Exploration of caregiver satisfaction in child maltreatment

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EXPLORATION OF CAREGIVER SATISFACTION
IN CHILD MALTREATMENT

by

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ABSTRACT

Exploration of Caregiver Satisfaction in Child Maltreatment

by

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The importance of, and need for, a psychometrically validated instrument measuring caregiver satisfaction is delineated. More specifically, the need to assess caregiver satisfaction in a specific caregiver-child relationship within child maltreatment populations is addressed. The current study demonstrates the psychometric properties of the Caregiver Satisfaction with Maltreated Child Scale (CSMCS) within a child maltreating population. The role of caregiver-child relationship satisfaction within child maltreatment is also explored and the need to examine caregiver satisfaction with a child maltreatment population is supported. Caregiver satisfaction, as measured by the CSMCS, along with other variables evidenced to contribute to maltreatment (e.g., depression and stress), are investigated.
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CHAPTER 1

INTRODUCTION

"Parenting is a major life challenge for most adults. Parenthood is the process of rearing children who ideally become well-adjusted, self-sufficient, and socially competent adults (Peterson & Rollins, 1987). It has been called the world’s most responsible job. It offers no pay, no fringe benefits, no vacation, and little thanks. The responsibilities of parenthood last for a lifetime (Olson & De Frain, 1994)."

-As cited in Medora, Wilson, & Larson, 1996

Parenting is often an inherently challenging and an extremely emotionally laden time in the lives of many adults (Goetting, 1986; Goldsteen & Ross, 1989). Goetting (1986) describes parents’ relationships with their children as “perhaps the most emotionally charged area of human existence” (p. 83). Given that parenting is such a common yet emotionally chaotic experience, research into this area is of utmost importance. Specifically the investigation of parent satisfaction in parent-child relationships has been cited as “one of the most critical issues facing families today” (Guidubaldi & Cleminshaw, 1985, p. 298). Though the importance of investigation into this matter is understood, relatively little research consideration has been given to parent satisfaction in comparison with other areas of satisfaction (e.g., life satisfaction, marital satisfaction).

Numerous instruments have been designed to assess various aspects of parental satisfaction. These include measures that assess parent satisfaction with the parenting role, overall relationship satisfaction of the parent with their children, and parent satisfaction in a specific parent-child relationship, which is of particular interest in the
current study. A review of these instruments illustrates the inadequacies of these measures overall, and particularly for their use in, and treatment relevance for, child maltreatment populations. Thus, measures of parental satisfaction with a specific parent-child relationship that demonstrate good psychometric properties are needed, particularly within child maltreating populations.

Much research literature has investigated factors which contribute to child maltreatment. A consensus in this literature is that child maltreatment is determined by a complex interaction of multiple factors, perhaps most often including depression and stress. These variables have been shown to contribute to child maltreatment potential, as well as child maltreatment. In contrast, the impact or contribution of parent satisfaction to child maltreatment has received little attention.

Therefore, given these apparent needs, the purposes of the current study are (1) to examine the psychometric properties and clinical utility of the Caregiver Satisfaction with Maltreated Child Scale (CSMCS) in the assessment of caregiver satisfaction within a child maltreatment population, (2) to examine caregiver satisfaction in a specific caregiver-child relationship, as measured by the CSMCS, within a child maltreatment population, and (3) to investigate the ability of caregiver satisfaction and other fairly established predictors of child maltreatment (i.e., depression, stress) in predicting child abuse potential and perpetrator or non-perpetrator status (i.e., of child maltreatment).

Hypotheses

1. The Caregiver Satisfaction with Maltreated Child Scale (CSMCS) will evidence adequate psychometric properties within a child maltreatment population (i.e., factor
structure, internal consistency). Additionally, the CSMCS will significantly correlate with the Eyberg Child Behavior Inventory (ECBI) scales of Intensity and Problems.

2. Caregiver satisfaction, as measured by the CSMCS, will negatively correlate with depression, as measured by the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).

3. Caregiver satisfaction, as measured by the CSMCS, will negatively correlate with parenting stress, as measured by the Parenting Stress Index/Short Form (PSI/SF; Abidin, 1990).

4. Caregiver satisfaction, as measured by the CSMCS, will negatively correlate with child abuse potential, as measured by the Child Abuse Potential Inventory (Milner, 1986).

5. Caregiver satisfaction, depression, and parenting stress will predict child abuse potential, as measured by the Child Abuse Potential Inventory (Milner, 1986).

   Additionally, an exploratory analysis will be conducted to investigate the ability of caregiver satisfaction, depression, and parenting stress in predicting perpetrator status.
CHAPTER 2

LITERATURE REVIEW

Parent Satisfaction

The need to evaluate parent satisfaction within child maltreatment is important, although it has historically lacked attention. For instance, there is a large discrepancy between the amount of research that investigates marital satisfaction and the amount of research that investigates parental satisfaction (Guidubaldi & Cleminshaw, 1985, 1989; Henry, Peterson, & Wilson, 1997; Jacob & Seilhamer, 1985; James, Schumm, Kennedy, Grigsby, Shectman, Nichols, 1985). Guidubaldi and Cleminshaw (1985) point out that “despite previous development of satisfaction scales relating to vocations, marriage, general life conditions, and so forth, almost not effort has been directed to the issue of parenting satisfaction” (p. 298). This apparent lack of research is extremely surprising considering the importance placed on parent satisfaction and the parent-child relationship. This issue of parent satisfaction has been described as one of “central importance to American society, as well as to the family and to those individuals who invest adult lifetimes in parenting” (Goetting, 1986, p. 84) and also as “one of the most critical issues facing families today” (Guidubaldi & Cleminshaw, 1985, p. 298). The astonishment of researchers at the relative lack of investigation into parent satisfaction is outlined nicely by Goetting (1986) in this statement, “In light of the relevance of this subject to many social concerns, it is somewhat surprising that there has not been more
consistent research attention to parental satisfaction" (p. 84). Indeed, the need for further investigation into the issue of parent satisfaction, particularly with regard to the development and evaluation of instruments to measure parent satisfaction, is apparent.

Researchers, who have answered this call, point to the importance of more objectively assessing parent satisfaction. More specifically investigators indicate the need to identify behaviorally specific areas of satisfaction and dissatisfaction within a parent-child relationship. The more extensively studied area of marital satisfaction has focused a great deal of attention and interest on the description and identification of “behavior(s) and events relevant to the analysis of distressful marital relationships” (Jacob & Seilhamer, 1985). Donohue, DeCato, Azrin, and Teichner (2001) point out that problems in parent-child relationships “most often occur in areas that can be objectively defined” (p. 21), (e.g., communication, chores, conduct, school). Therefore, measures designed to assess parent satisfaction should include behaviorally specific items. These items are important not only due to their apparent relevance to parental satisfaction, but also in terms of their clinical utility. The information gained from such an instrument could aid researchers in the development of effective treatment programs, as well as assist clinicians by providing a guide for treatment. Donohue et al. (2001) also suggest that such behaviorally specific information is helpful with regard to treatment, in that “parental motivation to engage in treatments for their (child) is probably greatest when intervention addresses behavioral domains of greatest relative parental dissatisfaction” (p. 22). Thus, identification of behaviorally specific areas of relative satisfaction and dissatisfaction is of utmost importance and would be of interest to both researchers and
clinicians. Though the need for parent satisfaction instruments with behaviorally specific domains is clear, very few measures include such items.

Scales and instruments that have been developed to explore parental satisfaction will now be reviewed. This will include a brief summary of research that has employed scales to investigate satisfaction with the role of parenting, followed by a more in-depth review of the literature examining parent satisfaction with parent-child relationships, and more specifically instruments designed to assess a specific parent-child relationship. The review will focus on those instruments designed to assess parent satisfaction within a specific parent-child relationship since child maltreatment occurs between a parent and specified, or target, child. These measures will be evaluated based on their psychometric properties, assessment of behaviorally specific areas which aid and guide treatment, and use and applicability in child maltreating populations.

**Parent Satisfaction with the Parenting Role**

Researchers have operationalized “parent satisfaction” in different ways. Researchers often describe parent satisfaction in terms of gratification with the parenting role and the responsibilities that such a role entails. For example, Mouton and Tuma (1988) operationalize parental satisfaction as “a parent’s feeling of contentment or gratification regarding his or her parental responsibilities toward the child” (p. 218) and Johnston and Mash (1989) define parental satisfaction as “the quality of affect associated with parenting” (p. 215).

Scales or instruments developed to investigate parental satisfaction in this regard include the Parenting Sense of Competence Scale (PSOC; Gibaud-Wallson & Wanderson, 1978), the Parent Satisfaction Scale (Chilman, 1979), an untitled measure by
Meredith, Cacioppo, & Stinnett (1993), and the Parenthood Satisfaction Scale (Ishii-Kuntz & Ihinger-Tallman, 1991).

The Parenting Sense of Competence Scale (PSOC; Gibaud-Wallson & Wanderson, 1978) is a 17-item instrument rated on a 6-point Likert scale ranging from (1) “strongly agree” to (6) “strongly disagree.” Eight items are included in the Efficacy Scale and nine items in the Satisfaction Scale. The items included in the Efficacy Scale are all reverse coded, such that higher scores indicate greater self-esteem in the parental role. The Satisfaction Scale includes items such as “Sometimes I feel like I’m not getting anything done,” and “My talents and interests are in other areas, not in being a parent.”

Chilman (1979) utilized the Parent Satisfaction Scale to investigate parent satisfaction-dissatisfaction with the parenting role in a sample of 454 parents (261 mothers and 193 fathers) by asking respondent four questions in a phone interview. Each item includes various forced-choice responses. Items deal with respondents’ perceptions of the importance of being a parent, day-to-day satisfactions associated with the job of parenting versus other employment, and also include a happiness rating, and a rating of enjoyment in parenting compared to other parents. The response format is inconsistent and awkward. For example, the response options for questions that assess satisfaction of child rearing in comparison to other employment is as follows: “(1) Much less satisfying, (1) Somewhat less satisfying, (2) Mixed or equally, (3) Somewhat more satisfying, (4) Much more satisfying.” The first two responses are both rated as a one-point response. Also, responses for the question “In general, as a mother (father) would you rate yourself as” are rated as (2) Unhappy most of the time, (4) Sometimes happy, sometimes unhappy, (6) Happy most of the time.”

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In 1983, Meredith, Cacioppo, & Stinnett investigated satisfaction with the parenting role in a sample of 702 parents by means of a questionnaire as well as a checklist. The questionnaire was rated on a nine-point Likert scale with (1) “very satisfied” and (9) “very dissatisfied.” The checklist included 31 possible areas of satisfaction (e.g., “Watching children grow and develop,” “Love for children,” “Pride in children’s achievements”) in which the parents’ were to check up to 10 areas in which they received satisfaction in their role as a parent.

Ishii-Kuntz and Ihinger-Tallman (1991) assessed “satisfaction with parenthood and enjoyment in parenthood” (p. 62) with the two-item Parenthood Satisfaction Scale. Items include “Would you say in your case, being a (father/mother) has always been enjoyable?” and “Have you ever wished you could be free from the responsibilities of being a parent?” The authors do not describe how the questions are rated but do indicate that scores range from two to ten, with higher scores indicating greater satisfaction.

The proposed study is chiefly designed to underscore parent satisfaction measures relevant to the treatment of child maltreating populations. Though important for many areas of research, assessing areas of parental role satisfaction is not relevant to the current study. Therefore, the above literature is only briefly summarized and more in-depth coverage will follow for the parent satisfaction measures with greater relevance to the aims of the current study.

_Parent Satisfaction with the Parent-Child Relationship_

Parent satisfaction has also been defined in terms of parent satisfaction in the parent-child relationship. The parent-child relationship has been described as “one of the strongest social ties available to individuals” and has been suggested to hold “important
implications for the parent’s behavior, attitudes, values, and adjustment (e.g., Durkheim, 1951; Erikson, 1963; Parsons & Bales, 1955)” (as cited in Umberson, 1989, p. 999).

Therefore, assessment of parent satisfaction with the parent-child relationship is of critical importance. However, measures assessing such satisfaction appear to be lacking with regard to psychometric validation, assessment of behaviorally specific domains, and investigation within child maltreatment populations.

