (Lynch, 1975; Lynch & Roberts, 1980; Roberts, 1988). Roberts (1988) states that illness was one factor "highly significantly overrepresented in the abused child's biography" (p.49). However, it is not clear in this study whether the illness was acute (temporary) or chronic (long-term).

Chronically ill infants who are perceived as fragile and different developmentally are often seen as more troublesome to take care of by their parents (Glaser & Bentovim, 1979; Halpérin, 1995). Along with the degree of social/emotional disturbances and coping skills within the family these children may become abused children (Glaser & Bentovim, 1979; Justice & Justice, 1990). When babies possess a physical abnormality, parental disappointment frequently becomes evident, particularly if this is associated with chronic illness (Glaser & Bentovim, 1979; Halpérin, 1995; Milowe & Lourie, 1964; Straus, 1988).

Family Adjustment and Adaptation

Several factors interfere with aspects of child rearing when the child has a chronic disease. These factors include hospitalizations, frequent trips to see doctors, medication schedules, and special diet needs. Normal parent-infant

interaction is gradually impaired if the parents view their babies as sickly or different (Solnit & Provence, 1979; Straus, 1988). Early and extended periods of separation of parent and child may have a detrimental impact on the attachment process and interfere with parent-infant interaction (Bishop, 1971; Halpérin, 1995; Kennell, Voos, & Klaus, 1979; Roberts, 1988; Solnit & Provence, 1979; Straus, 1988). "In addition, poor growth and delayed development associated with chronic illness can diminish parents' confidence and contribute to a reciprocal process in which both parent and infant 'fail to thrive'" (Straus, 1988, p.42-43).

Ill children are often difficult to feed, and because of this difficulty these children may become malnourished. Malnutrition is one of the most common forms of child abuse and neglect and may cause permanent irreversible developmental disabilities. In terms of development the first year of a child's life is the most critical time and period for which the child is most vulnerable to child abuse (Chase & Martin, 1970; Elmer, 1967).

Chronic illness places considerable stressors on the ill child and his/her family. Anxiety over what the diagnosis means, physical symptoms, medical treatment, life disruption, and what the future holds are some of the

stressors the family experiences (Drotar, Crawford, & Ganofsky, 1984; Roberts, 1986). Hetherington (1984) found that a high level of demands, in particular demands produced by chronic illness, push families to the extremes of doing very well or doing poorly. The rate of family breakdown in families with severe chronic disease is high (Bruhn, 1977).

Family adjustment and adaptation to chronic childhood disease takes many forms. These involve behavior characteristic changes in the family's usual routines, role distributions, coping strategies, and daily activities. Changes in behavior patterns occur when families identify a problem, engage in problem solving-strategies, and select a solution to the problem (Bruhn, 1977; Thomas, 1987).

The majority of families will experience periods of disequilibrium and behavior disturbance. Stresses related to illness intertwine with both social and psychological factors that affect coping ability and lead to psychological resilience or disturbance (Drotar, Crawford, & Ganofsky, 1984; Hobbs, et al., 1985; Thomas, 1987). Some families will adapt to the chronic disease with coping strategies that allow them to make necessary family modifications and remain a functional family unit, while others fail to adapt or adjust.

Previous research has focused on other mitigating factors such as gender differences of the child and of the parent, which may mediate or contribute to a child being at risk for child abuse (Daro, 1988; Halpérin, 1995; Jouriles & LeCompte, 1991; Jouriles & Norwood, 1995; Muller, 1995). Differences in the treatment of boys and girls appears to be based on socialization roles. Fathers treat boys more harshly and mothers show the same trend with girls (Wolfner & Gelles, 1993). The purpose in studying gender differences is to find out whether or not being a male or female child contributes to vicitmization and to identify which parent is more abusive.

Child Abuse and Gender Differences

Child and parent gender characteristics have been studied in past child abuse research. The literature regarding child gender differences is somewhat equivocal, but research on parent gender seems to focus heavily on mothers. There appear to be two reasons for this. First, mothers are reported more often for child abuse because they are usually the primary caregivers responsible for most of the child rearing of the children. Second, mothers are easier to recruit and are more willing to participate in research studies (Muller, 1995; Wolfner & Gelles, 1993;. In fact, the majority of research done to date focuses

exclusively on mothers or combines both mothers and fathers into a gender neutral category labeled abusive parents (Margolin, 1992).

Muller (1995) states adult parents reported receiving more overall abuse from their mothers than their fathers. However, after these findings were broken down by gender mothers are more likely to be reported as abusive by their daughters and in comparison fathers by their sons.

Previous literature shows that both mothers and fathers act aggressively toward both sons and daughters in similar amounts, however in families with severe levels of husbands' aggression toward wives both mothers' and fathers' exhibited higher levels of aggression toward sons (Jouriles & LeCompte, 1991; Jouriles & Norwood, 1995). Wolfner and Gelles (1993) show male children have higher rates of victimization. Male children between the ages of 0-17 were victims of corporal punishment approximately 10% more than female children of the same age. Males were victims of abusive violence almost 35% more often than females (Wolfner & Gelles, 1993).

Halpérin (1995) classifies child abuse as physical violence toward the child and found that "girls outnumbered boys with a male:female ratio of 1:1.4" (p.129). In another

study 41% of the abused children were male and 59% were female (Justice & Justice, 1990).

The Present Study

The primary goals of the present research are threefold: a) to replicate previous findings that show chronic disease puts children at an increased risk for child abuse and to examine whether or not chronically ill children are victims of child abuse more often than healthy children, b) to extend previous child abuse findings that show child gender interacts with type of punishment used on the child, and c) to replicate findings that mothers are more abusive toward their children than fathers and to extend these findings to include chronically ill children.

Previous research has identified chronic illness as a possible risk factor for child abuse. The current research will investigate whether or not chronically ill chilren are in fact victims of child abuse more frequently than healthy children. If chronically ill children are victims of abuse more frequently this will contribute to the literature by explicitly stating that chronically ill children are in fact at an increased risk and do indeed experience child abuse at a greater rate than healthy children.

The following three hypotheses were tested:

1) Chronically ill children are more likely than healthy

children to be victims of child abuse; 2) An interaction between gender of child and type of punishment is predicted, specifically, parents of chronically ill children will be strict and punitive with girls, but not aggressive and parents of chronically ill boys will be aggressive and punitive, but not strict; and 3) Mothers of chronically ill children will be more abusive than fathers of chronically ill children.

