

Abstract

HART, KENDREA C. Evaluation of a Child Maltreatment Prevention Self-help Program: The Role of Social Support and Parental Empowerment in Producing Positive Outcomes. (Under the direction of Mary Haskett, PhD.)

The purpose of this dissertation study was to evaluate a child abuse prevention program for families considered at-risk for abuse. Specifically, this study sought to gain a better understanding of how program participation was associated with parenting behavior and child maltreatment risk, and if this relation was partially mediated by social support and parental empowerment. The sample consisted of 187 parents and grandparents who attended Circle of Parents groups throughout a southeastern state. It was hypothesized that (a) higher program participation would predict improvements in parenting behavior, lower levels of maltreatment risk, higher levels of social support within and outside the group, and higher feelings of parental empowerment; (b) higher levels of social support within and outside the group, as well as higher levels of parental empowerment, would predict improvements in parenting behavior and lower child maltreatment risk; (c) the relation between program participation and parenting behavior, as well as child maltreatment risk would be mediated by social support and parental empowerment. Results revealed that program participation significantly predicted improvements in parent behavior and social support within the group. Social support within the group significantly predicted improvements in parent behavior. In addition, social support outside the group also significantly predicted levels of lower child maltreatment risk. Mediation effects were not supported. Considerations for interpreting results, limitations, directions for future research, and implications for practice are discussed.

Evaluation of a Child Maltreatment Prevention Self-help Program: The Role of Social
Support and Parental Empowerment in Producing Positive Outcomes

by
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DEDICATION

This dissertation is dedicated to my mom (Bettieanne C. Hart), dad (the late Edward B. Hart), sister (Mikkal Hart Murunga), and brother-in-law (Benedict Lubembe Murunga). Without your prayers, encouragement, cheers, love, and support, I would not have been able to accomplish this task and would not be who I am today. You are truly “the wind beneath my wings.”

I also dedicate this dissertation to the numerous children and families who struggle every day to live healthy, safe, and fulfilled lives. Your stories and challenges motivate me to strive to do all I can to be a good friend, neighbor, mentor, professional, and advocate. Your triumphs continue to encourage and inspire me.

BIOGRAPHY

Kendrea Childers Hart was born on September 22, 1979. She is the daughter of the late Chaplain, Major Edward B. Hart (USAF) and Bettieanne C. Hart, and has one sister, Mikkal Hart Murunga and a brother-in-law, Ben Murunga. Due to her father's career in the United States Air Force, she lived in three different cities during her first nine years of life and later moved to Waynesboro, Georgia, where she attended Burke County Public Schools from 5th grade through high school. Kendrea graduated in the top 2 percent of her class from Burke County High School in 1997. She later graduated magna cum laude from Spelman College with a Bachelor of Arts degree in Psychology and departmental honors in 2001. She enrolled in the School Psychology doctoral program at North Carolina State University in the fall of 2001. Kendrea obtained a Master of Science degree in School Psychology from NC State University in 2006 and conducted her Master's thesis on the topic: *Social Information Processing as a Mediating Link between Harsh Parenting and Child Aggression*. She continued her pursuit of a doctoral degree in Psychology with a concentration in School Psychology.

While matriculating through the doctoral program at NC State University, Kendrea developed her knowledge of conducting psychological evaluations in clinical, school, and detention settings. As a member of the Family Studies Research Team at NC State, her personal research and applied interests have included strengthening and empowering families and culturally sensitive approaches to intervention and consultation. Possessing a desire to improve cultural competencies for serving children and families of Latin origin, Kendrea is

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Kendrea also spent one summer assisting the mental health specialist for the Rockdale Juvenile Court through an internship with the Barton Child Advocacy Clinic at Emory University. She has consulted with North Carolina Communities In Schools (CIS) to provide program evaluations at two separate sites including, the Heritage Park After-School Program and Chapel Hill-Carborro Middle School Tutorial Class. She has also consulted with the North Carolina Department of Public Instruction (NCDPI) to provide a series of focus groups concerning workplace satisfaction.

In 2008-2009, Kendrea completed an APPIC (Association of Psychology Postdoctoral and Internship Centers) pre-doctoral internship with Cobb County Public Schools under the supervision of three licensed psychologists, Dr. Eliana Lesser, Dr. Timothy Turco, and Dr. Ted Rosen. During her internship, she gained valuable experience specific to the practice of school psychology and participated in two rotations, including conducting family and couple therapy and providing psychological services for children and adolescents with emotional and behavioral disorders at H.A.V.E.N. Academy (part of the Georgia Network of Therapeutic Support-GNETS).

Kendrea is currently employed as a school psychologist for Gwinnett County Public Schools. She serves on the board of directors for two organizations: Foreverfamily, Inc. (serving children of incarcerated parents) and the Interfaith Children's Movement (ICM). In her spare time, she enjoys traveling, attending cultural events, and spending time with family and friends, including her nephew Evan, who was born in January 2010.

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CHAPTER ONE

Introduction

“I believe in family above all. I believe in parents. I believe that most parents will do the best job they can.” Marian Wright Edelman

Each day children are born to parents and become a part of families living in a diverse realm of situations and circumstances. Some children are planned, others are not. Some children are born to two-parent families, others are not. Some children are members of families and communities with a wealth of resources, while others are not. Regardless of the circumstances into which children are born, they depend on their parents and caregivers to provide safe, stable, nurturing relationships to help them develop into well-adjusted, productive citizens.

It is likely that most parents desire to help their children to be healthy and develop into positive and content adults. Nonetheless, every day in the United States nearly four children die because of abuse and neglect; 1,300 such deaths occurred in 2005. An estimated 3.3 million referrals for child maltreatment were made to CPS agencies for approximately 6.0 million children. While only 25% of the reports were substantiated, approximately 800,000 children were determined to be victims of abuse or neglect in 2005 (U.S. Department of Health and Human Services [HHS], 2007). In North Carolina, 111,150 children were reported as abused and neglected in 2006; 24,597 of these reports were confirmed (NC Division of Social Services, 2008). Sadly, 34 of North Carolina’s children died from abuse

during the 2006 calendar year at the hands of their parents (Prevent Child Abuse North Carolina [PCANC], 2008). One death, one victim, is too many.

The majority of these child deaths and incidents of abuse were at the hands of a parent. Approximately 84% of the U.S. children who were victims of maltreatment in 2005 were maltreated by a parent; 40 % of the perpetrators were mothers and 18 % were fathers (HHS, 2007). Thus, the primary target for most prevention and intervention programs is parents, particularly parents who are considered high-risk for maltreating their children. The underlying belief of these programs is that, if parents are equipped with the support, resources, and strategies needed to parent, they will be more likely to employ positive, nurturing parenting behavior.

Due the high prevalence rates of abuse and neglect, it is important to dedicate substantial energy and resources to prevention programs and services. It is particularly critical to identify families who are at risk for child maltreatment and provide them with adequate support and resources. Prevention programs are a more promising approach to addressing the issue of maltreatment than intervention programs offered only after abuse has occurred (Wald & Cohen, 1988). Waiting to intervene with families following a crisis allows children to be exposed to behaviors or environments that can be detrimental to their mental health (Garbarino, Guttman, & Seeley, 1986; Hart & Brassard, 1987).

With the desire to prevent emotional and physical injury to children by parents, researchers have sought to better comprehend how to prevent abusive parenting. Research indicates that parents who abuse their children often lack necessary social support needed to

care for their children and to solve daily childrearing challenges (Garbarino & Sherman, 1980; Geeraert, Noortgate, Grietens, & Onghena, 2004; Lieber & Baker, 1977). In addition, parents who feel more confident and empowered in their parenting role are less likely to resort to harsh forms of discipline (Martorell & Bugental, 2006). Many child maltreatment prevention programs have been developed; unfortunately, very few have been evaluated for effectiveness. The purpose of this dissertation study was to evaluate *Circle of Parents*, a child abuse prevention program for families considered at-risk for abuse. Specifically, the aims were to evaluate the overall effects of the program and to examine the mediating role of social support and parental empowerment. These potential mediators have been identified in the child abuse literature as protective factors in reducing the risk of child abuse and neglect among high-risk parents. Furthermore, social support and parental empowerment represent core features in the philosophy of the *Circle of Parents* program.

CHAPTER TWO

Literature Review

Child Maltreatment as a Societal Issue

Garbarino (1977) posits that maltreatment indicates incompetence in the role of caregiver, whether excessive use of force (abuse) or inadequate provision of essential nurturance (neglect). Thus, child maltreatment can occur by actively doing something that harms a child (commission) or failure to do something that would prevent harm (omission). Four types of child maltreatment generally recognized include physical abuse, neglect, sexual abuse, and emotional/psychological abuse.