**Parent Satisfaction of Relationships with Children**

A few of the studies, which investigate satisfaction with the parent-child relationship, focus on overall relationship satisfaction of the parent with their children. They do not assess a given parent-child relationship but rather measure more global or general satisfaction of parents’ with their children. These instruments include the Kansas Parental Satisfaction Scale (Schumm, Nichols, Shectman, & Grigsby, 1983; James, Schumm, Kennedy, Grigsby, & Shectman, 1985), which assesses parental satisfaction with both the role and relationship; the Cleminshaw-Guidubaldi Parent Satisfaction Scale (Guidubaldi & Cleminshaw, 1985, 1988), which identifies satisfaction with spousal support, parental competency, and the parent-child relationship; the Parent-Child Relationship-Content (Umberson, 1989), which looks at overall quality and demands parents perceive in their relationships with their children; and an untitled measure of overall parent-child relationship satisfaction developed by Rogers and White (1998).

Schumm, Nichols, Shectman, & Grigsby (1983) and James, Schumm, Kennedy, Grigsby, and Shectman (1985) developed the Kansas Parental Satisfaction Scale (KPSS) to assess parents’ satisfaction in the parenting role, as well as in the parent-child relationship. This instrument was developed as a parallel instrument to the Kansas
Marital Satisfaction Scale (Schumm, 1983). The scale includes three items: (1) “How satisfied are you with your children’s behavior?”; (2) “How satisfied are you with yourself as a parent?”; and (3) “How satisfied are you with your relationship(s) with your children?” A 5-point and a 7-point Likert type response format, ranging from “strongly agree” to “strongly disagree,” have been used. The authors note a preference for the 7-point response format. It is also reported by the authors that the first question was modified and originally read “How satisfied are you with your children?” Numerous studies have investigated the validity and reliability of this measure utilizing a variety of populations (e.g. Caucasian and Korean parents). Cronbach's (1951) alphas have been reported to range from .78 to .93, indicating adequate to excellent internal consistency. James et al. (1985) reports the internal consistency as adequate for mothers ($\alpha = .78$) and good for fathers ($\alpha = .85$). In a sample of 379 Caucasian parents, James, Schumm, Coulson, Bollman, and Jurich (1994) report a Cronbach's alpha of .85. Internal consistency appears to be even higher for the Korean version of the KPSS. Alpha coefficients indicate good to excellent internal consistency for both mothers and fathers and appear to range from .85 to .95 (Rho & Schumm, 1989).

The Cleminshaw-Guidubaldi Parent Satisfaction Scale (CGPSS; Guidubaldi & Cleminshaw, 1985, 1988) is a 45-item instrument designed to measure a variety of aspects related to satisfaction with parenting. The instrument is divided into three factors, each with 15 items utilizing a four-point Likert-type scale (1 = “Strongly Agree” to 4 = “Strongly Disagree”). The factors include Spouse/Ex-Spouse Support, Parent-Child Relationship, and Parent Performance. The second factor, Parent-Child Relationship, measures the respondents’ satisfaction with his or her relationship with
their children (e.g., "I am delighted with the relationship that I have with my children").

The psychometric properties of the instrument were evaluated by Cleminshaw and Guidubaldi (1988) utilizing a sample of 661 parents of school-aged children participating in a larger study investigating the impact of divorce sponsored by the National Association of School Psychologists (NASP). Alpha Factor Analysis and Equimax Rotation yielded the three factors described above, with Factor 1 accounting for 26.1% of the total variance, Factor 2, 11.2%, and Factor 3, 5.1%. Unit score reliability estimates indicated high reliability with Cronbach's (1951) alpha coefficients, for the original sample of 661 parents, of .96 for Spouse/Ex-Spouse Support, 0.86 for Parent-Child Relationship, and .82 for Parent Performance. Alpha coefficients were also calculated in a two year follow-up study which included a subsample of 137 parents and were 0.95, 0.89, and 0.82 respectively. DeCato, Donohue, Azrin, Teichner, and Crum (2002) point out possible weaknesses in the factor structure of this instrument. Factor solutions should account for approximately 70% (Stevens, 1996), with each factor accounting for a minimum of 10% of the variance (Floyd & Widaman, 1995). The CGPSS factor solution only accounts for 42.4% of the total variance, with the Parent Performance factor only accounting for 5.1% of the variance. This appears to suggest that the CGPSS lacks a cohesive factor solution, which may negatively impact the factors reliability. It is also noted, however, that the clinical utility should not be seriously reduced due to the apparent sound theoretical basis, and the treatment relevance, of the factors (DeCato et al., 2002).

Umberson (1989) investigated parents' relationships with their children as a determinant of psychological well-being. To assess parental satisfaction in this regard,
1,502 parents' completed the Parent-Child Relationship-Content (PCR-Content). This instrument includes the subscales of Parent-Child Relational Quality (PCR-Quality), which focuses on the positive aspects or satisfactions of the relationship, and Parent-Child Relational Demands (PCR-Demands), which focuses on conflicts or stressors in the relationship. PCR-Quality includes three items: (1) “How satisfying do you find being a parent?” (1 = “not satisfied at all” to 4 = “very satisfied”); (2) “How happy are you with the way your children behave?” (1 = “not happy at all” to 2 = “very happy”); (3) “All in all, how well would you say you get along with your children?” (1 = “not well at all” to 4 = “very well”). PCR-Demand is measured with the single item of “How often do you feel your children make too many demands on you?” with 1 = “not at all often” to 4 = “very often.” Psychometric properties of this measure appear to be lacking. The author reports a coefficient alpha of .94 for the PCR-Quality and a correlation of -.33 between the PCR-Quality and PCR-Demand. Respondents’ are instructed to answer each of the questions with respect to all of their children and not with regard to any specific relationship. Therefore, illustrating that this instrument assesses a summary of respondents’ relationships with their children rather than a direct measure of a given parent-child relationship as would be of interest in the current study.

In 1988 and 1992, Rogers and White (1998) investigated parental satisfaction with overall parent-child relationship quality in a nationally representative sample of 1,248 parents utilizing a phone interview. Respondents’ parental satisfaction was measured using an instrument, which consisted of five items, all assessed on a three-point scale. The items look at the overall relationship between the parent and child, or children, the closeness of such relationship(s), the degree to which they see their relationship(s) as
better or worse than most, whether their relationship(s) have changed in the last three years (positively or negatively), and the amount of satisfaction that they derive from the relationship(s). The respondents were instructed to answer each question with regard to all children rather than one particular child. The authors point out that they “cannot assess the extent to which parents focused on their ‘best’ or ‘worst’ children, nor whether they followed instructions to consider children who lived in the household and those who lived elsewhere” (p. 298-299). An average alpha reliability of .70 is noted for this instrument, with a slightly higher reliability for men (.72) than for women (.64). Though reliability differences were found between genders, no differences in reliability were found between the years, 1988 and 1992.

These studies are not of particular interest in the current investigation because they assess the overall relationship quality rather than specific satisfactions with a target child. Being that the current study is evaluating the psychometric properties of a satisfaction measure designed to aid in the treatment of a parent-child relationship in which abuse is occurring, the following section will focus more exhaustively on measures designed to assess parental satisfaction of a relationship with a specific child.

**Parent Satisfaction in a Specific Parent-Child Relationship**

**Measures that Include a Subscale.**

The following four instruments all include subscales that assess parental relationship satisfaction with a specified child. These include the Satisfaction With Parenting Scale (Ragozin, Basham, Crnic, Greenberg, and Robinson, 1982), which assesses both role and relationship satisfaction in mother-infant dyads; the Mutual Dissatisfaction Inventory (Tarter et al., 1993), which measures the relationship satisfaction of both the mother and
the son; an untitled measure of parental satisfaction in a study investigating various aspects of life satisfaction in Vietnam Veterans by Vogt et al. (2004); and the Child Rearing Inventory (Kolko, Kazdin, Thomas, & Day, 1993) as used by Mammen, Kolko, and Pilkonis (2003) to investigate parental satisfaction and child abuse potential. Descriptions of each of these instruments including when available the psychometric properties, along with a discussion of the instruments strengths and weaknesses with regard to the purposes of the present study, will follow.

The Satisfaction With Parenting Scale (SWPS) was developed by Ragozin, Basham, Crnic, Greenberg, and Robinson (1982) to assess a mother’s satisfaction with her child as well as her role as a parent. This 12-item instrument comprises two subscales: Satisfaction With Baby and Role Satisfaction. The subscales consist of 5 and 12 items respectively and each item has various forced-choice responses. The Satisfaction With Baby subscale deals with the mothers’ satisfaction with childcare duties, maternal ability, and the baby. The Role Satisfaction subscale assesses satisfaction with household chores, alone time, social time, and amount of support. Items include, “If sometime you were to have bad or angry feelings about your child, how many people could you talk to about this?” (1 = “0-1 person” to 5 = “more than 6 people”) and “How much of the child’s care are you doing yourself?” (1 = “Someone else does most of it” to 5 = “I do everything myself; 95-100%). For each of the questions respondents also answer “How satisfied are you with this situation?” (1 = “Very dissatisfied/I wish things were very different” to 4 = “Very satisfied/ I’m really pleased”) (Thompson & Walker, 2004). Coefficient alpha for the Satisfaction With Baby subscale is .48, for the Role Satisfaction subscale .61, and for the total scale .67. Ragozin et al. (1982) report the coefficient alpha levels to be
"somewhat depressed due to the limited number of items in the scales (Nunnally, 1978).” Thompson and Walker (2004), however, used this scale in a sample of adolescent mothers and fathers and report more acceptable reliability estimates (.70 for mothers and .77 for fathers).

The Mutual Dissatisfaction Inventory (Tarter et al., 1993) measures satisfaction in the mother-son relationship and consists of two scales, the Mother Dissatisfaction Scale and the Child Dissatisfaction Scale. The Mother Dissatisfaction Scale initially consisted of 18 items taken from four recognized instruments. The Child Dissatisfaction Scale comprised 26 items adopted from five questionnaires. Items in this initial pool were selected based upon their face validity. After items with poor psychometric properties were removed, the Mother Dissatisfaction Scale and the Child Dissatisfaction Scale, both consisted of six items. Mothers and sons respond with either satisfaction (0) or dissatisfaction (1) for each of the six items. Items in the Mother Dissatisfaction Scale include, “Argues with me (talks back to me),” “Helps with chores when asked,” “Insults me when he is angry with me.” The Child Dissatisfaction Scale includes items such as, “Your mother gave you problems,” “Satisfied with how your mother and you talk together,” “Like being your mother’s kid.” The level of dissatisfaction between the mother-son dyad is noted as the Mutual Dissatisfaction Index, which is the product of the Mother Dissatisfaction and the Child Dissatisfaction Scales. Psychometric properties were evaluated by Tarter et al. (1993) using a sample of 100 mother-son dyads in which the fathers were diagnosed with a substance abuse disorder ($n = 26$), alcoholic ($n = 17$), psychiatrically ill ($n = 13$), or normal ($n = 44$). The Mother Dissatisfaction Scale has an inter-item mean total correlation of 0.39 (range = 0.13 to 0.70), a mean item total
correlation of 0.27 (range = 0.17 to 0.36), and an acceptable Cronbach's (1951) alpha of 0.79.

Vogt, King, King, Savarese, and Suvak (2004) examined the correlations between service in Vietnam and various aspects of general life satisfaction (e.g., marital, parental, job, educational, and occupational satisfaction). The parental satisfaction of 3,016 participants was assessed with five items selected from the National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990a, 1990b). The items asked respondents to evaluate their parenting efficacy, level of enjoyment with parenting, the problems they faced with their child, satisfaction with how the child is growing up, and the quality of the parent-child relationship. Respondents rated each item on a 5-point Likert-type scale ranging from very dissatisfied (1) to very satisfied (5). Vogt et al. (2004) report an alpha coefficient of .69. Samper, Taft, King, and King (2004) also utilized this measure in their investigation of relationships among posttraumatic stress disorder (PTSD) and parenting satisfaction in Vietnam Veterans and report a slightly higher Cronbach’s alpha of .76.

The Child Rearing Inventory-Acceptance subscale was utilized by Mammen, Kolko, and Pilkonis (2003) to investigate parental satisfaction with a target child and heightened child physical abuse potential. According to Mammen et al. (2003), this instrument includes 23 items each rated on a 5-point Likert-type scale. High scores are said to suggest a positive or satisfied attitude toward the target child and low scores suggest a negative or dissatisfied attitude toward the child. Questions include “How often do you enjoy being his/her parent?” and “How often do you think your child is a good kid?” The authors report internal consistency coefficients of .89 at T1 and .91 at T2, and a 12-week test-retest reliability coefficient of .73. Further psychometric validation could not be
attained. It appears that this instrument was adapted from a 55-item unpublished interview used in the Pittsburgh Youth Study (Stouthammer-Loeber & Loeber, 1985). It should be noted that Mammen et al. (2003) report that this instrument was adapted from the “Parent-Child Relationship section of the Pittsburgh Youth Study (Loeber, Farrington, Stouthammer-Loeber, Moffitt, & Caspi, 1998)” and that “it has been previously referred to as ‘Child Rearing Interview’ (Kolko, [Kazdin, Thomas, & Day], 1993)” (p. 293). However further information on this measure could not be attained from either of the two cited sources. No mention of such an interview could be found in Loeber et al. (1998) and Kolko et al. (1993) lacked any sort of detail regarding this interview. The lack of information available on this instrument is extremely unfortunate due to the fact that this measure was used to investigate parental satisfaction with a given parent-child relationship as it relates to child abuse potential. Further discussion of the article in light of its direct relevance to the current study will be included in a later section.