The purpose in examining the above hypotheses was to add to the body of knowledge by answering the following questions: Are chronically ill children in fact victims of child abuse more often than healthy children? Previous studies show that chronically ill children are at an increased risk, but the question still remains are they at a significant increase of being victims of child abuse than healthy children? Second, does gender influence the type of punishment a child receives? Previous research is somewhat equivocal on child gender and it is not clear whether being a boy or a girl is a risk factor for child abuse. This is important because if being male or female is a risk factor we as researchers need to examine the reasons why and come up with solutions that will reduce the risk of abuse to these children. Third, are mothers more abusive toward their chronically ill children than fathers? Previous

studies have focused mostly on mothers because of their willingness to participate in research and the fact that they are usually the primary caregivers of their children. If in fact mothers are more abusive toward their children this is important for psychologists as researchers and practitioners, and medical doctors to know in order to come up with reasons why and solutions.

Previous research has examined abused and neglected populations of children retrospectively. Child abuse and neglect statistics were employed to come to the conclusion that there is an overrepresentation of chronically ill children in the population of abused children. The current research will also be retrospective reports, but adult individuals who were diagnosed with a chronic childhood disease and adults who were healthy as children will give his or her opinion on the behaviors of his/her parents and the treatment each received when he/she was growing up.

METHOD

Participants

Participants were recruited on a volunteer basis from California State University, San Bernardino and San Bernardino Valley College. The total number of participants in this study was 283. Two hundred twenty-three were females and 60 were males. Seventy-eight females and 24 males were diagnosed with a chronic childhood disease. One hundred forty-five female and 36 male individuals, who were healthy children, served as a control group. All participants were treated in accordance with the guidelines suggested by the American Psychological Association for the use of human participants.

Materials and Scoring

A modified version of the Clarke Parent-Child Relations Questionnaire (PCR) was one of the measures used in this research. The original Clarke Parent-Child Relations Questionnaire (PCR) consisting of 18 scales targeted toward children was modified by Paitich and Langevin (1976) to be a research measure for adults. Paitich and Langevin (1976) revised the original questionnaire following a factor analysis to develop a measure that consisted of 131 items grouped into 16 scales for adults that would use retrospective reports and "...sample the content areas of

parent-child relations that have been found significant in clinical research" (p. 429). The mother and father indulgence scales were dropped because of poor internal consistency.

The measure was further modified for the purpose of this research. First, the two scales included were selected to examine parental aggressiveness and parental strictness toward the participant when he or she was a child. Abusive behavior was measured using these two scales. These scales sampled retrospective reports of mother's aggression and father's aggression, mother's strictness and father's strictness toward the participant when he/she was a child. Mother and father were rated separately. Second, the wording of some questions was changed to reveal the parents behavior toward rather than with the participant and to reflect modern language. Several questions from Paitich and Langevin's (1976) parental affection and parental identity scale were used in this measure to counterbalance the questions on aggression and strictness, but were not analyzed in the present study.

The first ten questions are designed to identify participants who were diagnosed with a chronic childhood disease and those that were healthy as children. The participant is asked if they have a chronic illness. They

are also asked to identify which chronic illness(s) they were diagnosed with, if they were hospitalized due to this illness or other reasons, what operations they had, and did they experience any serious accidents as a child. Eighteen questions 11-14, 23, 24, 33, 34, 39-42, 47, 48, and 53-56 were analyzed to determine parental aggression toward the participant, nine items for mother and nine for father. The reliability score of Paitich and Langevin's (1976) scale, using the Kuder-Richardson Formula 20 for mother's aggression toward the participant was determined to be .786 and father's aggression toward the participant was .802 (Paitich & Langevin, 1976). The parental strictness scale includes twelve questions, six items per parent, 17-20, 25-28, 45, 46, 57, 58. The reliability score of Paitich and Langevin's (1976) scale, again using the Kuder-Richardson Formula 20, for mother's strictness was .635 and for father's strictness also .635 (Paitich & Langevin, 1976).

According to Paitich and Langevin (1976) intercorrelations of their 16 scales show that mother scales are moderately and positively interrelated to each other, but not to the father scales and the father scales show this same pattern. Overall, convergent validity has been demonstrated and the 16 scales have reasonable internal consistency. Discriminant validity has been established for

the Paitich/Langevin PCR version. The PCR scales were correlated with age, education, and IQ and all correlations were between .01 and .15 for age and education and no correlation exceeded .15 for the intelligence variable (Paitich & Langevin, 1976). Two additional questions were included on the questionnaire to determine how the participant perceives his or her siblings were treated by his/her parent(s).

Below are sample questions from the Paitich/Langevin version of the Clarke PCR and the final version of the measure reflecting this researcher's modifications. The first four items are from the mother's and father's aggression scale, the next two from the mother's and father's strictness scale.

PAITICH/LANGEVIN VERSION

1. Did your mother have a bad temper with you?
2. Did your father have a bad temper with you?
3. How often was your mother grouchy with you?
4. How often was your father grouchy with you?
5. How often did your mother punish you with a strap, switch, or cane?
6. How often did your father punish you with a strap, switch, or cane?

FINAL VERSION

1. Did your mother have a bad temper toward you?
2. Did your father have a bad temper toward you?
3. How often was your mother grouchy toward you?
4. How often was your father grouchy toward you?
5. How often did your mother punish you with a belt, switch, or cane?
6. How often did your father punish you with a belt, switch, or cane?

Thus, this researcher's modifications of the Paitich/Langevin revision of the Clarke PCR resulted in each participant receiving one 62-item questionnaire with identical questions alternating between mother and father. The following scoring criteria is based on Paitich/Langevin version of the Clarke PCR. Participants responded to the items in a Yes-2, No-0, Never-0, Sometimes-1, and Often-2 format. Items were summed to form the scales in the Paitich/Langevin version and were summed to form the scales in the final version of the Clarke PCR. High score descriptions are as follows: 1) Mother's aggression toward the participant. The mother was domineering, bad tempered, and critical toward the participant and probably caused hurt feelings frequently; 2) Father's aggression toward the participant. The father was domineering, bad tempered, and critical toward the participant and probably caused hurt feelings frequently; 3) Mother's strictness. The mother appears to have been controlling and quite strict with the participant and probably used physical punishment a moderate amount; 4) Father's strictness. The father appears to have been controlling and quite strict with the participant and probably used physical punishment a moderate amount (Paitich & Langevin, 1976).

The second measure employed in this research was the Parent Behavior Inventory, Elementary, Form E (Worell & Worell, 1986). The original Parent Behavior Form E (PBF) consisted of 13 scales with 117 items designed to measure the presence of various positive and negative parenting behaviors from the point of view of the participant. The 13 scales range roughly on an acceptance-rejection dimension (Worell & Worell, 1986). Abusive parenting behaviors were identified using the punitive control scale. The punitive control scale has a negative correlation with the acceptance dimension (Worell & Worell, 1986).