Substantial research has demonstrated that children with a history of maltreatment are more likely than nonmaltreated children to have social, behavioral and emotional difficulties (Dodge, Pettit, Bates, & Valente, 1995; Salzinger, Feldman, Ng-Mak, Mojica & Stockhammer, 2001; Springer, Sheridan, Kuo, & Carnes, 2007; Tyler, Johnson, & Brownridge, 2008; Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006). To illustrate, Manly, Kim, Rogosch, and Cicchetti (2001) investigated dimensions of child maltreatment and social adjustment with a group of children participating in a summer camp, half of which had a history of maltreatment. Counselors' behavior ratings revealed that maltreated children were more aggressive, more withdrawn, and less cooperative than nonmaltreated children. Peer evaluations also demonstrated that maltreated children were perceived as more aggressive, more disruptive, and less cooperative than the nonmaltreated children.

Children with a history of maltreatment are also at greater risk for cognitive deficits and academic problems. Studies have found that abused children scored lower than nonabused children on measures of intellectual functioning (Gowen, 1993; Hoffman-Plotkin & Twentyman, 1984). Other studies found that infants who were maltreated, when later compared to children without a history of maltreatment, had significant weaknesses in working memory, mental organization, creativity, inhibition, and problem-solving (Egeland, Sroufe, & Erickson, 1983; Stipanovic, Nolin, Fortin, & Gobeil, 2008). Children with a history of abuse have also been found to be more likely to perform below grade level in verbal and math abilities and to obtain lower grades (Eckenrode, Laird, & Doris, 1993; Salzinger, Kaplan, Pelcovitz, Samit & Kreiger, 1984).

For adolescents, maltreatment has been found to be predictive of health risk behavior, such as cigarette smoking, alcohol use and binge drinking, and other illicit drug use (Hussey, Chang, & Kotch, 2006). A history of maltreatment also has been predictive of adjustment problems into adulthood. To illustrate, histories of abuse have been associated with depressed mood, self-reported violent crime, antisocial behavior, delinquency, substance abuse, arrests for violent offenses, and physical aggression towards a partner in early adulthood (Bank & Burraston, 2001; Higgins & McCabe, 2003; Knutson, 1995; McCord, 1983; Miller & Knutson, 1997).

Due to the numerous adjustment concerns associated with child maltreatment, there exists a strong need for programs that seek to prevent child maltreatment and decrease its prevalence within society. Circle of Parents is one program that seeks to accomplish this goal

through providing an outlet for parents to learn positive parenting strategies while addressing factors associated with risk for maltreatment.

Circle of Parents and Self-Help Groups

Description of Circle of Parents

Circle of Parents groups are comprised of parents who voluntarily attend meetings with other parents and professionals to discuss parenting experiences and problems and to seek and provide advice related to the parenting role. Circle of Parents seeks to alleviate abuse risk factors and strengthen aspects found to be protective against maltreatment (Falconer, 2008). “Essentially, Circle of Parents groups provide a place for parents to build their own sense of competence and power” (PCANC [Website], n.d.-a). The Circle of Parents program in North Carolina is sponsored by Prevent Child Abuse North Carolina which is a chapter of the national Prevent Child Abuse America organization. As of May 2007, there were 30 Circle of Parents program sites across the state of North Carolina. There were also Circle of Parents programs in 25 other states in the U.S.

Although the program topics and structure vary to meet the needs of participants, Circle of Parents has the following specific program objectives (PCANC, n.d.-b):

1. Helping reduce isolation, build self-esteem, and reinforce positive parenting.
2. Exposing parents to other families, letting them know that their child’s behavior and their family dynamics are typical, and providing reassurance that the challenges a parent faces are neither unique to their family, nor insurmountable.

3. Improving communication and problem-solving skills by allowing parents to discuss the frustrations and successes involved in particularly challenging family circumstances.
4. Promoting parent leadership by giving participants the opportunity to provide help as well as receive it.
5. Linking parents to resources throughout the community and within the group.
6. Helping parents become more competent and confident in parenting roles.

These primary objectives provide guiding principles for Circle of Parents groups, yet allow substantial flexibility for individual groups. Most groups meet weekly and all are facilitated by a trained group facilitator and parent leader. The groups are free and directed by the needs of the members of the group. Some groups are geared toward target populations such as teen mothers, specific minority groups, and fathers. Therefore, group topics and structure may differ between various groups and communities. In addition to groups having flexibility in determining their operating structure, members of the group decide how frequently and long they will participate in the sessions. Parents can remain anonymous. Theoretically, this flexibility and anonymity is important to meet the needs of parents in a nonthreatening environment (Wituk, Shepherd, Slavich, Warren, & Meissen, 2000).

Foundations for Self-Help Groups

Circle of Parents group philosophies and objectives are rooted in the self-help movement. “Self-help groups consist of individuals who share the same problem or concern. Members provide emotional support to one another, learn ways to cope, discover strategies

for improving their condition, and help others while helping themselves (Wituk et al., 2000, p. 157).” Individuals who choose to participate in self-help groups tend to have less supportive social networks (Kessler, 1997).

Self-help groups tend to be very personal, non-hierarchical, collaborative in nature, and respect the knowledge and wisdom acquired through experience (Gartner & Riessman, 1998). Self-help groups utilize a bidirectional support process where the group participant is expected to give and receive help by acting in the role of both provider and recipient. This exchange of thoughts and experiences appears to be a critical therapeutic and empowering feature of programs (Dempsey & Dunst, 2004; Roberts, Salem, Rappaport, Toro, Luke et al., 1999) and is characterized by Riessman (1965) as “helper therapy”.

With regard to Circle of Parents, the common focus of concern for group discussions is participants’ experiences and challenges in the parenting role. Theoretically, parents who attend Circle of Parents support groups extend their social networks and are empowered by the ability to help others, while also benefiting from the information shared. In a supportive environment, it is expected that parents are able to connect with other parents who may share common experiences, challenges, and successes. Parents are encouraged to share their frustrations as well as offer advice to other parents during discussions. Self-help foundations underlie the format and structure of Circle of Parents groups; however, a further understanding of the theories concerning the etiology for child maltreatment elucidates the theoretical orientation of additional features of the program. Prominent theoretical frameworks for child maltreatment are discussed in the following section.

Theoretical Foundations for Circle of Parents

As child maltreatment has grown into a significant societal concern, numerous theories have been postulated to try to understand why maltreatment occurs and what factors contribute to risk for child maltreatment. Theories regarding child maltreatment can be categorized into three types. First, theorists during the 1960's and 1970's focused on individual characteristics or perceived deficiencies of an offending parent, such as a personality or psychological disorder (Fontana, 1971; Spinetta & Rigler, 1972). After an extensive review of child maltreatment literature, however, Wolfe (1987) found limited evidence for distinctions between abusive and nonabusive parents on the basis of personality disturbance or psychopathology. Rather, Wolfe found that abusive parents were characterized by increased symptoms of stress linked to the parenting role. Thus, the second and more recent theories moved toward a focus on characteristics of the children and the parent-child relationship to try to understand how certain types of parent-child interactions can increase the risk for child maltreatment (Crittenden & Ainsworth, 1989; Wolfe, 1999). Finally, theorists have tried to understand and predict the ecological risk for maltreatment by investigating the settings and circumstances in which child maltreatment is most prevalent (Garbarino & Sherman, 1980; Belsky, 1980). Examples of two ecologically oriented theories of maltreatment most relevant to the program theory of Circle of Parents are described in the following sections.

Garbarino's Human Ecology of Child Maltreatment Model

In 1977, James Garbarino attempted to advance the research on child maltreatment by proposing a conceptual model for studying the human ecology of child abuse and neglect. This model, rooted in Bronfenbrenner's (1976) earlier ecological study of human development (as cited in Garbarino, 1977), suggests three primary levels of factors that contribute to the risk of child maltreatment, including the community context, neighborhood support systems, and family characteristics. Within the community context, Garbarino proposed that socioeconomic, demographic, ideological, and historic factors are associated with risk for child abuse and neglect. Important neighborhood factors in the model include availability of services for families, feedback for families in trouble (e.g., monitoring deviant behavior), and neighborhood patterns (e.g., associations among members of a neighborhood). At the family level, stresses in the life course, limited social networks, and low community involvement can be factors associated with risk for maltreatment.

To investigate this model, Garbarino and Sherman (1980) assessed families and communities with low and elevated risks of child maltreatment. They assessed characteristics of two neighborhoods that were economically and ethnically similar, yet differed in the rate of maltreatment. The investigators chose to match groups on socioeconomic status because they reported that socioeconomic status accounted for about 40% of the variance in maltreatment across neighborhoods. They found that parents, predominantly mothers, in the low-risk area assumed more exclusive and direct responsibility for the care of their children than parents in the high-risk communities. Mothers in low-risk communities reported a

higher number of people within their social network who were interested in their children's welfare. The low-risk areas also had notably more social support resources and the mothers in this area were more likely to use the social resources available to them. Mothers in the high-risk area appeared to be more socially isolated and reported less social support than mothers in the low-risk area. The mothers in the high-risk community also reported significantly fewer people that could be depended on to assist with childcare. Results indicated that mothers in the high-risk areas were less self-sufficient and generally provided less adequate care. Thus, the high-risk area not only demonstrated a high need, but also a high deficiency with regard to social resources.