There are many reasons the above-cited scales lack relevance for investigating parent satisfaction in a specific parent-child relationship within a maltreating population. Both the Satisfaction With Parenting Scale (SWPS; Ragozin, Basham, Crnic, Greenberg, & Robinson, 1982) and the Mutual Dissatisfaction Inventory (Tarter et al., 1993), only focused on maternal satisfaction. The SWPS also is restricted to mother-infant dyads, and the Mutual Dissatisfaction Index focused only on the mother-son relationship. It does appear that all of these measures are reliable and valid instruments for the populations selected by each of the researchers. It is important to note, however, that four of the five cited studies were not conducted in a child maltreatment population.
Therefore, the reliability and validity of these instruments in a child maltreatment population is unknown. Unfortunately, a detailed description was unavailable for the one instrument in which investigated maltreatment, the Child Rearing Inventory-Acceptance Subscale (Mammen, Kolko, & Pilkonis, 2003). Also noteworthy is that all five scales fail to delineate specific behavioral domains of satisfaction or dissatisfaction that may be effectively utilized to provide information for treatment goals and planning.

Measures Designed to Exclusively Assess Parent Satisfaction in Specific Parent-Child Relationship.

Measures specifically designed to assess parental relationship satisfaction with a target child will now be outlined. The six instruments in this section include: an untitled parent satisfaction measures developed by Ge et al. (1992), which is a straightforward two-item instrument; the Parent Satisfaction Scale (Henry & Peterson, 1995), which assesses mothers’ and fathers’ parental satisfaction; an untitled measure by Medora, Wilson, & Larson (1996), which investigates maternal satisfaction in a specific parent-child relationship in association with ethnicity; the Relationship Satisfaction Scale (Simons, Beaman, Conger, & Chao, 1993), which is a four-item measure utilized to investigate parent-child relationship satisfaction and parental behavior; the Parent-Child Happiness Scale (Frederiksen, Jenkins, & Carr, 1976), which measures parent satisfaction as part of an adolescent substance abuse treatment program; the Parent-Child Areas of Change Questionnaire (Jacob & Seilhamer, 1985), which assesses both the amount of satisfaction and direction of desired change within a specific parent-child relationship; and the Parent Happiness with Youth Scale (PHYS; Donohue, DeCato, Azrin, & Teichner, 2001), also referred to as the Parent Satisfaction with Youth Scale (PSYS),
developed to assess parent satisfaction with a target child and utilized in treatment to improve identified areas of dissatisfaction.

In a sample of 451 two-parent households under financial stress, Ge et al. (1992) assessed the role of parent-child relationships in the well-being of seventh grade adolescents. The authors investigated satisfaction with the parent-child relationship with a straightforward two-item instrument. The instrument asked parents to indicate their satisfaction (1 = “very satisfied” to 4 = “very dissatisfied”) as well as their happiness (1 = “very happy” to 4 = “very unhappy”) with the parent-child relationship. The responses for the two items are summed and indicate the quality of the parent-child relationship, with higher scores representing poor relationship quality or satisfaction. It is noted that Conger et al. (1990) found these items “to be a reliable measure of relationship quality” (as cited by Ge et al., 1992, p. 360). However, according to DeCato, Donohue, Azrin, Teichner, & Crum (2002) it appears that this is in reference to the quality of the marital relationship and not the parent-child relationship. Thus, it seems the reliability and validity of these items have not been assessed with regard to the parent-child relationship.

The Parent Satisfaction Scale (PSS; Henry & Peterson, 1995) is a six-item measure designed to assess mothers’ and fathers’ degree of satisfaction with the relationship of a target adolescent child. Parents rate each of the items on a three-point scale ranging from 1 (“strongly disagree”) to 3 (“strongly agree”). Two of the six items are as follows: “Generally speaking, being the parent of this teenager has been one of the best things in my life,” and “As a parent, I enjoy doing things with this teenager.” In order to obtain a total satisfaction score, the ratings for each item are summed. Reliability coefficients of .76 for fathers and .71 for mothers are reported (Henry & Peterson, 1995; Henry,
Peterson, & Wilson, 1997). Other than alpha coefficients, information on the reliability and validity of the PSS are lacking.

Medora, Wilson, & Larson (1996), in an investigation of ethnicity and parenting practices, measured maternal satisfaction with a straightforward four-item instrument. The items were rated on a four-point Likert scale with (1) being “strongly agree” and (4) being “strongly disagree.” The four items were as follows “I like being the parent of this child,” “Parenting this child is one of the best things in my life,” “I enjoy spending time with this child,” and “I participate in activities with this child.” In depth investigation of the psychometric properties of this instrument appear to be lacking. The only information regarding the reliability or validity of this instrument was reported by the authors in the said study. The authors note a Cronbach’s (1951) alpha of .85 for this measure.

Simons, Beaman, Conger, & Chao (1993) investigated the influence of parental discipline, parental beliefs, the marital relationship, and parental satisfaction on parental behavior, specifically harsh discipline, in a sample of 451 two-parent households. The Relationship Satisfaction Scale is a 4-item measure designed to assess the quality of the parent-child relationship with a target child. All items are rated on various 4-point Likert type scales, all ranging from 1 to 4. The items include (1) “Would you agree or disagree that being a parent to (target child) has been an enjoyable experience?” (1 = “strongly agree” to 4 = “strongly disagree”), (2) “How happy are you with the way things are between you and (target child)?” (1 = “very unhappy” to 4 = “very happy”), (3) “How satisfied are you with your relationship with (target child)” (1 = “very dissatisfied” to 4 = “very satisfied”), (4) “Children are sometimes described as particularly ‘easy’ or
‘difficult’ to raise. How would you evaluate raising (target child) during the past 12 months?" (1 = “very difficult” to 4 = “very easy”). Strong internal consistency is reported among the above four items. Reliability estimates are reported separately for mothers (a = .84) and for fathers (a = .81). This instrument appears to have strong internal consistency, although further validation of this measure appears to be absent.

The Parent-Child Happiness Scale was developed by Frederiksen, Jenkins, and Carr (1976) to assess satisfaction in the parent-child relationship as part of a treatment program for adolescents with substance abuse problems and their families. All parties involved in treatment complete the questionnaire in each weekly session. Respondents rate the satisfaction of their relationships on a 10-point scale. The scale measures satisfaction ratings from seven various behavioral aspects of the parent-adolescent relationship, as well as an overall rating of satisfaction. The authors point out that the instrument is very similar to the Marital Happiness Scale (Azrin, Naster, and Jones, 1973) in terms of format, instructions, and content. However, further information on the instruments specifics or psychometric properties could not be attained.

Jacob and Seilhamer (1985), to assess satisfaction in the parent-child relationship in terms of both the amount and direction of desired change, developed the Parent-Child Areas of Change Questionnaire (PC-ACQ). This instrument was adapted from the Areas of Change Questionnaire (ACQ; Weiss, Hops, & Patterson, 1973), which evaluates satisfaction of the marital relationship. The PC-ACQ includes both a parent form and a child form. The parent form includes 34 items rated on a 7-point Likert-type scale ranging from “much less” (-3) to “much more” (3) with zero equaling “no change.” Items include “I want my child to help with chores when asked,” “I want my child to
keep his/her room clean and neat,” and “I want my child to spend time at home with the family.” A total score or the “desire for change” (DC) score is computed by summing the absolute values of each item. Higher DC scores indicate greater dissatisfaction in the target parent-child relationship. The creators of this instrument evaluated the reliability and validity in a sample of 130 families classified based on the psychiatric illness of the father into three groups: alcoholic (n=43), depressed (n=43), or normal control (n=44). Excellent internal consistency is reported for the parent form (α = .94). Alphas were also computed by gender and were .91 for mothers and .93 for fathers. Discriminative validity was supported in that the DC scores for fathers were significantly different between the groups. Fathers in the distressed groups (alcoholic and depressed) reported greater dissatisfaction in the father-child relationship than fathers in the nondistressed or control group. Findings for mothers varied slightly in that mothers in the alcoholic group reported greater dissatisfaction than mothers in the depressed or control groups. Concurrent validity is supported by correlating the PC-ACQ with the Child Behavior Checklist (CBCL). Results showed that the DC scores of the total sample are significantly positively correlated with the Internalizing and Externalizing Factors of the CBCL and significantly negatively correlated with the social competency scales of Activities (mothers reports were not significantly correlated with this scale), Social, and School. A criticism of the PC-ACQ has been with regard to its response format. DeCato et al. (2002) indicates that the response format often does not adequately fit all of the items. For example, responding to an item such as “I want my child to keep his/her room clean and neat” with “less often” or “I want my child to hit me” with “more often” seems awkward and irrational (DeCato et al. 2002).
The Parent Happiness with Youth Scale (PHYS; Donohue, DeCato, Azrin, & Teichner, 2001) is a 13-item measure designed to assess parents' degree of satisfaction with their child across 11 behavioral domains. Respondents are prompted to ask themselves “How happy am I today with my child in this area of our relationship?” with regard to each of the following 11 behavioral domains: Communication, Friends and Activities, Curfew, Household Rules, School, Reaction to Rewards, Reaction to Discipline, Chores, Child's Alcohol Use, Child's Drug Use, and Illegal Behavior. An “Other” item is also provided such that parents' may add behaviors with individual relevance that are not included in the measure. An “Overall Happiness with my Child” item is also included. Parents rate each of the above items on a continuous scale from 0 to 100% happiness/satisfaction. A Total Scale score is computed by averaging the 11 behavioral domain content items. The PHYS was adapted from the Parent-Youth Happiness Scale (PYHS; Besalel & Azrin, 1981). The response format of the PHYS was changed to the continuous scale (0 to 100% Happy). The original PYHS consisted of a 6-point Likert scale ranging from (0) not a problem to (5) very severe problem. Six of the eight PYHS items were included in the PHYS (Communication, Friends and Activities, Curfew, Household Rules, School, and Chores). The PYHS item of Money was expanded and modified to Rewards. The additional four behavioral content areas of Reaction to Discipline, Child’s Alcohol Use, Child’s Drug Use, and Illegal Behavior were added due to their “clinical relevance in working with drug-abusing and conduct-disordered youth in several treatment outcome studies” (as cited in Donohue et al., 2001, p. 26). The PHYS appears to be a valid and reliable instrument. Donohue et al. report a PSYS Total Scale internal consistency coefficient of .84. The convergent, concurrent,
divergent, and discriminant validities of the PHYS are also supported. Also, in order to assist in the interpretation of scores, means and standard deviations are available. In a review of this measure, DeCato, Donohue, Azrin, Teichner, & Crum, (2002) discuss its strengths and weaknesses. The ease of administration and short completion time, along with the familiarity and meaningfulness produced by the use of percentage ratings, are expressed as strengths. DeCato et al. (2002) also point to the advantages of using the PHYS with regard to treatment. A quick review of the content item scores can help to focus treatment on areas of relevant dissatisfaction. Then, “once problem areas are identified, behavioral goals for treatment may be derived by asking the parent what specific behaviors might lead to endorsement of high satisfaction in the respective domain” (DeCato et al., p. 148). Treatment outcome can also be quickly assessed by averaging the content scores to produce the total score. Thus, “these advantages allow the PHYS to be used relatively often (i.e., beginning of each session) to measure progress and guide intervention” (DeCato et al., p. 148). The weaknesses of the PHYS are also discussed by DeCato et al. The PHYS has been psychometrically validated within conduct disordered and drug-abusing adolescent populations. However, the applicability, reliability, and validity of the PHYS are unknown in other populations. More specifically, some of the items on the PHYS, particularly the drug and alcohol use, and illegal behaviors items, may not be relevant in other populations. According to DeCato et al., the authors were aware of the possible disadvantages of utilizing one item per behavioral domain versus numerous items for each content area. The authors felt that the “…clinical advantages of a brief, simple measure which can be quickly administered and scored and can rapidly provide information to guide intervention…” (DeCato et al, p.
148-149) outweighed the disadvantages. It was thought that further specifics on the content areas with which were rated as dissatisfying could be ascertained in treatment sessions.