The punitive control scale was chosen specifically to determine the quantity of physical discipline chronically ill and healthy children received from their parents. The following questions were analyzed to identify parental punitive control of the participant when they were a child; 2, 7, 13, 19, 25, 31, 36, 44, and 51. Nine questions for each parent. Each parent was rated separately. Additional scales, acceptance, active involvement, equalitarianism, lax control, hostile control, and rejection, are included in the questionnaire, but were not used in the analysis of this research.

Reliability of the Worell and Worell (1986) measure was determined using the Cronbach Alpha Coefficients. The

reliability scores for punitive control following a factor analysis for mother's punitive control over daughter was .78, father's punitive control over daughter was .79, mother's punitive control over son was .76 and father's punitive control over son was .78. The derived average across male and female students responding to both their mothers and fathers was .81 (Worell & Worell, 1986). Convergent and discriminant validity have been demonstrated. Scales expected to show a positive correlation with acceptance(warmth) range from .46 to .81.
Scales expected to show a negative correlation with the acceptance(warmth) scale do so, but no scores were available (Worell & Worell, 1986).

The measure was modified for the purpose of this research in the wording of each question to reflect the parent's past behavior. Below are sample questions from the Worell/Worell PBF and the final version of the measure reflecting this researcher's modifications. The following four questions are from the punitive control scale. Each question is stated according to the target parent.

WORELL/WORELL VERSION

1. Believes that all my bad behavior should be punished.
2. Sees to it that I obey when she/he tells me something.
3. Has more rules than I can remember, so is often punishing me.
4. Believes in punishing me to correct my manners.

FINAL VERSION
MOTHER

My mother:
1. Believed that all my bad behavior should be punished.
2. Saw to it that I obeyed when she told me something.
3. Had more rules than I could remember, so was often punishing me.
4. Punished me to correct my manners.

FINAL VERSION
FATHER

My father:
1. Believed that all my bad behavior should be punished.
2. Saw to it that I obeyed when he told me something.
3. Had more rules than I could remember, so was often punishing me.
4. Punished me to correct my manners.

Thus, this researcher's modifications of the Worell/Worell version of the Parent Behavior Inventory Form resulted in each participant receiving one questionnaire with two identical sections, except for the parent named on the top of the page and in the items (mother or father). The first three pages are for mother and have 52 items. Pages four through six are for father and also have 52 items.

Answers to the questions for the final version are in the format of Like-2, Somewhat Like-1, and Not Like-0 the mother and/or father. Each parent was rated separately. Items were summed and the summed score was used in the analysis. The high score description of punitive control includes: The parent is insisting and coercive about

conformity to rules; frequently uses physical punishment for misbehavior; and loses his/her temper when compliance does not occur (Worell & Worell, 1986).

Strict is defined as high parental control and use of physical punishment. The term aggressive is defined as high levels of domineering and critical behavior (Paitich & Langevin, 1976). Punitive is defined as the parent expecting conformity to rules with the use of insistence and coercion, frequent use of physical punishment and loss of temper when compliance does not occur (Worell & Worell, 1986). Abusive behaviors were measured using the following three scales, parental aggression, parental strictness, and parental punitive control toward the participant when he/she was a child living under the care of his/her mother and/or father.

Demographic information consisting of participants age, gender, number of siblings, biological parent, intact two parent household, and parents education level was also collected.

Procedure

Questionnaires were passed out in classes at California State University, San Bernardino and San Bernardino Valley College and posted on the experiment bulletin board at California State University, San Bernardino. Questionnaires

were either completed during class time or elsewhere by the participant.

The process for participation allowed any student to take a questionnaire when offered by the researcher in several psychology classes and targeted chronically ill students at the experiment board in the psychology department. The questionnaires on the board had requirements for participation listed on the folder containing the blank questionnaires. The requirements stated that the individual had to have been diagnosed with a chronic childhood illness as a child and that they had to be at least 18 years old. Criteria for participation in the experimental group were being diagnosed with a chronic disease as a child and being at least 18 years of age. The control group were individuals who were not diagnosed with a chronic disease as a child and were also at least 18 years old.

Participation was voluntary. Extra credit points for participation were awarded by some instructors, in some classes, which was determined by the instructor. Completed questionnaires were returned to the Peer Advising Center at California State University, San Bernardino by each participant or collected by this researcher.

All participants were given a packet with an informed consent form (see Appendix A), demographic information sheet (see Appendix B), instruction sheet (see Appendix C), Parent/Child Relations Questionnaire (see Appendix D), Parent Behavior Questionnaire (see Appendix E), and a debriefing statement (see Appendix F). Each participant was asked to sign an informed consent form prior to completing the questionnaire, but had the choice not to sign if they did not want their questionnaire included in the analysis. Upon the return of each questionnaire participants were given a debriefing statement that informed them of the reasons for conducting the study. The debriefing statement also provided information of how to obtain results of the completed study, and the appropriate persons to contact if they had any questions regarding the study, or if they experienced any emotional distress due to his or her participation. Extra credit slips were passed out along with the debriefing statement.

RESULTS

A 2x2x2 multivariate analysis of variance (MANOVA) was performed on the data using the SPSS Statistical Software Package. The analysis was a between, between, within subjects design with three independent variables (I.V.) with two levels each and three dependent variables (D.V.). The probability level p=.05 was the significance level employed in this research.

The first independent variable is the health status of the participant. The two levels are chronic childhood disease or healthy. The second independent variable is gender of the participant. The third independent variable is gender of the parent. The three dependent variables are parent's aggression toward, strictness toward, and punitive control of the participant when he/she was a child.

Assumptions

The dependent variables father aggression, mother aggression, father strictness, mother strictness, father punitive control, mother punitive control, gender of the respondent, and health status of the respondent (chronic illness or healthy) were examined through SPSS programs for accuracy of data entry, missing values, and fit between their distributions and the assumptions of multivariate analysis.

One case, was identified through Mahalanobis distance as a multivariate outlier with $p < .001$. This woman is chronically ill and was raised by both her parents. She answered each of 9 questions that formed the father aggression scale with the highest score possible (yes=2 and often=2). She received an extremely high score of 18 on the father aggression scale. Data from this participant was deleted from further analysis.

The homogeneity of variance covariance matrices assumption was violated. Box's M was found to be significant, F (63, 25295) = 1.52 p = .004. One reason this assumption may have been violated was because of positive skewness on the aggression variable for both father (Raw score = 1.190,Z-score = 8.20) and mother (Raw score = 1.358,Z-score = 9.36).