In summary, social support and community resources, along with other social issues, appeared to be critical in predicting the level of maltreatment for both of Garbarino's etiological studies. Social support and resource identification are core features of Circle of Parents groups. A goal of the program is to provide social networks for parents who attend groups and to prevent or decrease feelings of isolation. In addition, facilitators and parents who attend the groups can assist other parents in identifying community resources to meet family needs and decrease stress for parents. Social isolation and a lack of resources increase the risk for abuse independent of one another; however, the risk for maltreatment is increased by an integration of factors at several ecological levels as described in the Ecological Integration model proposed by Jay Belsky (1980), which is discussed in the following section.

Ecological Integration Model

In response to the fragmentation of previous theoretical models of child maltreatment, Belsky (1980) proposed an integrated ecological model of child maltreatment. Belsky's model, also associated with Bronfenbrenner's (1977, 1979) ecological model, extended Garbarino's ecological perspective to include *ontogenic* development, defined as individual differences that parents bring with them to the family setting and parenting role. Thus, the levels of Belsky's model included ontogenic development, the microsystem (the family setting), the exosystem (formal and informal social structures), and the macrosystem (cultural values and belief systems). Belsky also emphasized the importance of considering the relationships and interplay between variables at the different levels of influence. With respect to abuse, there can be factors at each ecological level that increase the risk for abuse; however, parents' intrinsic characteristics help to determine how they approach parenting challenges and whether or not they maltreat their children.

Belsky and Stratton (2002) continued the ecological analysis of the etiology of child maltreatment in a chapter review. In this chapter, they outlined numerous factors that contribute to risk for abuse, including parent-child interactions, parental history, parental emotional state, as well as social and societal issues. They suggested, however, that problems arise in investigating between-group differences for maltreating and nonmaltreating parents without considering the different situations that can interact to increase risk for abuse. These processes therefore must be viewed as contributing to risk for abuse rather than "determining agents". The majority of parents who would be considered at-risk for maltreatment do not

abuse and neglect their children. Thus, interplay of risk factors must be considered when determining how to intervene within various communities.

In sum, theories of the causes of child maltreatment have indicated factors at numerous ecological levels that can increase the risk for maltreatment; some of these factors include poverty, social isolation, high parental stress, lack of community resources and underdeveloped parental skills. It is important to understand how prevention programs may serve to diminish or alleviate these risk factors. The current study sought to investigate whether participation in a parent support group was associated with reduced levels of risk and enhanced protective factors. The following section provides an overview of how child maltreatment prevention programs aim to increase parental protective factors and reduce the risk for maltreatment.

Child Maltreatment Prevention Programs

Numerous prevention programs have been developed to assist families at risk for child abuse and neglect and to decrease the number of maltreatment incidences (e.g., Duggan, McFarlane, Fuddy, Burrell, Higman, et al., 2004; DuMont, Mitchell-Herzfeld, Greene, Lee, Lowenfels et al., 2008; Harder, 2005). To evaluate the overall effectiveness of child abuse prevention programs, a meta-analysis of 40 programs was conducted by Geeraert, Noortgate, Grietens, and Onghena, (2004). The authors included selective prevention programs for families with young children at risk for physical abuse or neglect. In addition to focusing on parenting practices and skills, most programs included in the meta-analysis also addressed issues of social isolation by enhancing social support. Results of analyses using

standardized measures of effect sizes revealed that, though only 23 of 40 effects were statistically significant, all of the effect sizes were in the positive direction. The findings overall indicated significantly fewer manifestations of abusive and neglectful acts for intervention groups than for control groups and a significant reduction of risk factors for poor child functioning, maladaptive parent-child interaction, and poor parent functioning (Geeraert, Noortgate, Grietens, & Onghena, 2004). Most child maltreatment prevention programs attempt to prevent child abuse and neglect by reducing risk factors and promoting positive parenting practices. In the remainder of this section, specific child maltreatment prevention programs designed to enhance parenting will be reviewed.

There are three common evidence-based models to remediate parental risk for child maltreatment. First, the home-visitation model is considered one of the most promising strategies for preventing maltreatment (Gomby, Culross, & Behrman, 1999; Guterman, 2000; MacLeod & Nelson, 2000). Home-visitation programs typically involve a professional (e.g., nurses, social workers, mental health professionals) visiting the home of a parent for an extended period of time. Pregnant women, new parents, or families considered high-risk for maltreatment are often targeted for intervention. Home visitation programs generally involve delivering services within families' homes on a regular basis, usually for an extended period of time. Home-visitors provide information to parents about child development, teach parents how to give proper care, offer social support, and connect families to community resources (Duggan, McFarlane, Fuddy, Burrell, Higman, et al., 2004; Lutzker, Bigelo, Doctor, & Kessler, 1998; Olds, Henderson, Cole, Eckenrode, Kitzman et al., 1998). Outcomes for

home-visitation programs include: increased parenting knowledge and skills; enhanced positive parent-child interactions; reduced parenting stress and depression; increased family use of community resources; reduced incidence of child abuse and maltreatment; and improved social adjustment outcomes for children over time (Duggan, McFarlane, Fuddy, Burrell, Higman, et al., 2004; DuMont, Mitchell-Herzfeld, Greene, Lee, Lowenfels et al., 2008; Guterman, 2000; Lutzker, Bigelo, Doctor, & Kessler, 1998; Olds, 2006; Olds, 2007; Olds, Henderson, Cole, Eckenrode, Kitzman et al., 1998).

A second common model for child maltreatment prevention involves parent education and parent training. Parent education and training interventions focus on strengthening the parent-child relationship by enhancing parental knowledge, attitudes, skills, and behaviors (Daro, 1993; Wolfe, 1993). Programs that utilize this model typically provide parents with information regarding appropriate expectations for different developmental stages, stress management for parents, and behavior management using positive discipline. These programs tend to be more time-limited than home visitation programs and are less likely to be offered in the homes of parents. Parent education and training programs that have shown the most promise tend to be interactive and skill-based, match the intensity of the intervention with family need, address negative parental behavior and cognitions, and involve both parents and children (Chaffin, Silovsky, Funderburk, Valle, Brestan et al., 2004; Hughes & Gottlieb, 2004; Kaminski, Valle, Filene, & Boyle, 2008). Results of a meta-analysis conducted by Kaminski and colleagues (2008) revealed that parent training

programs, in general, produce positive effects, yielding improvements in parent knowledge, behavior, and skills.

Finally, the most relevant model for the current proposed study is self-help/social support programs. These programs endeavor to prevent child maltreatment by providing opportunities for parents to find social support, share experiences, learn about resources that support families, and develop confidence and leadership through empowerment approaches (Murphy-Berman & Melton, 2002; Lieber, 1977; Lieber, 1983). Key elements of parent support programs are that they are voluntary, accessible for parents, and driven by the needs of the parents within the groups (Dempsey & Dunst, 2004; Roberts, Salem, Rappaport, Toro, Luke, & Seidman, 1999; Wituk et al., 2000). Parents Anonymous (Lieber, 1977), one of the nation's first child abuse prevention programs, utilizes the self-help support approach. Circle of Parents' philosophies and approaches are an outgrowth of the Parents Anonymous (PA) model (Lieber, 1983), and also employs a self-help approach to promoting positive parenting.

Parents Anonymous (PA) groups were started in the early 1970's by professionals who recognized that parents who abused their children were experiencing similar stresses (Lieber & Baker, 1977; Lieber, 1983). PA groups are intended to be free, nurturing, consumer operated groups that reduce and prevent child abuse within the family setting. PA groups attempt to address several forms of child abuse, including physical abuse, physical neglect, emotional deprivation, verbal assault, and sexual abuse. Lieber suggested that the groups might be more effective for parents who demonstrate negative behavior and are prone to physical and verbal abuse than for parents who have problems of neglect. The groups are

coordinated by a chapter sponsor who is a volunteer professional, but groups are primarily led by a lay parent-chairperson. Similar to Circle of Parents groups, parents who attend PA groups are not required to give identifying information about themselves. Parents are, however, encouraged to exchange information with one another and develop supportive relationships outside of the group setting. Parents who attend PA groups are often self-referred, as with Circle of Parents groups. Circle of Parents is best characterized as a selective intervention and is distinct from PA in that the group members generally have no substantiated history of abuse. Circle of Parents groups are community-based and generally target a particular population of parents (i.e., grandparents, teen parents, specific ethnic groups, low income parents, parents of children with disabilities, parents of students at a particular school, etc.). Members are often targeted for participation and invited due to characteristics that may place them at risk for maltreatment. Some parents who choose to attend may not be considered high risk, but desire to obtain information from other parents and are seeking a parenting network.

Lieber and Baker (1977) conducted one of the initial evaluations of the PA program. Their evaluation process involved an in-depth interview with 39 PA members in five different cities in the U.S., and a written questionnaire to all PA chapters and members. Questionnaires were returned from approximately 35% of the chapters for a total of 613 individual participants. Investigators noted that a pre-post design was not feasible for the PA evaluation due to problems of anonymity, varying time periods of group attendance, and the reluctance of members to submit a pre-test immediately upon attending the first group.