The instrument utilized in the current study is a slight adaptation of the PHYS described above. The PHYS was adapted for the purposes of the current study in order to improve its relevance with a child maltreating population. Further information on the specifics of the utilized measure will be discussed in a later section.

All the measures described in the above section were explicitly designed to assess parental satisfaction with a specific parent-child relationship. As was illustrated, numerous instruments lacked sufficient psychometric validation. The reliability and validity of the untitled measures by Ge et al. (1992) and Medora, Wilson, & Larson (1996), the Parent Satisfaction Scale (Henry & Peterson, 1995), the Relationship Satisfaction Scale (Simons, Beaman, Conger, & Chao, 1993), and the Parent-Child Happiness Scale (Frederiksen, Jenkins, & Carr, 1976), all appear to be lacking. Therefore, it is unknown whether these instruments have adequate psychometric properties at all, much less in a child maltreating population. Adequate psychometric validation was only evidenced for the Parent-Child Areas of Change Questionnaire (Jacob & Seilhamer, 1985) and the Parent Happiness with Youth Scale (PHYS; Donohue, DeCato, Azrin, & Teichner, 2001). However, it is important to note that this validation is with regard to their respective populations (e.g., families with alcoholic, depressed, and normal fathers, and families with conduct disordered and substance abusing youth). Therefore, neither of these items have been validated for use in child maltreating populations.
Another issue relevant to this study is the identification of specific behavioral domains with which can guide and aid treatment. Only three measures assessed such behavioral content areas. These measures include the Parent-Child Happiness Scale (Frederiksen, et al., 1976), which has already been noted as having poor psychometric validation; the Parent-Child Areas of Change Questionnaire (Jacob & Seilhamer, 1985), which has been criticized for its awkward response format; and the Parent Happiness with Youth Scale (PHYS; Donohue et al., 2001), which will be adapted and utilized in the current investigation.

Variables Associated with Parent Satisfaction

Parent Satisfaction and Depression

"More strictly psychological theories...tend to see individual characteristics of family members as being crucial to the marital and parent-child relationship" (Chilman, 1979, p. 196). A key individual characteristic focused on in the parent-child relationship literature is depression. Prior research has pointed to the relationship between quality of parenting and psychological depression (see Simons, Beaman, Conger, & Chao, 1993). As outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000), a primary symptom of depression is reduced interest in previously pleasurable activities or situations. Thus, it would make sense that depressed individuals would be less likely to experience satisfaction in a parent-child relationship given that they experience a diminished sense of satisfaction, in general. Depression is associated with negatively biased scanning of the environment and with an increased propensity for anger and irritability in relationships with others (as cited by Simons et al., 1993). "Thus research from a variety of theoretical traditions suggests that depressed parents are apt to be
dissatisfied with social relationships, including relationships with their children" (Simons et al., p. 95). Though a great deal of theory seems to suggest such a relationship, research has failed to adequately evaluate the relationship between parental satisfaction and psychological depression (Simons et al.; Mammen, Kolko, & Pilkonis, 2003).

Indeed, only a few investigations have explored the relationship between parental satisfaction and depression. In a study performed by Thompson & Walker (2004), findings support an association between parent satisfaction and depression for a sample of 82 adolescent mothers (n=41) and fathers (n=41). In a structured interview of 454 parents Chilman (1979) found that depression adequately differentiated between satisfied and dissatisfied mothers. Surprisingly, two of the four studies that explored parental satisfaction and depression, also looked into the impact of such factors on parental behavior. More specifically these studies examined the interactions of parent satisfaction, depression, and harsh discipline (Simons et al., 1993) and parent satisfaction, depression, and parental aggression (Mammen, Kolko, & Pilkonis, 2003). Findings related to the affects of these two factors on parental behavior will be reported in the subsequent section titled “Child Maltreatment and Parent Satisfaction.” As previously described, Simons et al. used the Relationship Satisfaction Scale to measure satisfaction with the parent-child relationship and measured depression with the SCL-90-R (Derogatis, 1983) subscale of depression. A negative correlation is reported between parent satisfaction and depression, such that depressed mothers and fathers report greater dissatisfaction in their relationship with a target child. Mammen et al. (2003) measured parental satisfaction using the aforementioned Child Rearing Inventory-Acceptance subscale (Kolko et al., 1993) and assessed depression with the widely utilized Beck
Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erlbaugh, 1961) within a child maltreatment population. Similarly, parent satisfaction was found to be negatively correlated with level of depression. It is important to note that insufficient information was available for the parent satisfaction instrument utilized by Mammen et al, which is extremely unfortunate in that this study was conducted with a child maltreatment population. Thus, although a few studies have evidenced a negative correlation between parent satisfaction and depression, further investigation into this relationship is warranted within child maltreatment.

**Parent Satisfaction and Stress**

The relationship between overall life stress (i.e., economic hardship, trauma, daily hassles, general life stress) and parental satisfaction has been amply investigated. Various life stressors have been evidenced to negatively influence parental satisfaction. For instance, Ge, Conger, Lorenz, Elder, Montague, and Simons (1992) examined the relationship between parental satisfaction and stress due to economic hardship. Ge et al. (1992) found that financial stresses result in diminished satisfaction with, and quality of, parent-child relationships. Also, highly stressful or traumatic events have been shown to negatively affect parental satisfaction. Vogt, King, King, Savarese, and Suvak (2004) found that male Vietnam veterans exhibited significantly less parental satisfaction than male non-veterans. The accumulation of minor stressors, or daily hassles, has also been shown to gradually change the nature of parent-child relationships to become more dysfunctional and less satisfying (Crnic & Greenberg, 1990; Crnic & Booth, 1991). Overall life stress has also been evidenced to reduce parental satisfaction. Crnic, Greenberg, Ragozin, Robinson, and Basham (1983) report that life stress has a "negative

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impact on maternal attitudes toward parenting” and that stressed mothers “have less positive feelings toward their infants and are less likely to respond to infant cues” (p. 214). In 1986, Crnic, Greenberg, and Slough report a negative relationship between parent satisfaction and life stress in a sample of 52 mother-preterm infant dyads.

Similarly, life stress was found to negatively correlate to parental satisfaction according to a phone survey of 810 adults conducted by Pittman and Lloyd (1988). Support for various life stressors or overall life stress negatively impacting parental satisfaction is evidenced. However, the more seemingly obvious relationship between stress associated with parenting and parental satisfaction has received little research attention.

Strauss (1980) defines stress as a “function of the interaction of the subjectively defined demands of a situation and the capabilities of an individual or group to respond to these demands” and adds that stress “exists when the subjectively experienced demands are inconsistent with response capabilities” (p. 78-79). Parenting stress, then, involves the subjective demands of the parental role and the abilities with which the parent is equipped for such a role. As the inconsistency increases, between demands and abilities, the level of parental stress increases.

As noted, very few researchers have investigated the relationship between parental satisfaction and stress associated with the parenting role. Pittman and Lloyd (1988) point to the need in this area by stating “Research exploring the satisfactions and stresses of family life is sorely needed” (p. 53). In discussing stressors associated with the management of a child with hyperactivity, Balkwell and Halverson (1980) indicate that elevated levels of parental stress lead to less rewarding parent-child relationships.
The Parenting Stress Index (PSI; Abidin, 1990) has been described as an exemplary measure of the degree of stress perceived in the parenting role (Rodriguez & Green, 1997). The PSI assumes a multidimensional approach to parenting stress and therefore takes into account both child and parent factors that may influence parental stress (Abidin, 1990). Only one study has investigated stress associated with parenting and parent satisfaction. Mouton and Tuma (1988) explored the relationship between parental satisfaction and stress in a sample of clinic mothers, those mothers whose target child are identified as having a behavior problem, and control mothers. Findings revealed that clinic mothers reported greater levels of parental stress, as measured by the PSI, and lower levels of satisfaction than control mothers. In this study, the Cleminshaw-Guidubaldi Parent Satisfaction Scale (Guidubaldi & Cleminshaw, 1985, 1988) was utilized to measure parental satisfaction. As previously described, this measure includes three factors (e.g., Spouse/Ex-Spouse Support, Parent-Child Relationship, and Parent Performance), with only one of the three assessing parent satisfaction in a given parent-child relationship. This measure has also been criticized for an inadequate factor structure. Therefore, it is evident that further research is needed in order to determine the relationship between parenting stress and parent satisfaction.

Summary

As illustrated, the relationship between parent satisfaction and depression, as well as the relationship between parent satisfaction and stress, merit further investigation. Theoretically, the relationship between parent satisfaction and depression is suggested. However, research investigating this relationship is lacking. Also, although the relationship between parent satisfaction and overall life stress has received much
attention, the relationship between parent satisfaction and parenting stress has received very little consideration. It is also notable that none of the research investigating parent satisfaction and parenting stress involves maltreating populations. In order to determine the relationship between parental satisfaction and parenting stress as related to child maltreatment further research must be conducted. Understanding the role of each of these factors, along with the interacting effects of such factors, with regard to child maltreatment could aid in the identification and treatment of high-risk and maltreating parents. Research on the relationship of each of these factors with regard to child maltreatment will be discussed in the following sections.

Child Maltreatment

In the most recent annual report conducted and analyzed through the National Child Abuse and Neglect Data System (NCANDS; The Children’s Bureau, Administration on Children, Youth and Families in the Administration for Children and Families, U.S. Department of Health and Human Services, 2004), over 3 million children were involved in child maltreatment investigations, leading to an estimated 896,000 child victims of abuse and neglect, and approximately 1400 child fatalities. Though these numbers seem daunting, they only include those incidents reported to State and local child protective service agencies (CPS), and are thought by most to be a gross underestimate.

Child maltreatment is usually conceptualized in four major categories: physical abuse, emotional abuse, sexual abuse, and neglect. States vary in their definitions of each of the above categories. However, the state definitions must meet the Federal minimum standards set by the Child Abuse and Prevention Treatment Act (CAPTA) (42 U.S.C.A.
§5106g), and amended by the Keeping Children and Families Safe Act of 2003, i.e., child abuse and neglect is at a minimum, “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation” or “An act or failure to act which presents an imminent risk of serious harm.” Physical abuse is usually defined as a physical injury resulting in harm regardless of whether harm was intended. Injuries can be caused by, but not limited to, such things as shaking, biting, kicking, hitting, or choking and range from minor bruising to death. Emotional abuse typically involves any pattern of behavior that obviously negatively affects a child’s intellectual or psychological capacity, emotional growth, or self-esteem and can include threatening or continual criticism. Sexual abuse comprises any activities involving lewdness with a child that can include fondling, incest, rape, or sexual exploitation. Neglect entails a failure to meet the basic needs of a child physically (e.g., provide food, shelter, supervision), medically (e.g., necessary medical or mental health treatment), emotionally (e.g., allowing the child to use alcohol or drugs, negligence of emotional needs), or educationally (e.g., failure to substantially educate a child) (National Clearinghouse on Child Abuse and Neglect Information, 2004). It should be noted that the above descriptions are general guidelines, and the examples given may or may not be included in all States definitions of the types of abuse.

Vast amounts of research have attempted to identify the determinants of child maltreatment. There is a consensus in the research literature that maltreatment is determined according to a number of interacting factors, including demographic variables, child characteristics, parent characteristics, and family characteristics (Brown, Cohen, Johnson, & Salzinger, 1998; Howze & Kotch, 1984; Kolko, Kazdin, Thomas, &
Day, 1993; Perry, Wells, & Doran, 1983; Webster-Stratton, 1985). Models of child maltreatment are often criticized for investigating only a single factor (Brown, Cohen, Johnson, & Salzinger, 1998). Numerous researchers have pointed to the need of investigating the relationships among several variables simultaneously with regard to their impact on child maltreatment (Klevens, Bayon, & Sierra, 2000; Webster-Stratton, 1985; Wolfe, 1985). The aim of the current study is to investigate child maltreatment with regard to the variables of parent satisfaction, depression, and parenting stress.