According to Tabachnick and Fidell (1996) "MANOVA's are robust to modest violations of normality if the violation is created by skewness rather than outliers" (p.381). In the case of unequal sample sizes with only a few D.V.s, robustness is guaranteed with a sample size of approximately 20 in the smallest cell. The smallest sample size in the present study was 24 per cell, so the MANOVA was performed

using untransformed variables.[1] Given this nonnormality, Pillai's criterion was used for analysis interpretation due to unequal N. Pooled within cells correlations among D.V.s yielded a log determinant of -1.06, which is significantly different from zero, so multicolinearity is not a problem (Tabachnick & Fidell, 1996).

Analysis

There were no significant differences in the combined D.V.s as a function of health status (chronically ill or healthy) of the participant, F (3, 277) = .645 p > .05. There was also no difference in the combined D.V.s as a function of gender, F (3, 277) = .154 p > .05. There was no significant interaction between gender and health status, F (3,277) = 2.29, p = .078. There were no significant differences in the comined D.V.s as a fuction of parent gender, F (3, 277) = .549, p > .05. Health status by parent yielded no significant differences on the combined D.V.s, F (3, 277) = 1.98 p > .05. Nor was there an interaction between gender and parent, F (3,277) = 2.40, p = .068. There was no significant interaction between gender, health status, and parent on the combined D.V.s, F (3, 277) = .366, p > .05.

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[1]Transformations were done on the aggression scale for both father (Skewness raw score = .028, z-score = .193) and mother (Skewness raw score =.040, z-score = ..275) and the MANOVA was run again. Results did not change, no significant differences were found.

Pooled within cells correlations were performed on the D.V.s (see Table 1).

TABLE 1 POOLED WITHIN-CELL CORRELATIONS AMONG THREE D.V.s

WITHIN CELLS Correlations with Std. Devs. on Diagonal

	AGGRESSION	STRICTNESS	PUNITIVE CONTROL
AGGRESSION	4.245		
STRICTNESS	.534	3.211	
PUNITIVE CONTROL	.523	.695	5.112

Post Hoc Analysis

Post hoc analysis were run after removing the asthmatics from the dataset. Asthmatics comprised 70% of the chronically ill sample. The MANOVA was rerun and the results did not show any significant differences. The removal of 70% of the chronically ill sample resulted in each cell containing 26 females and 6 males.

DISCUSSION

Hypothesis one, which stated that chronically ill children are more likely than healthy children to be victims of child abuse, was not supported in the present study. Hypothesis two, parents of chronically ill children will be strict and punitive with girls, but not aggressive, and aggressive and punitive with boys, but not strict, was not supported. Hypothesis three, mothers of chronically ill children will be more abusive than fathers of chronically ill children, was not supported in the present research.

Previous research has stated that chronically ill children are overrepresented in populations of abused and neglected children and that characteristics such as chronic illness put the child at an increased risk for child abuse. Results of the present study do not support these previous findings. Retrospective reports are often questionable especially since children tend to idealize their parents. Future studies may need to focus on an observational as well as a self report type of research design using chronically ill and healthy children and their parents. Hospitals, social services, schools, and daycare centers are possible locations to get participants for future research.

Previous studies on gender are equivocal when it comes to gender of the child moderating the type of punishment

he/she receives. Results of the present research support previous research, revealing no significant differences between girls and boys, but the data do suggest a possible interaction with gender and health status of the child. In the current research there was a lack of power due to the small sample size. Perhaps with a larger sample of chronically ill individuals and males there may have been some significant results. It is suggested that future studies examine gender in relation to health status in greater detail. Getting larger sample sizes of chronically ill and male participants is suggested.

Previous research on parent gender is heavily focused on mothers, and it states that mothers are reported more often than fathers for child abuse. According to the present study no significant differences were found between mothers and fathers. Future studies are suggested to explore both parent and child gender further, again a larger sample size of males is suggested.

One limitation of this study is that the sample of chronically ill participants consisted mostly of asthmatics (70%). In comparison to other chronic diseases, such as epilepsy (7%), diabetes (3%), leukemia (1%), sickle cell anemia (1%), other (15%), and two or more (5%), asthma is not as demanding on the child or the parents. There are not

specific diet needs, frequent visits to doctors, medication demands, etc.. The stress level of other diseases may put a child at an increased risk for child abuse more so than asthma, because of a higher demand on the parents. It is suggested that future studies try to get a larger sample of more serious chronic diseases.

Post hoc analysis did not show any significant differences once the asthmatics were removed from the sample of chronically ill participants. One reason for this may have been the loss of power due to the small sample size of 32 (N = 26 for females and N = 6 for males).

A second limitation of the present study is the scales were formed by modifying previous research surveys. The present questionnaire took approximately 30 minutes to complete and had 166 parent relations and behavior questions and 13 demographic questions. The previous surveys had low reliability scores on both the mother and father strictness scale. Changes in the wording of each question and the categorizing of specific questions to form a scale should also be examined further.

The last limitation deals with the homogeneity of variance assumption violation. It is strongly suggested that future research have larger sample sizes of both chronically ill participants and male participants.

APPENDICES

APPENDIX A: INFORMED CONSENT

The study in which you are about to participate in is designed to investigate parent/child relationships. We are going to be collecting information on what your parent(s) were like and how they acted toward you when you were a child. This study is being conducted by Michelle Lindholm under the supervision of Dr. Michael Weiss, associate professor of Psychology. This study has been approved by the Institutional Review Board, California State University, San Bernardino. The university requires that you give your consent before participating in this study.

In this study you are asked to fill out a combined questionnaire with two parts. Please use the same instruction sheet for both. Participation in this study will require approximately 30 minutes of your time.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will you be required to give your name, therefore it will never be reported along with your responses. All data will be reported in group form only. At the study's conclusion, you may receive a report of the results.

The risks to you from participating in this study are minimal. At your instructors' discretion, you may receive extra credit for your participation. Turn in this questionnaire in the Peer Advising Center, Psychology Department, Room JB105. If you have any questions about the study, or would like to obtain a report of the group results, please feel free to contact Michelle Lindholm or Professor Weiss at (909) 880-5594.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during the study without penalty. In order to ensure the validity of the study, we ask you not to discuss this study with other students.

By placing a mark in the space provided below, I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. By this mark I further acknowledge that I am at least 18 years of age.