Instead, the study incorporated a time-series evaluation design to determine if significant program effects could be demonstrated. Analyses tested the significance of differences in mean scores on the questionnaire among the different time group for duration of PA program participation (e.g., one month or less, two months, three months).

The overwhelming majority of parents who returned a questionnaire reported a significant benefit in attending PA groups and improvement in their ability to handle their problems with abuse. The time-series analyses revealed that there was a significant positive relation between the length of time parents participated and their reported level of improvement. Parents were also asked to retrospectively report how often they were physically abusive to their children before joining PA and at the time of the survey. There was a significant reduction in frequency of self-reported abuse; however, declines in reports of physical abuse were not significantly associated with duration in the program. Evaluators noted that parents reported significant decreases in physical abuse within a month of participating in the group. Lieber and Baker also found that parents who attended the PA program longer reported more frequent social contacts and higher levels of self-esteem, particularly feelings of personal self-confidence (Lieber & Baker, 1977).

Lieber (1983) suggested that although it is difficult to determine “success rates” for the PA program, anecdotally, one agency in Tucson, Arizona indicated that parents who attended PA programs who had a history of abuse stopped physically abusing their children within a few weeks of joining the groups. In addition, Lieber reported that parents who remained with PA over time showed degrees of improved parenting.

Post-Kammer also (1988) investigated the effectiveness of PA on parents' self-concept, understanding of children, and abusive behaviors. Participants were members of PA groups in Wisconsin and voluntarily completed a self-report assessment developed by the national PA organization during regularly scheduled group meetings. Seventy-five percent of the members were women and predominantly white (71%). The majority of the group (90%) had perpetrated abuse and 11% were court ordered to attend. Results indicated that the majority of the members reported that attending PA groups had improved their ability to cope with stress and reported positive feelings surrounding self-concept; however, these particular improvements were not significantly associated with the length of time parents participated in PA. There was a significant relation, however, between number of months participating in PA and understanding of children, with parents attending PA for a higher number of months scoring higher in their understanding of children.

The National Council of Crime and Delinquency ([NCCD], 2007) recently conducted an outcome evaluation for Parents Anonymous. The study involved 206 parents in a two-tiered sampling strategy at the group and individual level. Groups whose facilitator agreed to participate were administered questionnaires at two time points. The group facilitators then recruited parents who were beginning the program to participate in individual interviews at three time points. Investigators were particularly interested in the features of mutual support and leadership at the group level. At the individual and family level, investigators assessed risk factors for maltreatment (e.g., stress, intimate partner violence, substance abuse) and protective factors (e.g., quality of life, social support), and family functioning.

Relevant to the current study, results revealed that though there were no statistically significant improvements in social support for the sample overall, parents who initially scored in the lowest quartile for social support reported significant improvements in social support in both the short-term (three months) and long term (six months) assessments. Additionally, parents' scores in the overall sample were approaching significance in general social support at the six-month assessment. Parents who reported a history of contact with Child Protective Services (CPS), as well as those without a history, indicated reduced levels of parental distress. Contrary to expected and desirable results, parents with no prior CPS history reported decreases in some of the areas conceptualized for this study as protective factors, including the use of nonviolent discipline tactics and sense of parenting competence over the time of PA participation. Investigators examined the degree to which each group adhered to the PA model, which stresses mutual support and shared leadership, and found that parents who attended groups with the highest levels of adherence showed greater improvements in maltreatment outcomes. Qualitatively, parents reported that "the support they received both during group meetings and outside of meetings was very important in their improved sense of competence as parents as well as feeling more fulfilled as individuals" (NCCD, 2007, p.143).

In sum, there are three common approaches to child maltreatment prevention, including home-visitation programs, parent education and training programs, and self-help/social support programs. Self-help/social support programs, such as Parents Anonymous and Circle of Parents, attempt to prevent child maltreatment by providing social support networks for parents and empowering them to share parenting knowledge and skills with one another. Although there is some

evidence that social support programs are associated with decreased parental stress and improved coping/problem solving skills, the evidence surrounding improvements in social support and parental empowerment is inconclusive. Furthermore, some findings from a PA evaluation, specifically reports of decreased parental competence and use of nonviolent, more appropriate discipline tactics for some parents, were unexpected and of concern. Thus, the current evaluation further investigated outcomes for a self-help program, with a focus on elements of social support and parental empowerment. These two important features of Circle of Parents are overviewed in the following sections, specifically studies that investigate (a) the association between social support, parental empowerment, and child maltreatment risk, and (b) the outcomes of prevention programs that attempt to enhance social support and parental empowerment.

Enhancing Social Support as an Evidence-Based Practice

One well-documented risk factor for child maltreatment is a high level of social isolation and lack of social support (Belsky, 1980; Davies & Garwood, 2001; DePanfilis, 1996; Garbarino & Sherman, 1980; Fantuzzo, Stevenson, Kabir, & Perry, 2007; Gracia & Musito, 2003). Turner and Avison (1985) investigated three specific risk factors for problem parenting, including low social support, high levels of life stress, and low parental perceptions of personal control. The authors conceptualized social support with a quote from Cobb (1976) where it is described as “consisting of information leading the subject to believe that he or she is cared for and loved, esteemed and valued, and that he or she belongs to a network of communication and mutual obligation in which others can be counted on should the need arise” (as cited in Turner & Avison, 1985, p.884). The investigators compared

mothers with a manifestation of maladaptive parenting, including known or suspected physical or emotional abuse or neglect of their children, with mothers who had no manifestations of problem parenting. The results of a discriminate function analysis revealed that the presence or absence of social support was the strongest of the three factors in differentiating the two groups. Specifically, the group of mothers with a substantiated or suspected history of maltreatment reported less social support than mothers in the comparison group. Life stress and locus of control made significant but lesser contributions in distinguishing the two groups of mothers. These findings held up even when controlling for sociodemographic differences between groups.

Peterson and Hawley (1998) examined the relation between social stressors, parental attitudes, and family functioning in a community-based parent education program for parents of newborn children. Participants completed standardized self-report measures to assess parental beliefs and expectations, as well as the family environment. In addition, parents were asked questions about social stressors associated with potential for child abuse. Results revealed that parents who reported zero stressors scored higher than parents reporting two more stressors in the areas of cohesion and empathy and tended to value alternatives to corporal punishment. Results of regression analyses revealed that social support significantly predicted family violence, inappropriate developmental expectations, and use of physical punishment, all of which are associated with increased risk for child maltreatment (Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986; Crouch & Behl, 2000; Straus, 2000; Zolotor, Theodore, Coyne-Beasley, & Runyan, 2007).

Lack of social support along with the presence of additional risks like stress or difficult child characteristics can further elevate the risk for abuse, as suggested by the ecological and transitional theories previously discussed (Belsky, 1980; Garbarino, 1977). For instance, the need for social support is especially important for parents of children with medical or developmental issues that may yield additional challenges and distress for parents, especially during the child's early years. To illustrate, Kotch and colleagues (1999) investigated potential risk factors in a group of mothers in North Carolina who had recently given birth to 708 infants considered to be high-risk for child maltreatment due to developmental and medical problems. Social support in this study was globally measured using three different instruments assessing the mother's relation with her primary intimate relationship, frequency of social contacts and activities, availability of social resources, marital status, numbers of close friends and relatives, frequency of social contacts, and group memberships. Of the 708 participants in the final sample, there were a total of 290 reports of abuse and/or neglect involving 172 children in the first four years of life. Investigators found a significant interaction between social support and depression or stress; specifically, the influence of social support appeared to be stronger among mothers who demonstrated low levels of stress or depression by reducing the risk of maltreatment reports by half. Conversely, if the lower risk parents lacked social support, the risk of maltreatment increased and was four times more likely than those who had low levels of depression or stress but had social support (Browne, Dufort & Winsor, 1999).

Given the documented relation between lack of social support and increased risk for child maltreatment, prevention programs have attempted to improve levels of social support for families. Studies have sought to determine whether these programs yield positive outcomes for families at risk for child maltreatment. A study conducted by Chaffin, Bonner, and Hill (2001) focused on social support provided through agencies that serve as resources and provide programming for parents and families. Circle of Parents would be categorized as a family support service due to its emphasis on reducing maltreatment risk by attempting to provide a positive social network for parents, as well as links to additional resources. Chaffin et al. (2001) found that providing such services yielded a statistically significant decrease in scores on the Child Abuse Potential Inventory (CAP; Milner, 1986), which measures child abuse risk. The investigators also compared center-based prevention programs to other types of programs, such as home-visitation programs. They found that, on average, the center-based programs served a significantly higher risk clientele and had lower failure rates (abuse or neglect by a program participant) than home-visitation programs. This finding is particularly relevant and promising for the current evaluation of Circle of Parents, given the model of service-delivery is center-based.