Variables Associated with Child Maltreatment

Child Maltreatment and Depression

There appears to be an established positive correlation between child maltreatment and maternal depression (Belsky, 1984; Kinard, 1996; Milner & Chilamkurti, 1991; Seagull, 1987; Wolfe, 1985). In 1983, Colletta reported that depression led mothers “to be hostile, indifferent, and rejecting of their children” (p. 304). In a study conducted by Lahey, Conger, Atkenson, and Treiber (1984), all but one abusive mother scored in the clinically depressed range of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Similarly, Webster-Stratton (1985) found maternal depression to be the predictor most highly correlated with child abuse. In an investigation of depressive symptoms among physically abusive, neglecting, and non-maltreating mothers, Culp, Culp, Soulis, and Letts (1989) found that abusive and neglecting mothers reported significantly greater levels of depression than non-maltreating mothers. Culp et al. (1989) also report no significant differences in level of depression between physically abusive and neglecting mothers. Though research investigating the relationship between paternal depression and child maltreatment has
lagged behind, researchers have more recently examined this relationship. For instance, Sidebotham, Golding, and The ALSPAC Study Team (2001) conducted a longitudinal study of risk factors for child maltreatment and found depression to be indicated for both mothers and fathers. Similarly, Mammen, Kolko, and Pilkonis (2003) report significantly higher BDI scores for abusive parents than for normal controls, as well as a significant association between depression and aggressive parental behavior.

**Child Maltreatment and Stress**

Justice and Calvert (1985) assert that “virtually every theoretical approach to child abuse ascribes some role to stress in its etiology” (p. 359). Similar to the investigation of stress and parent satisfaction, research has investigated various aspects of the relationship between stress and child maltreatment. For instance, high abuse potential has been associated with financial stress (Kolko, Kazdin, Thomas, & Day, 1993). Research typically reveals that maltreating individuals live in stressful environments, and therefore experience a greater number of stressful situations or events (e.g., Friedrich & Wheeler, 1982; Strauss, 1980). Some purport that there is not a difference in the extent of stress per se, but rather in the perception of stress. For instance, Perry, Wells, and Doran (1983) found that the number of stressful events reported did not differ between perpetrators and non-perpetrators. However, perceptions or experiences of such events were more negatively evaluated for perpetrators than non-perpetrators.

One of the areas that has focused on the subjective experience of stress is stress management within the parenting role. For instance, many investigators have reported a positive relationship between parental stress and child maltreatment (Belsky, 1984; Mash

The Parenting Stress Index (PSI; Abidin, 1990), as described previously, has also been extensively utilized in the investigation of the relationship between child maltreatment and parenting stress. For instance, in a study conducted by Chan (1994), parenting stress level was found to be significantly higher for abusive parents than for nonabusive parents. The PSI has also been used in conjunction with the Child Abuse Potential Inventory (CAPI; Milner, 1986) to investigate the relationship between parenting stress and child abuse potential. In 1989, Holden, Willis, and Foltz utilized the CAPI and the PSI in a sample of parents identified as perpetrators of abuse (e.g., physical, sexual, or mixed abuse), parents identified as neglectful, spouses of abusive or neglecting parents, and unconfirmed parents (either referred due to high-risk of abuse or self-referral). Holden et al. (1989) found a significant relationship between child abuse potential and parenting stress, as measured by the CAPI and PSI. Holden and Banez, in 1996, investigated the child abuse potential and parenting stress in a sample of identified perpetrators of maltreatment (e.g., physical abuse, sexual abuse, or neglect) and non-perpetrators identified as at high risk for maltreatment. Higher levels of abuse potential and parenting stress were found for maltreating parents compared with normative samples. Also, parenting stress was found to be a significant predictor of abuse potential.

Child Maltreatment and Parent Satisfaction

It is important to investigate the parent-child relationship and its influence on child maltreatment (Kolko, Kazdin, Thomas, & Day, 1993; Mammen, Kolko, & Pilkonis, 2003; Sidebotham, Golding, & the ALSPAC Study Team, 2001; Simons, Beaman,
Conger, & Chao, 1993). For instance, Kolko, Kazdin, Thomas, and Day (1993) "emphasize the importance of assessing child, parents, and family characteristics in understanding potential contributors to abusive behavior, especially early signs of the interactional process that results in parent-to-child aggression and precursors to child and parent dysfunction" (p. 187). Areas investigated within parent-child relationships include parental warmth, involvement, control, and satisfaction (Simons et al., 1993). Consistent with the literature indicating that poor parent-child relationships are associated to child maltreatment risk, Brown et al. (1998) found that low parental warmth and involvement predicted child maltreatment. Parent satisfaction appears to receive the least amount of research consideration in comparison to the other areas mentioned.

The relationship between parent satisfaction in a specific parent-child relationship and child maltreatment is practically nonexistent. As previously described, Simons, Beaman, Conger, and Chao (1993) investigated parent satisfaction, with the Relationship Satisfaction Scale, and parental behavior, particularly harsh discipline, in a sample of 451 two-parent households. Simons et al. (1993) hypothesized that low satisfaction in the parent-child relationship would relate to high levels of harsh discipline. As predicted, parent satisfaction with the child was significantly negatively correlated with harsh discipline. The authors do not specifically refer to assessing abuse or maltreatment at any point in this article. However, Simons et al. describe harsh discipline as involving the "use of hostile, punitive disciplinary practices to control or influence child conduct" and measure it with observational ratings and child reports on the frequency with which the parent "yells, spanks, slaps, or hits with an object" (p. 98). Thus, there is a great need to explore the relationship between parent satisfaction and child maltreatment.
Along these lines, Medora, Wilson, and Larson (2001) investigated the relationship between child physical abuse potential, as measured by the Child Abuse Potential Inventory (CAPI; Milner, 1986), and parent satisfaction, as measured by the previously described Parent Satisfaction Scale, in a sample of 176 African-American, Latino American, and Anglo-American low income mothers. Inconsistent with some of the results of the aforementioned studies, Medora et al. (2001) report that parent satisfaction was not significantly correlated with total CAPI scores. However, the finding was in the expected direction. Parent satisfaction was also found to be significantly related to two of the four CAPI subscales (Loneliness and Problems).

A more robust relationship between parent satisfaction and child maltreatment is demonstrated by Mammen, Kolko, and Pilkonis (2003). In the only study assessing parent satisfaction within a child maltreatment population, parent satisfaction was measured with the Child Rearing Inventory – Acceptance subscale (Kolko, Kazdin, Thomas, & Day, 1993) and child physical abuse was measured with the Conflict-Tactics Scale – Physical Aggression subscales of Minor and Major Physical Violence (Straus, 1990). Findings support a relationship between parental satisfaction with the child and aggressive parental behavior, in that they were significantly negatively correlated. Therefore, Mammen et al. (2003) suggest that their results illustrate that it could be “useful to focus on parental satisfaction in research on CPA (child physical abuse)” (p. 297).

Indeed, a relationship between parent satisfaction in a specific parent-child relationship and child maltreatment, specifically physical abuse, is suggested in the literature cited above. However, further investigation is necessary to support that such a
relationship exists. Additional exploration into the role of parent satisfaction specifically with regard to the varying types of child maltreatment, rather than merely child physical abuse, is also needed.

Summary

The above sections cite evidence of a relationship between the variables of depression, parenting stress, and parent satisfaction and child maltreatment. A robust relationship is supported between depression and child maltreatment. The relationship between overall stress and child maltreatment is also strongly evidenced, although the more specific relationship between parenting stress and child maltreatment has not been as heavily researched. Further research into the role of parent satisfaction in a specific parent-child relationship and child maltreatment is warranted.

Despite the associations for each of the above relationships found in the literature, it is important to note that each of the aforementioned relationships alone does not necessarily lead to maltreatment. It is obviously not the case that every parent with depression, high levels of stress, or dissatisfaction, perpetuates abuse against their child. This does suggest, however, that the probability of abuse in a particular parent-child system may be influenced by an interaction of such factors.

Conclusions

Indeed, investigation into the area of parental satisfaction is needed. Research measures designed to assess parent satisfaction are vastly inadequate. Specifically, measures assessing parent satisfaction which would prove relevant to the identification and treatment of child maltreating individuals are necessary. Also called for is further
investigation into the role of parent satisfaction within child maltreatment. This includes investigation into the interaction of other factors, specifically depression and parenting stress, found to contribute to child maltreatment potential and behaviors.

Therefore, given these apparent needs cited in the literature above, the purposes of the current study are (1) to examine the psychometric properties and clinical utility of the Caregiver Satisfaction with Maltreated Child Scale (CSMCS) in the assessment of parent satisfaction within a child maltreatment population, (2) to examine parental satisfaction with a specific parent-child relationship, as measured by the CSMCS, within a child maltreatment population, and (3) to investigate the ability of parent satisfaction, depression, and stress in the prediction of child abuse potential and perpetrator status.
CHAPTER 3

METHODOLOGY

Methods

Participants

Participants included 95 primary caregivers who attended a behavioral treatment program consequent to a state-documented report of child maltreatment (see Donohue & Van Hasselt, 1999). Fifty-seven participants (60%) volunteered at the recommendation of the child protective service agency, while 36 participants (37.9%) were court mandated to attend the treatment program. One participant was self-referred, and another was referred by an outside agency.

As summarized in Table 1, primary caregivers ranged in age from 17 to 69 years ($M = 37.32, SD = 10.96$). Eighty-two of the participants (86.3%) were female. Fifty-seven of the primary caregivers (60%) were biological mothers of the child, 12 (12.7%) were biological grandparents, 10 (10.5%) were biological fathers, and the remaining 10 (10.5%) were other relatives, step- or foster mothers. Approximately forty-eight percent of the primary caregivers were married ($N = 38$) or cohabiting ($N = 8$), 32 (33.7%) were single, 11 (11.6%) were divorced, and 6 (6.3%) were separated. Participants’ ranged from less than seven to 16 years of education. Thirty-one primary caregivers (32.6%) graduated high school and five (5.3%) graduated college. Thirty-four primary caregivers (35.8%) earned an annual income of $0 to $5,000, 10 (10.5%) earned $5,000 to $10,000,
31 (32.6%) earned $10,000 to $20,000, and 8 (8.4%) earned $20,000 to $35,000. The number of children in the home ranged from one to seven ($M = 2.86, SD = 1.32$), and the number of adults ranged from one to three ($M = 1.70, SD = .67$). Fifty-two of the participating primary caregivers (54.7%) were identified as the perpetrator of the child maltreatment, while 43 (45.3%) were identified as the primary caregiver of the victimized child (i.e., non-perpetrator). Physical abuse was reported in 29 (30.5%) of the cases, neglect in 27 (28.4%), sexual abuse in 14 (14.7%), psychological abuse in 4 (4.2%), and multiple types of abuse were reported in 20 (21.1%).

**Procedure**

Primary caregivers completed all study measures as part of their baseline assessment in an uncontrolled treatment outcome study. Measures were completed in the participants' homes. Educational level and literacy rates vary substantially among caregivers of child abuse victims, thus all questions were read to participants, as customary practice in this population (see Donohue & Van Hasselt, 1999). This procedure took between 90 minutes to 2 hours for caregivers to complete the assessment battery.

**Measures**

**Child Abuse Potential**

The Child Abuse Potential Inventory (Milner, 1986) is a 160-item self-report measure designed to identify maltreatment risk. Participants respond to the items with agree or disagree. Seventy-seven items comprise the Abuse Scale which contains six factors (i.e., Distress, Rigidity, Unhappiness, Problems with Child and Self, Problems with Family, Problems with Others). Three validity scales are also included, yielding three response
distortion indices of Faking-Good, Faking-Bad, and Random Response. The psychometric properties of the CAPI have been extensively studied, as it has been considered the "most psychometrically robust of all risk instruments used in the field of child maltreatment" (Chaffin & Valle, 2003, p.477). Internal consistencies ranging from .92 to .96, and test-retest reliabilities of .91, .90, .83, and .75 for 1-day, 1-week, 1-month, and 3-month intervals, respectively, are reported for the Abuse Scale (Milner, 1986). The CAPI has also demonstrated the ability to discriminate between "at risk" individuals and controls (Milner & Ayoub, 1980), abusers and nonabusers (Milner & Wimberley, 1980), and has been found to predict later physical abuse (Dopke & Milner, 2000). Vast amounts of research have significantly supported the construct, convergent, discriminant, and concurrent validities of the CAPI (Dopke & Milner, 2000; Haskett, Scott, & Fann, 1995; Robertson & Milner, 1985; see also review by Milner, 1994).

**Child Behavior**

The Eyberg Child Behavior Inventory (ECBI; Eyberg & Ross, 1978) is completed by parents/caregivers of children between the ages of two to 17 years. The scale includes 36 items measuring various behavior problems. Respondents rate each of the 36 items regarding the frequency with which the behavior occurs (i.e., Intensity Scale), as well as the extent to which the behavior problem, or item, is perceived to be problematic (Problem Scale). Intensity ratings range from one (never occurs) to seven (always occurs), with the total Intensity score equaling the sum of the item ratings. The total Problem Scale score is calculated by summing the number of "yes" responses indicated to the question "Is this behavior a problem for you?" This measure has been found to have good psychometric properties. Test-retest coefficients of .86 for the Intensity Score
and .94 for the Problem Score indicate adequate reliability. A high coefficient alpha (.98) is also reported. The instrument has also been shown to measure a single construct, thereby demonstrating internal validity (Eyberg & Ross, 1978; Robinson, Ross, & Eyberg, 1977).