Give your consent to participate by making a check or 'X' mark here: _____ Today's date is _____

APPENDIX B: DEMOGRAPHIC INFORMATION

PLEASE FILL IN ALL THE FOLLOWING INFORMATION

Your Gender: Female ___ Male ___ Your Age: _____

Ethnic Identity:

American Indian _____
Alaskan Native _____
Black, non-Hispanic, including African-American ____
Mexican-American, Mexican, Chicano ____
Other Latino, Spanish-origin, Hispanic ____
White, Caucasian, Euro-American ____
Hawaiian ____

Chinese ____
Japanese ____
Korean ____
Southeast Asian ____
Other Asian ____
Filipino ____
Other ____, _____

Mother / Relationship (non-biological): _____

Father / Relationship (non-biological): _____

Primary Caregiver (provided you with the most daily physical care): Mother__ Father__

Single Parent Household: Yes ___ No ___

If yes, raised by: Mother ___ Father ___

Siblings (sisters and/or brothers): Yes ___ No ___

If yes, number of siblings (Do not count yourself): _____

How many sisters/brothers?: Sisters #_____ Brothers #_____

Your birth order (circle one): 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

Parent's Education Level:

Mother:
Grade School ___
Some High School ___
High School Graduate ___
Some College ___
College Graduate ___
Some Graduate School ___
Masters Degree ___
Doctorate Degree ___
Other _____

Father:
Grade School ___
Some High School ___
High School Graduate ___
Some College ___
College Graduate ___
Some Graduate School ___
Masters Degree ___
Doctorate Degree ___
Other _____

APPENDIX C: INSTRUCTIONS

On the following pages you will find a series of statements and questions that people might use to describe their parents. In most of these statements and questions you are asked to describe what your mother and father were like. Read each statement and decide which answer most closely describes the way each of your parents acted toward you when you were a child (0 - 18 years). We ask you to be as honest and truthful as possible.

Try to put down the first answer that comes to your mind. Don't think too long over each question. We are just interested in your opinion, not the facts. You must not leave any out.

If you were raised mostly by someone other than your real (biological) mother or father, state the relationship in the spaces provided. Please indicate if you were raised by a single parent. If so, answer the questions for that parent only, please read each statement carefully and answer the appropriate ones.

Please be aware that all your responses are strictly confidential and anonymous. Thank you for participating.

APPENDIX D: PARENT/CHILD RELATIONS QUESTIONNAIRE

1) As a child did you have any chronic illnesses or conditions considered to be long-term and lifelong (diabetes, cystic fibrosis, epilepsy, etc)? Do not include ordinary childhood illnesses such as measles, mumps, influenza, colds, etc..
a)Yes b) No

2) If yes what were they?

a) Asthma	f) Hemophilia	k) Sickle Cell Anemia
b) Congenital Heart Disease	g) Juvenile Diabetes	l) Spina Bifida
c) Craniofacial Birth Defects	h) Juvenile Rheumatoid Arthritis	m)Other_____
d) Cystic Fibrosis	i) Leukemia	_____
e) Epilepsy	j) Neuromuscular Disease	_____

3) How old were you when diagnosed with the chronic illness(s)?

_____

4) When you were growing up, would you say that you were sick often?
a) Yes b) No

5) If yes, was this related to your chronic illness?
a) Yes b) No

6) Were you ever hospitalized due to your chronic illness?
a) Yes b) No

7) If yes, approximately how many times between the age of onset and your 18th birthday?

_____

8) What operations did you have as a child, and what age were you? *Please List Below.*
a) _____ Age _____
b) _____ _____
c) _____ _____
d) _____ _____

9) Did you have any serious accidents as a child, and what age were you? *Please List Below.*
a) _____ Age _____
b) _____ _____
c) _____ _____
d) _____ _____

10) Did any of these accidents result in hospitalization?
a) Yes b) No

11) Did your mother have a bad temper toward you?
a) Yes b) No

12) Did your father have a bad temper toward you?
a) Yes b) No

13) How often was your father grouchy toward you?
a) Never b) Sometimes c) Often

14) How often was your mother grouchy toward you?
a) Never b) Sometimes c) Often

15) How often did your mother treat you in a sympathetic or friendly way?
a) Never b) Sometimes c) Often

16) How often did your father treat you in a sympathetic or friendly way?
a) Never b) Sometimes c) Often

17) Would you say that your father was strict with you?
a) Yes b) No

18) Would you say that your mother was strict with you?
a) Yes b) No

19) How often did your mother slap you or spank you with an open hand?
a) Never b) Sometimes c) Often

20) How often did your father slap you or spank you with an open hand?
a) Never b) Sometimes c) Often

21) Did you ever feel that your mother neglected you?
a) Never b) Sometimes c) Often

22) Did you ever feel that your father neglected you?
a) Never b) Sometimes c) Often

23) How often did your father criticize you?
a) Never b) Sometimes c) Often

24) How often did your mother criticize you?
a) Never b) Sometimes c) Often

25) How often did your mother lay down the law to you?
a) Never b) Sometimes c) Often

26) How often did your father lay down the law to you?
a) Never b) Sometimes c) Often

27) Did you have very much trouble getting permission from your mother to do the things you wanted to do?
a) Yes b) No

28) Did you have very much trouble getting permission from your father to do the things you wanted to do?
a) Yes b) No

29) Did your father have a tendency to spoil you - give you anything you wanted?
a) Never b) Sometimes c) Often

30) Did your mother have a tendency to spoil you - give you anything you wanted?
a) Never b) Sometimes c) Often

31) Did you feel that you were your father's favorite?
a) Yes b) No

32) Did you feel that you were your mother's favorite?
a) Yes b) No

33) How often was your mother cruel to you?
a) Never b) Sometimes c) Often

34) How often was your father cruel to you?
a) Never b) Sometimes c) Often

35) Would you say that you were close to your father?
a) Yes b) No

36) Would you say that you were close to your mother?
a) Yes b) No

37) Did you ever feel that your mother did not want to be bothered paying much attention to you?
a) Yes b) No

38) Did you ever feel that your father did not want to be bothered paying much attention to you?
a) Yes b) No

39) Did your mother ever tell you that you wouldn't amount to much?
a) Yes b) No

40) Do you think she ever felt this way?
a) Yes b) No

41) Did your father ever tell you that you wouldn't amount to much?
a) Yes b) No

42) Did you think he ever felt this way?
a) Yes b) No

43) How often did you get tenderness and affection from your mother?
a) Never b) Sometimes c) Often

44) How often did you get tenderness and affection from your father?
a) Never b) Sometimes c) Often

45) How often did your father punish you with a belt, switch, or cane?
a) Never b) Sometimes c) Often

46) How often did your mother punish you with a belt, switch, or cane?
a) Never b) Sometimes c) Often

47) How often were you afraid of your father?
a) Never b) Sometimes c) Often

48) How often were you afraid of your mother?
a) Never b) Sometimes c) Often

49) Did you feel as if your mother smothered you with love, attention, and fussing over you?
a) Yes b) No

50) Did you feel as if your father smothered you with love, attention, and fussing over you?
a) Yes b) No

51) How often was your mother rather cold and reserved toward you?
a) Never b) Sometimes c) Often

52) How often was your father rather cold and reserved toward you?
a) Never b) Sometimes c) Often

53) Did your father sulk and refuse to speak when he was angry with you?
a) Never b) Sometimes c) Often

54) Did your mother sulk and refuse to speak when she was angry with you?
a) Never b) Sometimes c) Often

55) Did your mother ever strike you with her fist, a closed hand?
a) Never b) Sometimes c) Often

56) Did your father ever strike you with his fist, a closed hand?
a) Never b) Sometimes c) Often

57) How often did your mother try to control you?
a) Never b) Sometimes c) Often

58) How often did your father try to control you?
a) Never b) Sometimes c) Often

59) Would you say that the relationship between you and your father was pleasing to you on the whole?
a) Yes b) No

60) Would you say that the relationship between you and your mother was pleasing to you on the whole?
a) Yes b) No

61) In your opinion how did your mother treat your sibling(s)?