DePanfilis and Dubowitz (2005) conducted a study to investigate outcomes for Family Connections, an intervention designed to prevent child neglect among mothers in an urban community designated high-risk. Child neglect was conceptualized as failure to meet a child's basic needs (e.g., safety, mental health care, stimulation). The Family Connections program utilized a home-visitation implementation model and operated from an ecological

framework aimed at promoting protective factors (i.e., parenting attitudes, parenting sense of competence, family functioning, and social support) and reducing risk factors (i.e., depressive symptoms, parenting stress, and everyday stress). The intervention included tailored home-based intervention, service coordination, emergency assistance when needed, and occasional coordinate family activities for the entire program. The investigators found significant improvements from baseline to case closure in three of six dimensions related to social support, namely, guidance (being given advice or information), attachment (emotional closeness to others) and nurturance (providing assistance to others).

Though there is some evidence that prevention programs that incorporate social support in their model of service delivery decrease the risk for child maltreatment (Chaffin, Bonner, & Hill, 2001; DePanfilis & Dubowitz, 2005), there is not substantial evidence that increasing social support is a mechanism, per se, in decreasing the risk of maltreatment (Budde & Schene, 2004; Gottlieb, 1992). Budde and Schene (2004) suggest that the scientific understanding of social support interventions is still in the early stages. They propose fundamental research questions about outcomes that should be the foundation of future studies, including (a) whether social support interventions lead to positive change in social support and other proximal outcomes associated with the intervention objectives, and (b) whether changes in proximal outcomes contribute to improvements in fundamental prevention outcomes, such as parenting.

In sum, social support can be conceptualized as personal support from family members and friends, as well as the availability of community resources that support healthy

family functioning. Research indicates that social isolation and the lack of social support is associated with increased risk for child maltreatment. However, research that demonstrates the effectiveness of prevention programs in increasing social support, and in turn, decreasing maltreatment risk is limited. Thus, additional research is needed to determine the relation between prevention programs that incorporate social support in their program and changes in social support, as well as its influence on maltreatment risk. Maltreatment prevention programs that utilize the self-help approach, such Circle of Parents, also incorporate parental empowerment as an important feature of the service delivery model. Evidence for the importance of parental empowerment in maltreatment prevention is discussed in the following section.

Promoting Parental Empowerment/Self-efficacy as an Evidence-Based Practice

“Empowerment theory seeks to help individuals, families, groups, and communities to increase their personal, socioeconomic, and political strength to exert influence and to improve their circumstance (Baffour, Jones, & Contreras, 2006, p. 225).”

Child maltreatment prevention programs commonly attempt to address parental empowerment, also considered a critical component of the Circle of Parents philosophy. Encompassed in the concept of parental empowerment is a parent’s view of his/her own self-efficacy, or judgments about how well one can execute a course of action to deal with a situation (Bandura, 1982; Scheel & Rieckmann, 1998).

Dadich (2009), in her review of the role of self-help support groups, identified ten principles that impact group effectiveness. Most of these principles exemplify the emphasis

on empowerment in self-help groups. Specifically, Dadich outlines: (a) the importance of shared experience, which fosters unique insight into the situations of others; (b) group activities and discussions are participant directed; (c) the view that the route to receiving help is by giving help; (d) the ideology of reciprocal helping practices; and (e) the focus on inner strengths as opposed to pathology. Due to these characteristics that are generally thought to embody self-help support groups, parenting support groups frequently conceptualize parental empowerment as a feasible and desirable result of attending the groups.

Parents who feel confident in their abilities to handle situations with their children in a positive and effective manner are less likely to resort to more punitive, harsh forms of parenting compared to parents lacking in confidence (Martorell & Bugental, 2006). Parents considered high-risk for child maltreatment due to ecological factors often associated with suboptimal parenting (i.e., economic hardship, low parental education, single parent households, and family conflict) are also at-risk of feeling disempowered. Feelings of empowerment have been associated with level of family functioning and parenting stress, with parents reporting more family conflict and more stress in their parenting role also reporting less confidence in their competence as a parent (Scheel & Rieckmann, 1998).

Unger and Nelson (1990) suggest that programs that emphasize parental empowerment have an opportunity “to strengthen families more broadly so that they can competently respond to a variety of stressful and challenging situations” (p. 129). Thus, an empowerment focus may be particularly successful with groups who have to confront numerous daily challenges. To illustrate qualitatively, Cox (2002) utilized an empowerment

approach to assist African American grandparents who were serving as a custodial parent. During groups, participants were encouraged to share their concerns and experiences. The leader of the groups acted only as a facilitator and emphasized that the participants were the experts and could learn from one another. Following participation, grandparents reported learning a great deal and began to schedule presentations for other grandparents in their communities. The authors concluded that the grandparents were not only empowered by learning from one another, they were also empowered to share their knowledge with other grandparents in their community.

Another program founded on a parental empowerment approach was Familias Unidas, a family-centered program that targeted Hispanic immigrant families and assisted them in reducing the risk of behavior problems for their adolescents. A primary objective of the program was to involve parents in an “ongoing process of mutual respect, critical reflection, caring, and group participation so that they can gain greater access and control of their lives and important resources (Coatsworth, Pantin, & Szapocznik, 2002, p.118).” In addition, the program encouraged parents to build small social networks that could potentially be self-sustaining. Within these networks, parents were encouraged to share their parental knowledge and experience with one another and to identify adaptive and maladaptive parental patterns. The small social networks would then plan activities for one another to restructure maladaptive parental behaviors. The authors describe these small groups and restructuring activities as promoting empowerment, which they suggest is one of the four fundamental processes for implementing Familias Unidas.

An efficacy evaluation examining change over 12 months revealed that participants in the Familias Unidas intervention showed more improvement than nonintervention control participants in parental investment, defined as “parents taking responsibility and leadership in providing structured, supportive environments for positive youth development (Coatsworth, Pantin, & Szapocznik, 2002, p.121).” Unfortunately, the authors did not investigate whether or not feelings of parental empowerment were enhanced or whether parental empowerment was influential in improvements in parental investment. Therefore, it is difficult to discern whether or not it was instrumental in achieving positive program outcomes.

Programs emphasizing parental empowerment have been utilized not only with families living in circumstances that may place them at risk for poor parenting practices, but also for parents who have demonstrated inadequate parenting behaviors. Rodrigo, Máiquez, Correa, Martín, and Rodríguez (2006) evaluated the outcomes of the “Apoyo Personal y Familiar” (APF), a program in the Canary Islands, for 340 mothers referred by social services due to inadequate parenting and living under psycho-social risk conditions. Similar to Circle of Parents, the APF program encompassed a multi-site community-based program that emphasized parental problem-solving strategies, connected parents with formal and informal forms of social support, and used an empowerment approach. Approximately half of the mothers were in the intervention group and the other half served as the wait-list control group. Socio-demographic characteristics such as age, number of children, geographic region, SES, and education level were similar for intervention and control groups.

Mothers in the intervention group completed the 8-week program that covered content area such as organization of family life, parents coping with children's problems, parenting under life-changing situations, communication and problem-solving skills, and coping responses to difficult situations. Mothers in the intervention group reported a significant decrease in the use of negligent-permissive practices (e.g., lack of supervision, no demands, low control) and coercive practices (e.g., physical punishment, verbal threats) and a significant increase in the use of inductive practices (e.g., giving explanations, promoting negotiations). The largest effect sizes, however, were found in the area of "personal agency" (another term for empowerment), with mothers reporting an increased sense of self-efficacy and internal control. Though participants in the program self-reported improvements in parenting practices and personal agency, personal agency was the only area in which mothers in the intervention group significantly increased their scores over mothers in the control group. However, it is unclear from the findings of this study whether or not personal agency/empowerment was critical in the improvement of parenting behaviors and reduction of child maltreatment risk.

MacLeod and Nelson (2000) conducted a meta-analysis of 56 programs designed to promote family wellness and prevent child maltreatment. A component of the meta-analysis was evaluating the potential moderating effects of implementation qualities for prevention programs, including: (a) an ecological framework, (b) an empowerment/ strength-based focus, (c) duration/intensity of intervention, and (d) inclusion of an informal social support component. Investigators hypothesized that interventions that had an

empowerment/strength-based focus would be more successful than interventions that were expert-driven, deficit-based. The study included proactive programs, which target at-large populations (universal intervention) and high-risk populations (selective intervention), as well as reactive programs for families in which maltreatment has already occurred. There were a variety of types of proactive and reactive programs, including home-visiting, community-based multi-component programs, social support/mutual aid, parent-training, and media interventions. Within the parameters of this meta-analysis, the Circle of Parents program would be characterized as a proactive intervention targeted toward the population at-large and at-risk families and classified as a social support/mutual aid intervention, which focuses on “building informal sources of support and promoting community involvement (MacLeod & Nelson, 2000, p.1129).”

The total mean weighted effect size for all programs was .41, with reactive, social support/mutual aid programs yielding the largest effect size of .61. Furthermore, results revealed that interventions with an empowerment/strength-based approach yielded higher effect sizes for interventions with intensive family preservation services. This result indicates that a parental empowerment/strength-based approach may be important for positive outcomes for prevention programs.