Depression

The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is one of the most commonly used measures of depression. The BDI is a self-report measure consisting of 21 items, each of which reflect symptoms or attitudes associated with depression. The measure has been shown to significantly correlate with clinical ratings of depression. Respondents rate each of the 21 questions on a scale of zero to three. Total BDI scores range from zero to 63, with higher ratings representing greater depression. Scores of zero to ten are not indicative of depression, while scores of 11 to 17 reflect mild depression, scores of 18 to 29 denote moderate depression, and scores of 30 or higher signify severe depression. A review of the research on the psychometric properties of the BDI, conducted by Beck, Steer, and Garbin (1988), reveals the high reliability and validity of the scale. The authors' meta-analysis of 25 studies evaluating the BDI's internal consistency revealed a mean alpha coefficient of .86 for psychiatric populations and .81 for non-psychiatric populations. The BDI has also been found to correlate with clinical assessments of depression ($r > .60$), and with other well-researched depression inventories.

Caregiver Satisfaction

The Caregiver Satisfaction with Maltreated Child Scale (CSMCS) is a 10-item measure assessing caregiver-child relationship satisfaction in specific behavioral content.
areas, including an item designed to assess overall relationship satisfaction. The CSMCS was adapted from the Parent Satisfaction with Youth Scale (PSYS; Donohue, DeCato, Azrin, & Teichner, 2001), which owes its theoretical underpinnings to the Parent-Youth Happiness Scale (PYHS; Besalel & Azrin, 1981). The original PYHS consisted of a 6-point Likert scale ranging from (0) not a problem to (5) very severe problem. The response format of the PSYS was changed to a continuous scale (0 to 100% Happy). Six of the eight PYHS items were included in the PSYS (Communication, Friends and Activities, Curfew, Household Rules, School, Chores). The PYHS item of Money was expanded and modified to Rewards. The additional four behavioral content areas of Reaction to Discipline, Child's Alcohol Use, Child's Drug Use, and Illicit Behavior were added due to their clinical relevance in working with drug-abusing and conduct-disordered youth in several treatment outcome studies (Donohue et al., 2001). As with the PSYS, the CSMCS prompts respondents to ask themselves "How happy am I today with my child in this area of our relationship?" The CSMCS includes the PSYS content domains of Communication (i.e., "the way she/he talks to me"), Friends and Activities ("My child's friends and things she/he does with these friends"), Curfew ("coming home when I want"), Household Rules (i.e., "following rules around the house"), School (i.e., My child's school work, Reaction to Rewards (i.e., "good things I provide"), Reaction to Discipline (i.e., "My child's response to my discipline"), and Chores (i.e., "The way my child does household chores"). In accordance with the PSYS, the CSMCS also includes an item designed to assess Overall Happiness with the child. The PSYS was originally created for use with parents of conduct disordered and substance abusing youth. Thus, PSYS domains relevant to Child's Alcohol Use, Child's Drug Use, and Illicit Behavior
were excluded to be more consistent with the much younger population of children who are identified by child protective services to be victims of child maltreatment. The response format remained, (i.e., 10 items in happiness/satisfaction scale rated from 0 to 100 percent).

**Parent Stress**

The Parenting Stress Index/Short Form (PSI/SF; Abidin, 1990) is designed to measure the degree of stress in the parent-child relationship. This 36-item self-report measure includes three domains (i.e., Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child). The Parent Distress subscale includes items that focus on parenting competency, social support, and the spousal relationship. The Parent-Child Dysfunctional Interaction subscale involves the parents' perceptions of, and interactions with, his or her child. The Difficult Child subscale focuses on easy and difficult to manage behavioral aspects of the child. Each of the items are rated on a five-point scale ranging from one (strongly disagree) to five (strongly agree). A Total Stress score is also calculated by summing the item ratings, with higher scores indicating greater levels of stress. The reliability and validity of the PSI/SF is demonstrated by Abidin (1990). Reliability coefficients are reported as .85, .80, .87, and .91 for the scales of Difficult Child, Parent-Child Dysfunctional Interaction, Parental Distress, and Total Stress, respectively. Test-retest coefficients of .78 for Difficult Child, .68 for Parent-Child Dysfunctional Interaction, .85 for Parental Distress, and .84 for Total Stress, were also reported.
CHAPTER 4

FINDINGS OF THE STUDY

Psychometric Validation of the Caregiver Satisfaction with Maltreated Child Scale

Factor Structure

A principal components analysis with direct oblimin rotation was conducted to determine the factor structure of the CSMCS. The Kaiser criterion, with eigenvalues greater than one (see Table 2), was utilized along with visual examination of the Scree plot (see Figure 1). Loadings above .50 were used when interpreting the factors (Comrey & Lee, 1992). Both of these procedures indicated a two factor solution. Factor 1 appears to indicate satisfaction of the caregiver with child behaviors that are relevant to disciplinary action. This factor was thus labeled “Disciplinary Behaviors.” Items loading on Factor 1 include Household Chores, Discipline, Home Conduct, Reaction to Rewards, and Curfew, which account for 53.1% of the total variance. Factor 2 appears to indicate satisfaction of the caregiver with the child’s interaction with others and school work (i.e., Communication, Friends, and School Work). This factor accounted for 13% of the variance, and was coined “Social Interaction and School Work.” CSMCS factor loadings are presented in Table 3.
**Internal Consistency**

To examine reliability of the CSMCS, Cronbach’s (1951) alpha was calculated for each of the factors, with each factor meeting at least satisfactory internal consistency according to the standards set forth by Nunally and Bernstein (1994). Factor 1 revealed a Cronbach’s alpha of .86, Factor 2 revealed an alpha coefficient of .73, and the entire instrument revealed an alpha coefficient of .89. The average inter-item correlation and item-with-total scale correlations (corrected for part-whole redundancy) were also conducted. Inter-item correlations ranged from .28 to .77 (see Table 4), with the average inter-item correlation being .46, which is within the recommended range of .15 to .50 (Clark & Watson, 1995). Clark and Watson ascertain that when measuring a narrower construct (i.e. caregiver satisfaction within a target caregiver-child relationship) a “much higher mean intercorrelation (perhaps in the .40 - .50 range) is needed” (p. 315). The item-with-total scale correlations ranged from .47 to .76, thereby meeting the standard acceptable level of .30 (Smith & McCarthy, 1995).

**Criterion Related Validity**

Pearson-product moment correlations were conducted between the resulting CSMCS factor scores and the single item targeting Overall Happiness with the child. As predicted, the Disciplinary Behaviors factor scores were significantly correlated to the scores on the single item of Overall Happiness item \( r = .60, p < .001 \). Similarly, the Social Interaction and School Work factor scores were significantly correlated to the Overall Happiness item \( r = .71, p < .001 \).

Relationships between the CSMCS factor scores and other relevant measures were also examined. The ECBI was selected because its items are consistent with behavioral
domains in the CSMCS (e.g., communication, school, chores, curfew, discipline). The mean and standard deviations of the ECBI Scales are depicted in Table 5. Both factors significantly correlated with each of the ECBI Scales. The Disciplinary Behaviors factor scores were negatively correlated with the scores on the ECBI Intensity Scale \( r = -0.55, p < 0.001 \) and Problem Scale \( r = -0.48, p < 0.001 \). Social Interaction and School Work factor scores were also negatively correlated with ECBI Scale Scores of Intensity \( r = -0.26, p < 0.05 \) and Problems \( r = -0.31, p < 0.01 \). Results of these correlations are presented in Table 6. Thus, criterion related validity was supported for both scales.

**Means and Standard Deviations**

Means and standard deviations were calculated for the each of the eight content items of the CSMCS, as well as the Overall Happiness item. The mean and standard deviation is also presented for the CSMCS Total Score, which is the average score of the eight content items within the CSMCS. As can be seen, the means of the content items range from 49 to 79, with caregivers rating the single CSMCS item “My child’s response to my discipline (punishment)” as lowest satisfaction, and the item of “Curfew (coming home when I want)” as highest satisfaction. The Total Score average is 63.75 \( (SD = 23.53) \), with the average of the Disciplinary Behaviors factor \( (M = 62.76, SD = 25.98) \) being slightly lower than that of the Social Interaction and School Work factor \( (M = 65.40, SD = 26.31) \). The average of the Overall Happiness item was 76.84 \( (SD = 27.42) \). Means and standard deviations of the eight content items are listed in descending order of satisfaction (from most to least satisfied) in Table 7.
Exploration of Caregiver Satisfaction, Depression, Parenting Stress, Depression, and Child Maltreatment

To assess the relationships between caregiver satisfaction and depression, caregiver satisfaction and stress, and caregiver satisfaction and child maltreatment, along with their combined ability to predict child abuse potential and perpetrator status, the following statistical procedures were conducted.

Correlations

To examine the relationship between caregiver satisfaction and depression, as indicated in a few earlier studies (see preceding literature review), Pearson-product moment correlations were conducted between CSMCS Factor scores, the Overall Happiness score, and the CSMCS Total Score, with the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The Factor, Overall Happiness, and Total Score scores were predicted to negatively correlate with the BDI. Results of these correlations are presented in Table 8. The mean and standard deviation of the BDI for the current population are demonstrated in Table 5.

As illustrated in Table 8, the factor of Disciplinary Behaviors was negatively correlated with BDI scores ($r = -.40, p < .001$). Social Interaction and School Work and Overall Happiness scores were not significantly correlated with the BDI. There was a significant negative correlation between CSMCS Total Scores and the BDI ($r = -.32, p < .01$).

The relationship between caregiver satisfaction and parental stress was also examined with Pearson-product moment correlations. CSMCS factor scores, the Overall Happiness item, and the CSMCS Total Score were correlated with the Parent-Child Dysfunctional
Interaction subscale and the Total Stress score of the Parenting Stress Index/Short Form (PSI/SF; Abidin, 1990). Means and standard deviations for these scales are presented in Table 5. As expected, the CSMCS Factor, Overall Happiness, and Total Scores negatively correlated with the PSI/SF Parent-Child Dysfunctional Interaction subscale and the PSI/SF Total Stress score (see Table 8).

In an attempt to investigate the relationship between caregiver satisfaction and child maltreatment, Pearson-product moment correlations were conducted between CSMCS factor scores, the Overall Happiness item, and the Total Score, with the Abuse Scale of the Child Abuse Potential Inventory (CAPI; Milner, 1986). The mean of standard deviation of the CAPI Abuse Scale are presented in Table 8. Negative correlations between the CSMCS factor and Overall Happiness scores with the CAPI Abuse Scale scores were predicted. Significant negative correlations were found between CAPI Abuse Scale scores and the Disciplinary Behaviors factor ($r = -.51, p < .001$), Social Interaction and School Work factor ($r = -.43, p < .001$), Overall Happiness ($r = -.47, p < .01$) and the CSMCS Total Score ($r = -.53, p < .001$). These correlations can also be found in Table 8. Thus, satisfaction of caregivers with their children appears to influence child maltreatment, as caregivers become more dissatisfied with their children, their self-reports of child maltreatment risk increase.

**Discriminant Function Analyses**

The goal of discriminant function analysis is to “predict group membership from a set of predictors” (Tabachnick & Fidell, 1996). To assess the ability of caregiver-child relationship satisfaction, depression, and parenting stress in predicting child abuse potential, a discriminant function analysis was conducted. The predictors included the
CSMCS factor scores, the BDI, and the PSI/SF Total Stress score and the grouping variable was child abuse potential. Previous work has determined that stress (e.g., Justice & Calvert, 1985; Nair, Schuler, Black, Kettinger, & Harrington, 2003) and depression (e.g., Belsky, 1984; Mammen, Kolko, & Pilkonis, 2003) are significant predictors of child maltreatment risk. However, the predictability of caregiver satisfaction in determining child maltreatment risk is unknown. Child abuse potential was assessed by the Child Abuse Potential Inventory (Milner, 1986). The 166-point CAPI clinical cutoff score was utilized to classify individuals at-risk for child maltreatment. Seventy-one participants completed the CAPI, and were included in the following analyses. The discriminant function analysis achieved a correct classification rate of 91.5%, with three erroneous classifications in both the low and high abuse potential categories. The low abuse potential category had a correct classification rate of 93.0%, while the high abuse potential category had a correct classification rate of 89.3%. Thus the discriminant function analysis performed significantly predicted high versus low child abuse potential, with all four variables significantly contributing to the prediction. The importance of the variables in the prediction of child abuse potential, from most to least, is as follows: PSI/SF Total Stress, BDI, CSMCS Disciplinary Behaviors Factor, and CSMCS Social Interaction and School Factor. These classification results are presented in Table 9.