Treated them much better Equally Treated me much better

|----------|----------|----------|----------|

1 2 3 4 5

___ No Sibling(s)

62) In your opinion how did your father treat your sibling(s)?

Treated them much better Equally Treated me much better

|----------|----------|----------|----------|

1 2 3 4 5

___ No Sibling(s)

APPENDIX E: PARENT BEHAVIOR QUESTIONNAIRE

MOTHER

My mother:

1) Often praised me.	Like	Somewhat Like	Not Like
2) Told me I had to do exactly as I was told.	Like	Somewhat Like	Not Like
3) Thought I was just someone to "put up with".	Like	Somewhat Like	Not Like
4) Believed in showing her love for me.	Like	Somewhat Like	Not Like
5) Did not get angry if I argued with her.	Like	Somewhat Like	Not Like
6) Wanted to know exactly where I was and what I was doing.	Like	Somewhat Like	Not Like
7) Believed in having a lot of rules and sticking to them.	Like	Somewhat Like	Not Like
8) Said I was a big problem.	Like	Somewhat Like	Not Like
9) Made me feel I was not loved.	Like	Somewhat Like	Not Like
10) Let me be myself.	Like	Somewhat Like	Not Like
11) Told me how much she loved me.	Like	Somewhat Like	Not Like
12) Let me do anything I wanted to do.	Like	Somewhat Like	Not Like
13) Believed that all my bad behavior should be punished.	Like	Somewhat Like	Not Like
14) Did not let me go places because something could have happened to me.	Like	Somewhat Like	Not Like
15) Almost always complained about what I did.	Like	Somewhat Like	Not Like
16) Comforted me when I was afraid.	Like	Somewhat Like	Not Like
17) Told me I was good looking.	Like	Somewhat Like	Not Like
18) Was always telling me how I should behave.	Like	Somewhat Like	Not Like

19) Had more rules than I could remember, so was often punishing me.	Like	Somewhat Like	Not Like
20) Use to tell me I behaved like a little child.	Like	Somewhat Like	Not Like
21) Did not show that she loved me.	Like	Somewhat Like	Not Like
22) Said I made her happy.	Like	Somewhat Like	Not Like
23) Did not make me obey if I complained.	Like	Somewhat Like	Not Like
24) Decided on whatever I did.	Like	Somewhat Like	Not Like
25) Saw to it that I obeyed when she told me something.	Like	Somewhat Like	Not Like
26) Often blew her top when I bothered her.	Like	Somewhat Like	Not Like
27) Use to have a good time at home with me.	Like	Somewhat Like	Not Like
28) Gave me a lot of care and attention.	Like	Somewhat Like	Not Like
29) Excused my bad behavior.	Like	Somewhat Like	Not Like
30) Kept reminding me about things I was not allowed to do.	Like	Somewhat Like	Not Like
31) Punished me when I did not obey.	Like	Somewhat Like	Not Like
32) Wanted to know everything I did.	Like	Somewhat Like	Not Like
33) Was easy on me.	Like	Somewhat Like	Not Like
34) Expected me to be good at everything I tried.	Like	Somewhat Like	Not Like
35) Was always getting after me.	Like	Somewhat Like	Not Like
36) Punished me to correct my manners.	Like	Somewhat Like	Not Like
37) When I did not do as she wanted, said I was not thankful for all she did for me.	Like	Somewhat Like	Not Like
38) Said I was very good natured.	Like	Somewhat Like	Not Like

39) Seemed to see my good points more than my faults.	Like	Somewhat Like	Not Like
40) Tried to be friendly rather than bossy.	Like	Somewhat Like	Not Like
41) Gave me reasons for the rules that she made.	Like	Somewhat Like	Not Like
42) Seldom told me that I had to do anything.	Like	Somewhat Like	Not Like
43) Felt hurt by the things I did.	Like	Somewhat Like	Not Like
44) Lost her temper with me when I did not help around the house.	Like	Somewhat Like	Not Like
45) Use to tell me of all the things she did for me.	Like	Somewhat Like	Not Like
46) Was always thinking of things that would please me.	Like	Somewhat Like	Not Like
47) Smiled at me often.	Like	Somewhat Like	Not Like
48) Tried to treat me as an equal.	Like	Somewhat Like	Not Like
49) Did not bother to stick to rules.	Like	Somewhat Like	Not Like
50) Told me how to spend my free time.	Like	Somewhat Like	Not Like
51) Did not leave me alone until I did what she said.	Like	Somewhat Like	Not Like
52) Was not friendly with me if I did not do things her way.	Like	Somewhat Like	Not Like

FATHER

My father:

1) Often praised me.	Like	Somewhat Like	Not Like
2) Told me I had to do exactly as I was told.	Like	Somewhat Like	Not Like
3) Thought I was just someone to "put up with".	Like	Somewhat Like	Not Like
4) Believed in showing his love for me.	Like	Somewhat Like	Not Like
5) Did not get angry if I argued with him.	Like	Somewhat Like	Not Like
6) Wanted to know exactly where I was and what I was doing.	Like	Somewhat Like	Not Like
7) Believed in having a lot of rules and sticking to them.	Like	Somewhat Like	Not Like
8) Said I was a big problem.	Like	Somewhat Like	Not Like
9) Made me feel I was not loved.	Like	Somewhat Like	Not Like
10) Let me be myself.	Like	Somewhat Like	Not Like
11) Told me how much he loved me.	Like	Somewhat Like	Not Like
12) Let me do anything I wanted to do.	Like	Somewhat Like	Not Like
13) Believed that all my bad behavior should be punished.	Like	Somewhat Like	Not Like
14) Did not let me go places because something could have happened to me.	Like	Somewhat Like	Not Like
15) Almost always complained about what I did.	Like	Somewhat Like	Not Like
16) Comforted me when I was afraid.	Like	Somewhat Like	Not Like
17) Told me I was good looking.	Like	Somewhat Like	Not Like
18) Was always telling me how I should behave.	Like	Somewhat Like	Not Like