In sum, parental empowerment has been associated with decreased harsh discipline practices and is commonly highlighted in the program philosophy of maltreatment prevention interventions. Although findings associated with parental support groups have been promising and revealed a positive trend, more research is needed to assess the role of parental

empowerment in the context of child abuse risk reduction and prevention. Previous studies that have indicated parental empowerment as an important feature of the program have not measured improvements in feelings of empowerment for parents as it relates to the intervention, nor determined whether improvements in parental empowerment influenced parenting behavior. The current study seeks to contribute to the literature by evaluating levels of parental empowerment in relation to program participation, risk reduction, and improved parenting behavior.

Previous Circle of Parents Evaluations

In 2005, Mary Haskett conducted a program evaluation for the North Carolina Circle of Parents. The sample of 23 parents for the 2005 evaluation was predominantly female (87%). Ethnic groups included African American (69%), White (26.1%), and Hispanic (4.3%). The level of education varied, with 48% reporting a high school diploma or less, 30% some college, and 22% college graduates. Only 26% of the participants were employed full-time. Parents reported being very satisfied with the program and that they would recommend it to other parents. The evaluation also included a pre-post retrospective response scale, in which parents self-reported their functioning on a number of dimensions prior to joining the group and at the time of the survey. Outcome analyses indicated that parents who participated in the program felt their awareness of community resources had increased and that information they received during groups was useful. Significant gains were self-reported in the areas of parenting (e.g. have appropriate expectations of your child's abilities), personal functioning (e.g. make time to care for you own needs), and social functioning (e.g.

listen to others when they disagree with you). Parent ratings indicated that they perceived substantial increases in social support within the group (i.e., other parents and group facilitators). However, their perceptions of social support outside the group did not change significantly on most items. Parental empowerment was not assessed for this evaluation.

A subsequent evaluation (Haskett, 2006) yielded similar results in an overall positive direction; however, results in the 2006 evaluation that included 89 parents from 13 groups were more robust. Furthermore, in this evaluation, a pre-post retrospective questionnaire was used to assess perception of change in parenting behavior since beginning participation in the program. Results revealed that parents reported significant gains in almost all parenting domains, personal domains, and all social domains (e.g. listen to others when they disagree with you, ask for help when you need it). No significant moderators for outcomes were found on the basis of number of groups attended, location of group attended, ethnicity of parent, or parent educational level.

Recently, a four-state summary report of program results was published for Circle of Parents programs in Florida, Minnesota, Washington, and North Carolina (Falconer, Haskett, McDaniels, Dirkes, & Siegel, 2008). The purpose of the paper was to provide highlights of results from recent evaluations of Circle of Parents support groups across four states (Florida, North Carolina, Minnesota, and Washington), outline evaluation methods used to assess the program outcomes, and discuss challenges associated with evaluating the parent support groups. The authors outlined several similarities in the research designs and methodologies utilized for the Circle of Parents evaluations in the four states. Examples of these similarities

included, (a) using a survey to assess program outcomes, (b) using incentives to encourage participation, and (b) providing detailed administration instructions for facilitators. Analyses across states revealed that participants in Circle of Parents groups were predominantly female, with a high percentage of parents being unemployed or having a low income in three of the four states. The racial/ethnic composition of Circle of Parents groups varied by state, with a higher percentage of White Hispanic and African American participants in Florida and North Carolina.

Though the four state evaluations varied somewhat on the exact performance areas measured, two broad domains captured by all four states were parenting and social support. Program outcomes were based on self-reported improvements across domains, based on Likert-scale scores. Both Florida and North Carolina assessed improvement by asking parents to complete a retrospective pre-post measure in which parents rated their functioning before attending the program and at the time of the evaluation. There were positive outcomes for Circle of Parents groups across all four states, with significant improvements in the parent-child relationship and in parenting skills. In three of the four states, including North Carolina, support system awareness and utilization was an area in which significant improvements were found. In North Carolina and Florida, parents also reported improvement in managing their self-care.

There was an interest in determining whether or not the number of group sessions attended influenced outcomes. Although there appeared to be some association between the improvement of protective factors and the number of sessions attended in Washington, the

relation between the number of sessions attended and outcomes was not as clear for North Carolina and Florida, with an association supported for some years of evaluation but not for others.

In sum, previous evaluations of Circle of Parents groups have yielded promising results, indicating improvements in parent-child relations and parenting behavior. Although overall results of the previous Circle of Parents evaluations have been positive, these studies contain many methodological limitations and important research questions remain unanswered. These issues are discussed at length below.

CHAPTER THREE

Statement of the Problem

Child abuse in the United States is a major public health and societal problem. Maltreatment occurs at a high rate and children with a history of maltreatment are more likely than nonmaltreated children to have social, behavioral and emotional difficulties that can persist into adulthood. Numerous studies have investigated ecological risk and protective factors associated with maltreatment and two factors that have emerged as risk factors for child maltreatment are social isolation and feelings of disempowerment within the parenting role.

There are numerous parenting programs that seek to prevent child maltreatment by promoting social support and parental empowerment. Self-help support groups are one type of parenting program frequently used to help reduce potential social isolation and to promote parental self-efficacy. While there is some evidence to support the positive influence of these programs, findings are not conclusive and are based on flawed methods. Although many parent support group programs report enhancing protective factors such as social support and parental empowerment, there is not sufficient evidence that program participation is actually associated with higher levels of social support and parental empowerment.

Studies evaluating these programs have not provided sufficient evidence that enhancing social support and parental empowerment improves parenting behavior and reduces the risk for maltreatment. Therefore, there is a need for evidence that enhancing these factors, generally associated with more favorable parenting, promotes these desired

outcomes. In addition, Rosenberg and Reppucci (1985) discussed methodological problems with many studies investigating program impact for primary prevention programs for child maltreatment, such as: (a) poor choice of outcome measures and (b) the failure to measure proximal programmatic objectives and distal prevention goals. The proposed evaluation study was designed to improve outcome measurement using standardized measures of both the proximal goals of increased social support and parental empowerment, as well the distal goal of child abuse risk reduction.

There are several challenges in evaluating self-help child maltreatment prevention programs. First, self-help programs are generally voluntary and do not have a specified number of sessions that parents are expected to attend. Therefore, the amount of participation for parents can vary considerably. Also, because there is generally not a specified start date and end date for open-ended support groups, pre and post measures are difficult to obtain. This poses a challenge in determining whether participating in the program promotes the desired outcomes. To address this challenge, this investigator used statistical procedures to assess whether the number of sessions attended was associated with outcomes. Second, self-help groups are designed to be flexible to meet the needs of the various group members. These needs vary from group to group depending on the community and the characteristics of group participants. Furthermore, there is not a prescribed curriculum and the content discussed during groups can vary from group to group. Therefore, it is difficult to evaluate outcomes based on mastery or ascertainment of specific content for groups in different communities.

Due to the flexible content covered during sessions, the outcomes for the proposed study included critical Circle of Parents program goals that should be features in each group regardless of location or topics covered; these two goals are increased social support and parental empowerment. Third, Circle of Parents groups allow parents to remain anonymous. Because parents do not provide identifying information, it is difficult to track their involvement with child protective services over time to assess the occurrence of official reports of child maltreatment. Thus, the proposed study includes a validated measure of maltreatment risk potential, which is known to be predictive of official reports of maltreatment.

Research Questions and Hypotheses

Research hypotheses are depicted by the models shown in Figures 1 and 2. It is expected that there will be significant links between program participation and two distal outcomes, including child maltreatment risk (Figure 1) and improvements in parent behavior (Figure 2). It is also expected that those links will be mediated by proximal outcomes, specifically parents' perceptions of the availability of social support and feelings of empowerment. Research questions, followed by directional hypotheses, are provided below.

- 1) Does program participation predict program outcomes, including (a) level of current child maltreatment risk, defined on the basis of a validated self-report measure of abuse potential, (b) improved parenting behavior, (c) availability of social support, and (d) parental empowerment?

Hypothesis 1a: Levels of program participation will be a significant predictor of current child maltreatment risk, with higher participation predicting lower risk.

Hypothesis 1b: Levels of program participation will be a significant predictor of self-reported improvements in parenting behavior, with higher participation predicting larger difference scores in functioning “before joining the group” to “currently”.

Hypothesis 1c: Levels of program participation will be a significant predictor of parent report of available social support, both within and outside the program, with higher participation predicting higher levels of support.

Hypothesis 1d: Levels of program participation will be a significant predictor of parents’ perceived empowerment, with higher participation predicting higher empowerment.

2) Does availability of social support and parental empowerment predict distal program outcomes (maltreatment risk, parenting behavior)?

Hypothesis 2a: Availability of social support within the Circle of Parents group will predict level of child maltreatment risk, with higher support predicting lower risk.

Hypothesis 2b: Availability of social support outside the group will predict level of child maltreatment risk, with higher support predicting lower risk.