A discriminant function analysis was also performed using the predictor variables of CSMCS factor scores, the BDI, and the PSI/SF Total Stress score with the grouping variable of child maltreatment perpetrator status (perpetrator vs. non-perpetrator), as assessed by official reports of maltreatment. The variables of caregiver satisfaction, depression, and parenting stress did not significantly predict perpetrator status. The
analysis of these four variables produced only a 55.8% correct classification rate. The classification results of this discriminant function analysis are presented in Table 10. Interestingly, a one-way ANOVA illustrated that the means of the CAPI Abuse Scale did not significantly differ between perpetrators and non-perpetrators, $F(1, 69) = 2.34, p = .13$. Eleven of the 38 non-perpetrators scored above the 166-point CAPI clinical cutoff score, thus classifying them as individuals at-risk for child maltreatment. Thus, it is possible that this finding may have been influenced by failure of these measures to predict perpetrator status, or by a failure in the identification of individuals that have perpetrated acts of child maltreatment. Indeed, many incidents of child maltreatment are not reported to, or identified by, child protective services (Cerezo & Pons-Salvador, 2004; Hammerman, 2000; Howard, 1994). To assist in the further explanation of this finding, an ANOVA was conducted to determine if there were more individuals who presented themselves in a favorable light in the non-perpetrator group than the perpetrator group. Results indicated that there was no significant difference in the number of individuals portraying themselves in a favorable light between perpetrators and non-perpetrators, $F(1,70) = 1.78, p = .18$. 

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CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Psychometric Validation of the Caregiver Satisfaction with Maltreated Child Scale

The present study examined the psychometric properties and clinical utility of the Caregiver Satisfaction with Maltreated Child Scale (CSMCS) within a child maltreatment population. The principal components analysis revealed a two factor solution which accounted for 66.1% of the total variance (i.e., Disciplinary Behaviors and Social Interaction and School Work). As illustrated in Table 3, the item of Curfew loaded particularly high on both of the factors. However this item only met the .50 factor loading criteria for the Disciplinary Behaviors factor. Rather than throw out the item because it did not differentiate between the two factors, this item was retained in the Disciplinary factor.

The alpha coefficients and item-level statistics illustrated good internal consistency, and the criterion related validity of the CSMCS is supported by the significant correlations of both factor scores to the single item of Overall Happiness. Criterion related validity is also demonstrated by the significant correlation coefficients between the CSMCS factor scores and the ECBI Scales of Intensity and Problems. Thus illustrating that as the frequency with which the behavior occurs (i.e., Intensity Scale) increases, caregiver satisfaction decreases. Similarly, caregiver satisfaction decreases as
the extent to which behaviors are perceived to be problematic (i.e., Problem Scale) increases. Results of this study suggest that the CSMCS is a reliable and valid instrument in the evaluation of caregiver satisfaction in a specific caregiver-child relationship within a child maltreatment population.

Means and standard deviations indicated that primary caregivers were most dissatisfied with their child in the areas of responses to discipline, following rules around the house, and chores. Thus, suggesting clinicians should emphasize treatments that focus on assisting caregivers in their discipline and communication skills. The areas of greatest satisfaction reported by the primary caregivers were curfew and reaction to rewards. It is important to note that the average age of children in this study was 9.6 years; therefore reducing the relevance of curfew for younger children. The Curfew item may not be as relevant to caregivers of young children. However, this item is certainly relevant for caregivers with older children and teenagers. It is also noteworthy that caregiver's are relatively satisfied with their child's reaction to rewards, suggesting these caregivers are likely to experience success in utilizing strength-based interventions, such as rewarding desired behavior. Focusing on rewards in treatment also has important implications in shaping the discipline strategies of the caregiver. For instance, it is well-established that abusive caregivers are more likely to engage in aversive and punitive discipline strategies (i.e., spanking, yelling, isolation, removal of privileges), and are far less likely to engage in positive discipline strategies (i.e., rewards, reasoning, simple requests) (Disbrow, Doerr, & Caulfield, 1977; Trickett & Kuczynski, 1986; Trickett & Susman, 1988). Therefore, low ratings for this item may assist in determining caregivers who are at particularly high risk to utilize aversive discipline strategies and maltreat their
children, whereas high ratings may be associated with greater likelihood of effectively utilizing rewards consequent to desired behavior. As can be seen in Table 1, the high standard deviations illustrate considerable variability for each of the items. Thus, primary caregivers’ CSMCS scores should be interpreted based on individual examination of the caregivers’ content item scores.

The CSMCS also has great clinical utility, as has been noted with similar instruments (DeCato et al., 2001; Donohue et al., 2001; Donohue et al., 2003). The CSMCS is an extremely simple instrument that can be administered and completed in less than one minute. The response format of percentage ratings is familiar and easily understood by respondents. The brevity and ease of the CSMCS allow it to be administered often (i.e., at the beginning of treatment sessions) and thus be utilized to guide intervention and track progress. Subjective satisfaction with behavioral change can be quickly measured by averaging the content items to obtain the CSMCS Total Score (Donohue et al., 2001). Brief inspection of the content item scores can aid in focusing treatment on areas of relative dissatisfaction by creating treatment goals relevant to the identified problem areas (DeCato et al., 2001). Treatment goals can be formed by asking the primary caregivers’ “what specific behaviors might lead to endorsement of 100% satisfaction in the respective domain” (Donohue, et al., 2001). Also of importance are the areas of relative satisfaction endorsed by the primary caregiver. Such areas can be quickly identified and utilized to discuss a child’s strengths, along with those areas which have improved since the onset of therapy (Donohue et al., 2001). The CSMCS, as addressed by Donohue et al., is also helpful in identifying and addressing areas in which the caregiver may have unrealistic expectations. Unrealistic expectations result in
dissatisfaction and subsequent frustration on the part of the child and the caregiver, which can lead to undesirable behaviors by both the child (i.e., acting out) and the caregiver (i.e., abuse, neglect). Indeed, maltreating individuals are more likely to hold unrealistic expectations with regard to the parenting role (Bradley & Peters, 1991) and their children's behavior (Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986; Rosenberg & Reppucci, 1983; Twentyman & Plotkin, 1982). Thus, addressing such unrealistic expectations has strong treatment implications for maltreating populations.

Exploration of Caregiver Satisfaction, Depression, Parenting Stress, and Child Maltreatment

In addition to evaluating the psychometric validation of the CSMCS within a child maltreatment population, several factors were examined regarding their contribution to child maltreatment. This included an investigation of the relationships between caregiver satisfaction and depression, caregiver satisfaction and parenting stress, as well as caregiver satisfaction and child maltreatment. The ability of caregiver satisfaction, depression, and parenting stress in predicting child abuse potential and perpetrator status were also examined.

The Social Interaction and School Work factor and the Overall Happiness with child item were not significantly correlated with a scale measuring depression. This is not surprising given that single items typically evidence low reliability leading to under representation of the relationship between the two variables (see DeCato et al., 2001). Moreover, the Social Interaction and School Work factor includes items that may affect
other people (e.g., peers, teachers) to a greater extent than the caregiver, which may contribute to the lack of correlation between this factor and caregiver depression ratings. The CSMCS factor of Disciplinary Behaviors and the Total Score were negatively correlated with depression, indicating that as caregivers' satisfaction in these areas decreases, depression increases. Thus therapists should be aware that caregivers whom are extremely dissatisfied with a caregiver-child relationship have a greater likelihood of experiencing depression and should structure treatment accordingly.

Research strongly supports the relationship between caregiver satisfaction and various aspects of stress (i.e., general life stress, economic hardship, trauma, daily hassles). However, only one study has investigated the relationship between caregiver satisfaction and the stress associated with parenting, and we could find no studies that have investigated this relationship in a child maltreatment population. Therefore, this is the first study to illustrate a relationship between caregiver satisfaction and parenting stress in a child maltreatment population. Along these lines, all variables investigated (i.e., CSMCS factor scores, Overall Happiness item, and Total Score) demonstrated an inverse relationship with parental stress such that a caregiver with greater dissatisfaction in a caregiver-child relationship is more likely to experience stress in the parenting role. Parenting stress occurs from a discrepancy between the demands of the parenting role and the capabilities of the caregiver (Strauss, 1980). As a consequence then, therapists should help caregivers' in learning ways to cope with the stresses of parenting. This could include teaching basic parenting skills to more extensive parent training, depending on the need of the caregiver, in order to help the caregivers fell better equipped and competent in their parenting role.
As previously illustrated, there is little research investigating the relationship between caregiver satisfaction in a specific caregiver-child relationship and child maltreatment. This study is also one of very few to examine caregiver satisfaction within a child maltreating population. In support of the findings of Mammen, Kolko, and Pilkonis (2003), the present study revealed a negative correlation between caregiver satisfaction and child maltreatment. The CSMCS factor scores, Overall Happiness item, and Total Score all demonstrated an inverse relationship with the CAPI Abuse Scale. Thus, greater dissatisfaction of a caregiver with their child would indicate a higher abuse potential. These findings have important implications for the detection of child maltreatment, in that caregivers may be more likely to report dissatisfaction with a child than they would be to disclose child maltreatment. Thus, caregiver satisfaction may be more sensitive in the identification of child maltreatment risk than other measures of child maltreatment. Therefore, in support of Mammen et al. (2003) further investigation into “parental satisfaction may be important in helping abusive parents” (p. 299).

This study attempted to distinguish between caregivers of low and high child abuse potential on the basis of caregiver-child relationship satisfaction, depression, and parenting stress. To investigate the predictive abilities of the factors of the CSMCS, both of the factors (i.e., Disciplinary Behaviors and Social Interaction and School Work) were entered into the discriminant function equation separately. The discriminant function analysis revealed that caregiver satisfaction, depression, and parenting stress, as measured in the present study, adequately predict child abuse potential. The model had a correct classification rate of 91.5%, with classification in the low abuse potential category being slightly more accurate (93.0%) than the high abuse potential category (89.3%). All
variables significantly predict abuse potential at the .000 level. However, parenting stress seems to contribute most in the differentiation of low and high abuse potential, with depression, caregiver satisfaction with a child's reaction to discipline (i.e., the CSMCS Disciplinary Behaviors Factor), and caregiver satisfaction with social and school aspects (i.e., CSMCS Social Interaction and School Work) following close behind.

The predictive ability of caregiver-child relationship satisfaction, depression, and parenting stress in terms of perpetrator status was also evaluated. These variables did not significantly predict perpetrator status, with only a correct classification rate of 55.8%. Issues of multicollinearity were addressed for both of the discriminant functions and appeared not to be a significant factor. Further investigation revealed likely reasons for the lack of significant findings in the second discriminant function.

The CAPI has received strong empirical support as a reliable and valid measure in the assessment and discrimination of abusers and nonabusers (Milner & Wimberley, 1980), as well as "at risk" and control individuals (Milner & Ayoub, 1980). However, in the present study, the CAPI scores and perpetrator status (i.e., abuser vs. nonabuser) were not significantly correlated. This indicates that many caregivers identified as perpetrators did not have CAPI scores that reflected high abuse potential. Out of the 33 caregivers' identified as perpetrators of maltreatment, 16 (48.5%) had CAPI Abuse Scale scores in the low abuse potential range. It is reasonable to believe, due to a great deal of research support, that many of the caregivers' identified as perpetrators of child maltreatment did not respond honestly. Many of these caregivers' were involved in child protective service investigations. Therefore they may have responded in a socially desirable manner to avoid further consequences. This is supported by the large number of caregivers that
received elevated scores on the CAPI Faking Good Scale \((N = 41)\). It is also important to note that there was no significant difference in the amount of caregivers scoring in the elevated range with regard to perpetrator status. Therefore, both perpetrators and non-perpetrators appear to respond in a socially desirable manner when involved with child protective services. The lack of a significant correlation between CAPI Abuse Scale scores and perpetrator status also reveals that many of the caregivers' identified as non-perpetrators had CAPI scores that fell in the High Abuse Potential range. Eleven of the 38 caregivers' (29.0%) recognized as non-perpetrators earned CAPI Abuse Scale scores in the High Abuse Potential or At Risk range. Indeed, the maltreatment literature illustrates the difficulty in identifying all perpetrators of maltreatment. Often the actual perpetrators of child maltreatment are not investigated by child protective services. Therefore, this finding could be revealing a flaw in the variable of perpetrator status due to limitations in the ability of identifying perpetrators of child maltreatment. This finding could also have clinical implications in that even caregivers' not identified as perpetrators could have perpetrated child maltreatment or could be at risk for perpetrating in the future, and thus are in need of treatment. Therefore, caregivers' involved in child maltreatment investigations, regardless of their perpetrator status, should be assessed and treated accordingly.