19) Had more rules than I could remember, so was often punishing me.	Like	Somewhat Like	Not Like
20) Use to tell me I behaved like a little child.	Like	Somewhat Like	Not Like
21) Did not show that he loved me.	Like	Somewhat Like	Not Like
22) Said I made him happy.	Like	Somewhat Like	Not Like
23) Did not make me obey if I complained.	Like	Somewhat Like	Not Like
24) Decided on whatever I did.	Like	Somewhat Like	Not Like
25) Saw to it that I obeyed when he told me something.	Like	Somewhat Like	Not Like
26) Often blew his top when I bothered him.	Like	Somewhat Like	Not Like
27) Use to have a good time at home with me.	Like	Somewhat Like	Not Like
28) Gave me a lot of care and attention.	Like	Somewhat Like	Not Like
29) Excused my bad behavior.	Like	Somewhat Like	Not Like
30) Kept reminding me about things I was not allowed to do.	Like	Somewhat Like	Not Like
31) Punished me when I did not obey.	Like	Somewhat Like	Not Like
32) Wanted to know everything I did.	Like	Somewhat Like	Not Like
33) Was easy on me.	Like	Somewhat Like	Not Like
34) Expected me to be good at everything I tried.	Like	Somewhat Like	Not Like
35) Was always getting after me.	Like	Somewhat Like	Not Like
36) Punished me to correct my manners.	Like	Somewhat Like	Not Like
37) When I did not do as he wanted, said I was not thankful for all he did for me.	Like	Somewhat Like	Not Like
38) Said I was very good natured.	Like	Somewhat Like	Not Like

39) Seemed to see my good points more than my faults.	Like	Somewhat Like	Not Like
40) Tried to be friendly rather than bossy.	Like	Somewhat Like	Not Like
41) Gave me reasons for the rules that he made.	Like	Somewhat Like	Not Like
42) Seldom told me that I had to do anything.	Like	Somewhat Like	Not Like
43) Felt hurt by the things I did.	Like	Somewhat Like	Not Like
44) Lost his temper with me when I did not help around the house.	Like	Somewhat Like	Not Like
45) Use to tell me of all the things he did for me.	Like	Somewhat Like	Not Like
46) Was always thinking of things that would please me.	Like	Somewhat Like	Not Like
47) Smiled at me often.	Like	Somewhat Like	Not Like
48) Tried to treat me as an equal.	Like	Somewhat Like	Not Like
49) Did not bother to stick to rules.	Like	Somewhat Like	Not Like
50) Told me how to spend my free time.	Like	Somewhat Like	Not Like
51) Did not leave me alone until I did what he said.	Like	Somewhat Like	Not Like
52) Was not friendly with me if I did not do things his way.	Like	Somewhat Like	Not Like

APPENDIX F: DEBRIEFING STATEMENT

Thank you for participating in this study. This study was designed to examine the relationship between you and your mother and/or father. How your parent(s) acted toward and treated you when you were a child. We would like to assure you again of the confidentiality and anonymity of your participation in this study.

If you have any questions about this study, or would like to discuss your experience in this study, please contact Dr. Weiss at (909) 880-5594. The results of this study may also be obtained at the telephone number above in July, 1998.

In order to ensure the validity of the study please we ask you not to discuss this study with other students. We greatly appreciate your time and honesty.

Below you will find the names and numbers of several counseling facilities in case you experience any emotional distress from your participation in this study.

California State University Counseling Center	880-5040
Family Service Agency of San Bernardino:	
San Bernardino	886-6737
Fontana	822-3533
Crisis Line (24-Hour)	886-4889
San Bernardino Mental Health Department	387-7171
Family Services Association of Riverside	654-3925
Riverside County Mental Health Department	275-2100
Redlands Counseling Center	798-6504
Redlands-Yucaipa Guidance Clinic Association	792-0747
Loma Linda University Behavioral Medicine Center	
800-752-5999	
Mental Health Referral Service	
800-843-7274	

REFERENCES

Benedict, M. I., White, R. B., Wulff, L. M., & Hall, B. J. (1990). Reported maltreatment in children with multiple disabilities. Child Abuse and Neglect, 14, 207-217.

Bishop, F. I. (1971). Children at risk. The Medical Journal of Australia, 623-628.

Bourne, R. (1979). Child abuse and neglect: An overview. In R. Bourne & E. H. Newberger (Eds.), Critical perspectives on child abuse (pp.1-14). Lexington, MA: Lexington Books.

Boxer, G. H., Carson, J., & Miller, B. D. (1988). Neglect contributing to tertiary hospitalization in childhood asthma. Child Abuse and Neglect, 12, 491-501.

Bruhn, J. G. (1977). Effects of chronic illness on the family. The Journal of Family Practice, 4, 1057-1060.

Burrell, B., Thompson, B., & Sexton, D. (1994). Predicting child abuse potential across family types. Child Abuse and Neglect, 18(12), 1039-1049.

Calam, R. & Franchi, C. (1987). Child abuse and its consequences: Observational approaches. New York, NY: Cambridge University Press.

Chase, P. & Martin, H. (1970). Undernutrition and child development. The New England Journal of Medicine, 282(17), 933-939.

Clapp, G. (1988). Child study and research: Current perspectives and applications. Lexington, MA: Lexington Books.

Cummings, S. T. (1976). The impact of the child's deficiency on the father: A study of fathers of mentally retarded and of chronically ill children. American Journal of Orthopsychiatry, 46(2), 246-255.

Cummings, S. T., Bayley, H. C., & Rie, H. E. (1966). Effects of the child's deficiency on the mother: A study of mothers of mentally retarded, chronically ill, and neurotic children. American Journal of Orthopsychiatry, 36, 595-608.

Daro, D. (1988). Confronting child abuse: Research for effective program design. New York, N.Y.: The Free Press.

Drotar, D., Crawford, P., & Ganofsky, M. A. (1984). Prevention with chronically ill children. In M. C. Roberts & L. Peterson (Eds.), Prevention of problems in childhood: Psychological research and applications (pp. 232-265). New York: John Wiley & Sons.

Elmer, E. (1967). Children in jeopardy: A study of minors and their families. Pittsburgh: University of Pittsburgh Press.

Friedrich, W. N. (1977). Ameliorating the psychological impact of chronic physical disease on the child and family. Journal of Pediatric Psychology, 2(1), 26-31.