Hypothesis 2c: Availability of social support within the Circle of Parents group will predict improvement in parenting behavior, with higher support predicting higher difference scores.

Hypothesis 2d: Availability of social support outside of the group will predict improvement in parenting behavior, with higher support predicting higher difference scores.

Hypothesis 2e: Level of parental empowerment will predict levels of child maltreatment risk, with higher empowerment predicting lower risk.

Hypothesis 2f: Level of parental empowerment will predict improvement in parenting behavior, with higher empowerment predicting higher difference scores.

- 3) Is the relation between program participation and program outcomes (i.e., maltreatment risk and improvement in parenting behavior) mediated by social support and parental empowerment?

Hypothesis 3a: The relation between program participation and child maltreatment risk will be mediated by availability of social support.

Hypothesis 3b: The relation between program participation and child maltreatment risk will be mediated by parental empowerment.

Hypothesis 3c: The relation between program participation and improvement in parenting behavior will be mediated by availability of social support.

Hypothesis 3d: The relation between program participation and improvement in parenting behavior will be mediated by parental empowerment.

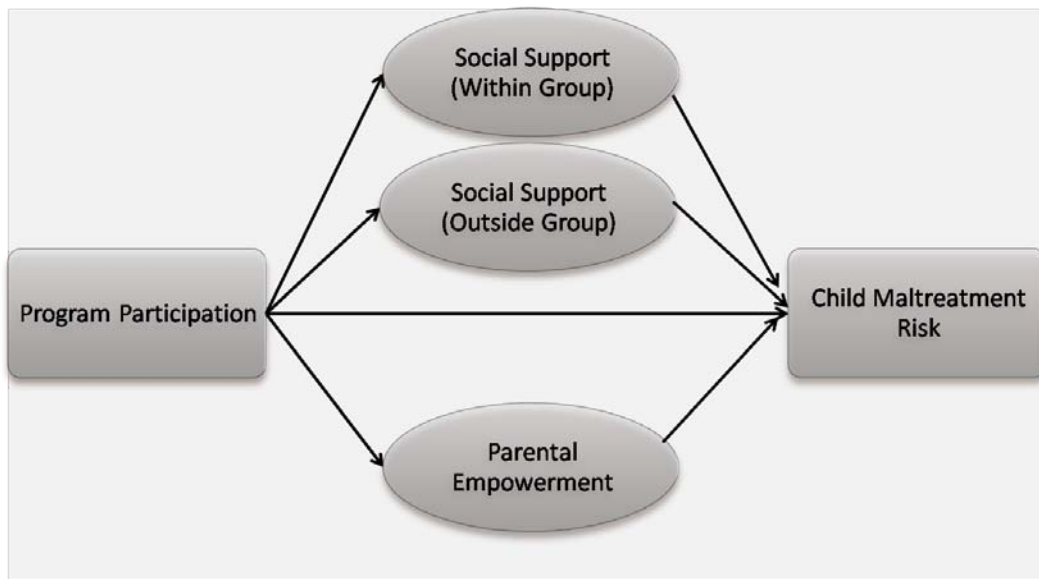


Figure 1. Mediation of the effects of program participation and child maltreatment risk outcomes.

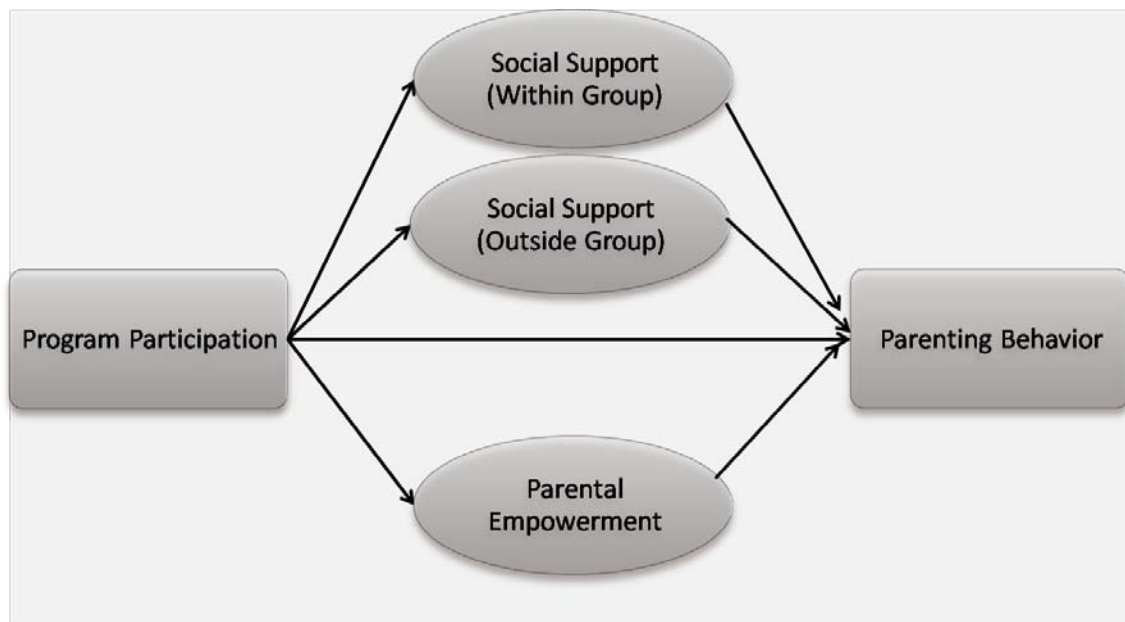


Figure 2. Mediation of the effects of program participation and parenting behavior.

CHAPTER FOUR

Method

The current study was conducted utilizing an existing database, owned by Prevent Child Abuse North Carolina. Permission was granted to use the data collected in the spring of 2007 for the purpose of this study. The questionnaire was developed through a collaborative relationship with Circle of Parents staff and board of directors and had several iterations and revisions to meet stakeholder approval and study requirements. Special care was taken to ensure that the measure (a) had psychometric integrity, (b) could be compared to previous Circle of Parents evaluations, (c) did not fatigue participants, and (d) did not ask overly invasive questions.

Participants

Participants were enrolled in a Circle of Parents group in North Carolina. At the time of data collection, there were 30 groups operating in the state. All groups were encouraged to participate and 19 agreed, for a program response rate of 63.3% of the groups. A total of 187 parents participated. Facilitators were asked to report the number of parents present the day of questionnaire administration and the number of parents who completed the questionnaire; 11 of the 19 group facilitators complied with the request. One facilitator reported that 8 group attendees did not complete the questionnaire. Thus, 187 of approximately 195 eligible attendees participated, for an estimated parent response rate of 96%. However, the estimate of 96% is potentially an over-estimate due to the lack of

information reported by 8 of the 19 facilitators with regard to parents who may not have agreed to participate in the survey.

Participants were parents (88%) or grandparents (12%) who ranged widely in age from 16 to 76. The majority of the parents were female (85%) and White (38.5%), Hispanic (37.4%), or African American (20.3%) and nearly 61% were married or living with their partner. Thirty-three percent of the parents reported completing high-school or a GED, and over one-third of the parents reported pursuing a higher degree such as trade/business/vocational school (8.0%), college courses (16.6%), or a college degree (12.8%). However, almost one-fourth of the parents reported not completing high school and almost half (40%) reported being unemployed. Several mothers who indicated they were unemployed explained that they were full-time stay at home moms (see Table 1).

Table 1.

Summary of Parent Demographics (N = 175)

Parent age Mean	35.29	
Range	16-76	
	Number of parents	Percent
Gender		
Female	154	85.0
Male	28	15.0
No response	5	2.7
Race/ethnicity		
African American	38	20.3
Hispanic/Latino	70	37.4
White	72	38.5
Other	6	3.1
No response	1	0.5

Table 1 Continued

Marital status	32	17.1
Single/Never married	12	6.4
Separated	114	61.0
Married or living together	17	9.1
Divorced	6	3.2
Widowed	6	3.2
No response		
Education		
11 th grade or less	43	23
High school or GED	62	33.2
Trade/business/vocational school	15	8.0
Some college	31	16.6
College graduate	24	12.8
No response	12	6.4
Employment status		
Work full-time	64	34
Work part-time	21	11.2
Retired	11	5.9
Unemployed at this time	76	40.6
No response	15	8
Occupation (approximate)		
Manual and skilled labor	31	16.5
Professional (current or retired)	28	14.97
Unemployed	76	40.6
Missing or unusable data	52	27.8

Procedures

Facilitators distributed questionnaires to group members during regularly scheduled Circle of Parents meetings between April and June, 2007. The questionnaires were distributed to group facilitators along with detailed instructions for administration (see Appendix A). As a part of the instructions, facilitators were asked to read the questions for the entire survey if they felt literacy was a concern for any members of their group.