Limitations and Future Research

Several limitations of the current study should be addressed. This study did not include a control group of caregivers of non-maltreated children. Thus, differences between such groups with regard to caregiver satisfaction, depression, parenting stress,
and abuse potential could not be ascertained. It is also important to note that this study relied heavily on self-report measures, which are subject to a number of biases. Response distortions are of great concern in maltreating populations as the caregivers may have greater motivations to answer in a socially desirable manner. In the present study, the target child’s age ranged from 0 to 17. Literature supports different levels of satisfaction and varying areas of satisfaction/dissatisfaction in terms of the child’s age. Future investigations should, therefore, focus on specified age groups to assess differences in caregiver satisfaction as a function of the child’s age. Lastly, this investigation of child maltreatment included physical abuse, sexual abuse, emotional abuse, and neglect. Future examination of the role of caregiver satisfaction, depression, and parenting stress with regard to abuse type would be beneficial.

Conclusions

The present study initially validates the use of the Caregiver Satisfaction with Maltreated Child Scale in a child maltreating population, and underscores the role of caregiver satisfaction, depression, and parenting stress in a maltreating population. The present findings suggest that the investigation of the role of caregiver satisfaction in child maltreatment is warranted. Thus, developing interventions which include the assessment and management of caregiver satisfaction appears worthwhile. The results also suggest interventions for caregivers of maltreated children should assess, and treat depression, as well as focus on helping the caregiver in coping with the stresses of parenting, and should include parent training. By gaining a better understanding of the relationship of caregiver satisfaction...
satisfaction, depression and parenting stress within child maltreatment, interventions can be created to best meet the needs of caregivers involved in child maltreatment.
### Table 1.

**Primary Caregiver Characteristics and Demographic Information**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral Source</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraged by CPS (voluntary participation)</td>
<td>57</td>
<td>60.0</td>
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<tr>
<td>Court Mandated</td>
<td>36</td>
<td>37.9</td>
</tr>
<tr>
<td>Self</td>
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<td>1.1</td>
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<tr>
<td>Agency</td>
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<tr>
<td><strong>Age</strong></td>
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<tr>
<td>17 to 25</td>
<td>9</td>
<td>9.8</td>
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<tr>
<td>26 to 35</td>
<td>42</td>
<td>45.6</td>
</tr>
<tr>
<td>36 to 45</td>
<td>22</td>
<td>23.9</td>
</tr>
<tr>
<td>46 to 55</td>
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<td>9.8</td>
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<tr>
<td>56 to 65</td>
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<td>8.7</td>
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<tr>
<td>65 to 69</td>
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<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
<td>82</td>
<td>86.3</td>
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<tr>
<td>Male</td>
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<tr>
<td><strong>Relationship to Child</strong></td>
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<tr>
<td>Biological Mother</td>
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<td>60.0</td>
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<tr>
<td>Biological Father</td>
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</tr>
<tr>
<td>Grandmother</td>
<td>9</td>
<td>9.5</td>
</tr>
<tr>
<td>Grandfather</td>
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<tr>
<td>Other Relatives</td>
<td>6</td>
<td>6.4</td>
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<tr>
<td>Stepmother</td>
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<td>3.2</td>
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<tr>
<td>Foster Mother</td>
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<td>40.0</td>
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<tr>
<td>Single</td>
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<tr>
<td>Cohabiting</td>
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<tr>
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<td>6.3</td>
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<tr>
<td><strong>Years of Education</strong></td>
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<td>Less than 7</td>
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<td>4.2</td>
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<tr>
<td>8 to 9</td>
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<td>5.3</td>
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<tr>
<td>10 to 11</td>
<td>32</td>
<td>33.7</td>
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<tr>
<td>12</td>
<td>31</td>
<td>32.6</td>
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<tr>
<td>Gross Annual Income</td>
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<tr>
<td>-----------------------------</td>
<td>-------</td>
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<tr>
<td>$0 to $5K</td>
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<td>35.8</td>
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<tr>
<td>$5K to $10K</td>
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<td>10.5</td>
</tr>
<tr>
<td>$10K to $20K</td>
<td>31</td>
<td>32.6</td>
</tr>
<tr>
<td>$20K to $35K</td>
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<td>8.4</td>
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<td>Perpetrator Status</td>
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<td>Perpetrator</td>
<td>52</td>
<td>54.7</td>
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<tr>
<td>Non-perpetrator</td>
<td>43</td>
<td>45.3</td>
</tr>
<tr>
<td>Type of Abuse</td>
<td></td>
<td></td>
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<tr>
<td>Physical</td>
<td>29</td>
<td>30.5</td>
</tr>
<tr>
<td>Neglect</td>
<td>27</td>
<td>28.4</td>
</tr>
<tr>
<td>Sexual</td>
<td>14</td>
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<tr>
<td>Psychological</td>
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<td>Multiple</td>
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Table 2.

*Eigenvalues*

<table>
<thead>
<tr>
<th>Component</th>
<th>Eigenvalues</th>
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<tbody>
<tr>
<td>1</td>
<td>4.25</td>
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<tr>
<td>2</td>
<td>1.04</td>
</tr>
<tr>
<td>3</td>
<td>0.71</td>
</tr>
<tr>
<td>4</td>
<td>0.64</td>
</tr>
<tr>
<td>5</td>
<td>0.50</td>
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<tr>
<td>6</td>
<td>0.41</td>
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<tr>
<td>7</td>
<td>0.27</td>
</tr>
<tr>
<td>8</td>
<td>0.20</td>
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</table>
Table 3.

*Factor Loadings for the CSMCS*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The way my child does household chores</td>
<td>0.908</td>
<td>0.143</td>
</tr>
<tr>
<td>My child’s response to my discipline (punishment)</td>
<td>0.841</td>
<td>0.255</td>
</tr>
<tr>
<td>Following rules around the house</td>
<td>0.843</td>
<td>0.282</td>
</tr>
<tr>
<td>Reaction to my rewards (good things I provide)</td>
<td>0.600</td>
<td>0.255</td>
</tr>
<tr>
<td>Curfew (coming home when I want)</td>
<td>0.500</td>
<td>0.480</td>
</tr>
<tr>
<td>My child’s friends and things she/he does with these friends</td>
<td>0.234</td>
<td>0.826</td>
</tr>
<tr>
<td>My child’s school work</td>
<td>0.118</td>
<td>0.785</td>
</tr>
<tr>
<td>Communication (the way she/he talks to me)</td>
<td>0.426</td>
<td>0.651</td>
</tr>
</tbody>
</table>
### Table 4.

**Inter-item Correlations for the CSMCS**

<table>
<thead>
<tr>
<th></th>
<th>Curfew</th>
<th>Rules</th>
<th>Chores</th>
<th>Discipline</th>
<th>Friends</th>
<th>School</th>
<th>Rewards</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curfew</td>
<td>1.00</td>
<td>0.47</td>
<td>0.48</td>
<td>0.45</td>
<td>0.45</td>
<td>0.30</td>
<td>0.38</td>
<td>0.49</td>
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<tr>
<td>Rules</td>
<td>1.00</td>
<td>0.76</td>
<td>0.73</td>
<td>0.45</td>
<td>0.35</td>
<td>0.49</td>
<td>0.52</td>
<td></td>
</tr>
<tr>
<td>Chores</td>
<td>1.00</td>
<td>0.77</td>
<td>0.34</td>
<td>0.28</td>
<td>0.47</td>
<td>0.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td>1.00</td>
<td>0.44</td>
<td>0.35</td>
<td>0.44</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>1.00</td>
<td>0.50</td>
<td>0.32</td>
<td>0.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>1.00</td>
<td>0.34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rewards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>.34</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>
Table 5.

*Means and Standard Deviations of the ECBI, the BDI, the PSI/SF, and the CAPI*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECBI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity Scale</td>
<td>114.51</td>
<td>37.52</td>
</tr>
<tr>
<td>Problem Scale</td>
<td>12.32</td>
<td>8.15</td>
</tr>
<tr>
<td>BDI</td>
<td>9.83</td>
<td>9.09</td>
</tr>
<tr>
<td>PSI/SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent-Child Dysfunctional Interaction Scale</td>
<td>26.91</td>
<td>8.09</td>
</tr>
<tr>
<td>Total Stress</td>
<td>90.85</td>
<td>21.09</td>
</tr>
<tr>
<td>CAPI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Scale</td>
<td>169.92</td>
<td>112.98</td>
</tr>
</tbody>
</table>
Table 6.

*Correlations Between CSMCS Scores and ECBI Scores*

<table>
<thead>
<tr>
<th>ECBI Scale</th>
<th>Intensity</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSMCS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disciplinary Behaviors Factor</td>
<td>-.55***</td>
<td>-.49***</td>
</tr>
<tr>
<td>Social and School Factor</td>
<td>-.26*</td>
<td>-.31**</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001
Table 7.

CSMCS Content Item Means and Standard Deviations

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curfew (coming home when I want)</td>
<td>79.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Reaction to my rewards (good things I provide)</td>
<td>78.03</td>
<td>29.97</td>
</tr>
<tr>
<td>My child's friends and things</td>
<td>67.02</td>
<td>31.82</td>
</tr>
<tr>
<td>she/he does with these friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child's school work</td>
<td>64.66</td>
<td>34.39</td>
</tr>
<tr>
<td>Communication (the way she/he talks to me)</td>
<td>64.53</td>
<td>31.48</td>
</tr>
<tr>
<td>The way my child does household chores</td>
<td>54.68</td>
<td>36.28</td>
</tr>
<tr>
<td>Following rules around the house</td>
<td>53.05</td>
<td>32.46</td>
</tr>
<tr>
<td>My child's response to my discipline (punishment)</td>
<td>49.01</td>
<td>35.43</td>
</tr>
</tbody>
</table>

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Table 8.

*Correlations Between CSMCS Scores and Other Standardized Measures*

<table>
<thead>
<tr>
<th>CSMCS</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Overall Happiness</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI</td>
<td>-.40***</td>
<td>-.11</td>
<td>-.13</td>
<td>-.32**</td>
</tr>
<tr>
<td>PSI/SF Parent-Child Dysfunctional Interaction Scale</td>
<td>-.58***</td>
<td>-.56***</td>
<td>-.48***</td>
<td>-.64***</td>
</tr>
<tr>
<td>Total Stress</td>
<td>-.68***</td>
<td>-.51***</td>
<td>-.52***</td>
<td>-.68***</td>
</tr>
<tr>
<td>CAPI Abuse Scale</td>
<td>-.51***</td>
<td>-.43***</td>
<td>-.47***</td>
<td>-.53***</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001*
Table 9.

*Predicting Low or High Abuse Potential According to CAPI from the CSMCS, the PSI/SF and the BDI*

<table>
<thead>
<tr>
<th>Predicted Group Membership</th>
<th>Low Abuse Potential</th>
<th>%</th>
<th>High Abuse Potential</th>
<th>%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Actual Group Membership</th>
<th>Low Abuse Potential</th>
<th>40</th>
<th>93.0</th>
<th>3</th>
<th>7.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Abuse Potential</td>
<td>3</td>
<td>89.3</td>
<td>25</td>
<td>10.7</td>
</tr>
</tbody>
</table>

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Table 10.

*Predicting Perpetrator Status from the CSMCS, the PSI/SF, and the BDI*

<table>
<thead>
<tr>
<th>Actual Group Membership</th>
<th>Perpetrator</th>
<th>Non-perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator</td>
<td>25</td>
<td>18</td>
</tr>
<tr>
<td>Non-perpetrator</td>
<td>24</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Predicted Group Membership</th>
<th>Perpetrator</th>
<th>Non-perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator</td>
<td>58.1%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Non-perpetrator</td>
<td>46.2%</td>
<td>53.8%</td>
</tr>
</tbody>
</table>
Figure 1.

Scree Plot

![Scree Plot Image]

Component Number

Eigenvalue

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Management and Job Social Skills Training Components in a Summer Business Institute:
A Controlled Evaluation in High Achieving Predominately Ethnic Minority Youth,
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Andrasik (Ed.), Comprehensive handbook of personality and psychopathology,

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