Friedrich, W. N. & Boriskin, J. A. (1982). The role of the child in abuse: A review of the literature. In G. J. Williams & J. Money (Eds.), Traumatic abuse and neglect of children at home (pp. 160-171). Baltimore: The Johns Hopkins University Press.

Glaser, D. & Bentovim, A. (1979). Abuse and risk to handicapped and chronically ill children. Child Abuse and Neglect, 3, 565-575.

Halpérin, D. S. (1995). Risk factors for child abuse and neglect in human parents. In C. R. Pryce, R. D. Martin, & D. Skuse (Eds.), Motherhood in human and nonhuman primates: Biosocial determinants (pp. 125-133). Basel: Karger.

Hauenstein, E. J. (1990). The experience of distress in parents of chronically ill children: Potential or likely outcome? Journal of Clinical Child Psychology, 19(4), 356-364.

Hawkins, W. E. & Duncan, D. F. (1985). Children's illness as risk factors for child abuse. Psychological Reports, 56, 638.

Hetherington, E. M. (1984). Stress and coping in children and families. In A. B. Doyle, D. Gold, & D. S. Moskowitz (Eds.), Children in families under stress (pp.7-33). San Francisco: Jossey-Bass.

Hobbs, N., Perrin, J. M., & Ireys, H. T. (1985). Chronically ill children and their families. San Francisco: Jossey-Bass.

Holter, J. C. (1979). Child abuse. In E. M. McElroy & M. Gordon (Guest Eds.), The Nursing Clinics of North America, 14(3), (pp. 417-427). Philadelphia: W. B. Saunders Company.

Iverson, T. J. & Segal, M. (1990). Child abuse and neglect: An information and reference guide. New York: Garland Publishing Inc.

Jouriles, E. N. & LeCompte, S. H. (1991). Husband's aggression toward wives and mother's and father's aggression toward children: Moderating effects of child gender. Journal of Consulting and Clinical Psychology, 59(1), 190-192.

Jouriles, E. N. & Norwood, W. D. (1995). Physical aggression toward boys and girls in families characterized by the battering of women. Journal of Family Psychology, 9(1), 69-78.

Justice, B. & Justice, R. (1990). The abusing family (Rev. ed.). New York: Plenum Press.

Kennel, J. H., Voos, D. K., & Klaus, M. H. (1979). Parent-infant bonding. In J. Osofsky (Ed.), Handbook of infant development (pp. 786-798). New York: John Wiley & Sons.

Litman, T. J. (1974). The family as a basic unit in health and medical care: A social behavioral overview. Social Science and Medicine, 8, 495-519.

Lynch, M. A. (1975). Ill health and child abuse. The Lancet, 2, 317-319.

Lynch, M. A. & Roberts, J. (1980). Predisposing factors within the family. In V. Carver (Ed.), Child abuse: A study text (pp. 115-123). Open University Press, Milton Keynes.

Margolin, L. (1992). Beyond maternal blame: Physical child abuse as a phenomenon of gender. Journal of Family Issues, 13(3), 410-423.

McLean, J. A. & Ching, A. Y. T. (1973). Follow-up study of relationships between family situation and bronchial

asthma in children. Journal of American Academy of Child Psychiatry, 12, 142-161.

Milowe, I. D. & Lourie, R. S. (1964). The child's role in the battered child syndrome. Society for Pediatric Research (Abstracts), 65, 1079-1081.

Morgan, S. R. (1987). Abuse and neglect of handicapped children. Boston, MA: College-Hill Press.

Muller, R. T. (1995). The interaction of parent and child gender in physical child maltreatment. Canadian Journal of Behavioral Science, 27(4), 450-465.

Newberger, E. H., Haas, G., & Mulford, R. M. (1973). Child abuse in Massachusetts. Massachusetts Physician, 32(31), 31-38.

Paitich, D. & Langevin, R. (1976). The Clarke parent-child relations questionnaire: A clinically useful test for adults. Journal of Consulting and Clinical Psychology, 44(3), 428-436.

Paitich, D. & Langevin, R. (1976). The Clarke Parent-Child Relations Questionnaire. Clarke Institute of Psychiatry. Toronto: Canada.

Patterson, J. M. (1988). Chronic illness in children and the impact on families. In C. S. Chilman, E. W. Nunnally, & F. M. Cox (Eds.), Chronic illness and disability: Families in trouble series, 2, (pp. 69-107). Newbury Park, CA: Sage Publications, Inc..

Roberts, J. (1988). Why are some families more vulnerable to child abuse? In K. Browne, C. Davies, & P. Stratton (Eds.), Early prediction and prevention of child abuse (pp.43-56). New York: John Wiley & Sons.

Roberts, M. C. (1986). Pediatric psychology: Psychological interventions and strategies for pediatric problems. New York: Pergamon Press.

Solnit, A. J. & Provence, S. (1979). Vulnerability and risk in early childhood. In J. Osofsky (Ed.), Handbook of infant development (pp. 799-808). New York: John Wiley & Sons.

Straus, M. B. (Ed.). (1988). Abuse and victimization across the life span. Baltimore: Johns Hopkins University Press.

Tabachnick, B. G. & Fidell, L. S. (1996). Using multivariate statistics 3rd ed.. New York: Harper Collins College Publishers.

Thomas, R. B. (1987). Family adaptation to a child with a chronic condition. In M. H. Rose & R. B. Thomas (Eds.), Children with chronic conditions: Nursing in a family and community context (pp. 29-54). Orlando, FL: Grune & Stratton, Inc..

Trickett, P. K. & Susman, E. J. (1988). Parental perceptions of child-rearing practices in physically abusive and nonabusive families. Developmental Psychology, 24(2), 270-276.

Venters, M. (1981). Familial coping with chronic and severe childhood illness: The case of cystic fibrosis. Social Science Medicine, 15A, 289-297.

Williams, G. J. (1982). Child abuse and neglect: Problems of definition and incidence. In G. J. Williams & J. Money (Eds.), Traumatic abuse and neglect of children at home (pp. 1-13). Baltimore: Johns Hopkins University Press.

Wolfe, D. A., Edwards, B., Manion, I., & Koverola, C. (1988). Early intervention for parents at risk of child abuse and neglect: A preliminary investigation. Journal of Consulting and Clinical Psychology, 56(1), 40-47.

Wolfner, G. D. & Gelles, R. J. (1993). A profile of violence toward children: A national study. Child Abuse and Neglect, 17, 197-212.

Worell, J. & Worell, L. (1986). Parent Behavior Inventory, Elementary Form E. University of Kentucky. Lexington: Kentucky.

Wright, L., Schaefer, A. B., & Solomons, G. (1979). Encyclopedia of pediatric psychology. Baltimore: University Park Press.