Participation in the evaluation was completely voluntary and participants were informed that their participation in the group would not be affected if they chose not to complete the survey. Important information with regard to consent was read to participants during the general instructions so that reading ability would not preclude a full understanding of procedures and to fully assure informed consent. The purpose of the study and the nature of data collection, including a description of the measures, the limits of confidentiality, and the required commitment for data collection were disclosed. As an incentive to increase level of participation, each group received \$10 for every survey returned. The participants were encouraged to decide as a group how the money would be used. The first group to submit their surveys and the group that submitted the most surveys received a \$30 gift card to a local store.

Measures

The instrument used in this study (see Appendix B) was a single questionnaire made up of 71 items designed to capture the critical philosophical components of the Circle of Parents program, including promoting positive parenting practices, social support, parental empowerment, and reducing maltreatment risk factors. The survey includes several sections. In the first part, questions 1-6 concern information about the group and parents' reasons for participating, 7-11 assess participant satisfaction with the program, and 12-18 capture demographic information about participants. The remainder of the survey is made up empirically validated measures of parenting behavior, child maltreatment risk, social support, and parental empowerment.

Child Maltreatment Risk. Child maltreatment risk was measured using the Brief Child Abuse Potential Inventory (BCAP; Ondersma, Chaffin, Mullins, & LeBreton, 2005), a 24-item abuse-risk scale. This inventory is a shortened version of the 160-item Child Abuse Potential Inventory (CAP; Milner, 1986), widely used in child abuse prevention literature. To complete the BCAP (see Appendix B, #22), parents were asked to indicate whether they Agree or Disagree with each statement provided. Items were scored as 1 = Agree or 0 = Disagree for negatively worded items (e.g., My family fights a lot.) and reverse scored for positively worded items (e.g., I am a happy person.) and were totaled for a measure of risk. The potential score range for the BCAP is 0-24, with higher scores indicating higher risk for maltreatment.

The BCAP was chosen instead of the CAP Inventory due to time limitations for administration of the survey. In addition, the BCAP excludes several items from the CAP Inventory that may be viewed as extremely sensitive and invasive (Ondersma, Chaffin, Mullins, & LeBrenton, 2005). The full CAP Inventory has high internal consistency reliabilities (.92-.96 for controls and .95-.98 for abusers). In addition, studies have found support for its concurrent, predictive validity for child maltreatment, and test-retest reliability for diverse samples (Chan, Lam, & Chun, 2006; Grietens, De Haene, & Uyttebroek, 2007; Haskett, Smith Scott, & Fann, 1995; Milner, 1994; Milner, Gold, Ayoub, & Jacewitz, 1984). The BCAP was developed using a development sample of $N = 1470$, and cross-validated using an additional sample of $N = 713$. Items were selected to maximize: (a) CAP variance accounted for; (b) prediction of future child protective services reports; (c) item invariance

across gender, age, and ethnicity; (d) factor stability; and (e) readability and acceptability. On cross-validation, scores from the resulting 24-item risk scale yielded an internal consistency of .89 and there was a substantial correlation with the CAP abuse risk score ($r = .96$). The CAP risk cut-off was predicted with 93% sensitivity and 93% specificity (area under the ROC curve = .98), and the BCAP and CAP demonstrated similar patterns of external correlates. Thus, Ondersma et al. (2005) suggest BCAP may be useful as a time-efficient screener for abuse risk. Following requests from the Circle of Parents advisory board to further reduce the length of the questionnaire, nine items were deleted from the BCAP based on the lowest factor loadings from the test developers' validation study. The shortened BCAP measure included 14 items, thus the potential level of risk ranged from 0-14. An analysis of Cronbach alpha coefficients for the current study suggested good internal consistency for the BCAP scale ($\alpha = .85$).

Parenting Behavior. A pre-post retrospective approach was used to assess parents' perceptions of their improvements in parenting behavior (see Appendix B, #19). The scale included 14 items, used in previous Circle of Parents evaluations, concerning dimensions of parenting behavior (i.e., emotional support, expectations, coping strategies, behavior management). Parents were asked to rate how often they perceived themselves performing a certain parenting behavior "Before coming to the group" and "Now" on a 5-point Likert scale ranging from 1 = Never to 5 = Always. Although the reliability and validity of this scale have not been assessed in prior research, the items have face validity, have demonstrated clinical utility in prior Circle of Parents evaluations, and appeared to be clearly understood among

parents from a range of ethnic and socioeconomic groups. An analysis of the Cronbach alpha coefficients assessed internal consistency for the retrospective measure of Parenting Behavior. Results indicated good internal consistency for Parenting Behavior Before ($\alpha = .90$) and Parenting Behavior After ($\alpha = .83$). Difference scores were used to depict improvement in parenting behavior, where the mean from the retrospective pre-score was subtracted from the mean of the current score.

There are limitations inherent in the pre-post retrospective method; however, it is an approach to program evaluation that is commonly used in evaluations of Circle of Parents groups and is endorsed by FRIENDS (Family Resource Information, Education, and Network Development Service) National Resource Center for Community Based Child Abuse Prevention Programs (n.d.). FRIENDS notes that the retrospective pre-test model offers the following advantages. First, it is less intrusive than gathering baseline data at the beginning of service, when rapport is being established and therapeutic relationships are therefore somewhat fragile. Second, it is believed that participants are able to accurately assess their initial condition once they have received some education and support from the intervention. Finally, this design allows collection of baseline data on participants already receiving services when the evaluation began.

Social Support-Within Group. The three remaining items used to measure social support reflected parents' perceptions of social support within the Circle of Parents group, specifically (e.g., "There is someone in my Circle of Parents group I can call if I have an emergency"). Participants were asked to rate the statements on the 7-point Likert scale with

the same values and anchors as the MSPSS. A mean score of the three questions was generated and used as the indicator of support within the group. An analysis of Cronbach alpha coefficients suggested good internal consistency for the three items measuring social support from within the group ($\alpha = .85$).

Social Support-Outside Group. Social support outside of the group was measured using 15 items used in the prior North Carolina Circle of Parents evaluations (see Appendix B, #21). Twelve items relate to perceived support from individuals outside the group and three items relate to support received by members of the group itself. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), in its entirety, comprises the 12 items that relate to social support from sources outside the group. For those 12 items, parents were asked to indicate the degree to which they agreed (on a 7-point scale) with statements surrounding social support. The scale measures social support within three specific domains: (a) Family (e.g., My family really tries to help me), Friends (e.g., I can count on my friends when things go wrong), and Significant Other (e.g., There is a special person in my life who is around when I am in need). The overall MSPSS score will be calculated by averaging the scores to all 12 questions. The mean score (ranging from 1 to 7) was used in analyses for the current study, with higher scores representing higher perceived support.

The MSPSS has been used with a variety of ethnic populations in many different settings and has been found to have good internal reliability and test-retest reliability (Dahlem, Zimet, & Walker, 1991; Zimet et al., 1988). A factor analysis also confirmed the

three-subscale structure of the measure (Dahlem, Zimet, & Walker, 1991). In testing the construct validity of the measure, Zimet et al. (1988) hypothesized that levels of social support on the instrument would be negatively related to levels of reported anxiety and depression symptoms. This hypothesis was supported by correlations between the MSPSS subscales and the Depression and Anxiety subscales of the Hopkins Symptom Checklist (HSCL; Deorgatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). Perceived support from family was significantly inversely related to both depression ($r = -.24, p < .01$) and anxiety ($r = -.18, p < .01$). Perceived support from Friends was related to depression symptoms ($r = .13, p < .05$). The Significant Other subscale was significantly related to depression, ($r = -.13, p < .05$). Wilson, Washington, Engel, Ciol, & Jensen, (2006) found that social support from friends, as measured on the MSPSS, was significantly associated with better psychological adjustment ($r = .42, p < .01$) in youth with physical disabilities. For the current study, Cronbach alpha coefficients for the MSPSS indicated good internal consistency ($\alpha = .95$).

Parental Empowerment. Selected items from the Family Empowerment Scale (FES; Koren, DeChillo, & Friesen, 1992) were used as the measure of parental empowerment. The 34-item FES (see Appendix B, #20) is a widely used measure of empowerment and assesses a person's perception of their empowerment across two dimensions, including level of empowerment and expression of empowerment. Parents were asked to rate their agreement with items on the instrument using a 5-point Likert scale, ranging from 1= Not true at all to 5 = Very true. There are three subscales on this measure, including the Family subscale, the Service System subscale, and the Community/ Political subscale. For the purpose of the

current study, 10 of the 12 items from the Family subscale of the FES (e.g., When problems arise with my child, I handle them pretty well.) were included in the questionnaire because they were most relevant to expected outcomes from the Circle of Parents program. The two remaining items were omitted because they were specific to parenting children with special needs and were not expected to be relevant for the entire sample. A mean score was generated for the Family subscale of the FES by averaging the item responses for each participant. No items were reverse scored. The mean score (ranging from 1 to 5) was used in analyses for the current study, with higher scores representing higher feelings of empowerment. An analysis of Cronbach alpha coefficients suggested good internal consistency for the Parental Empowerment scale used in the current study ($\alpha = .89$).

Koren, DeChillo, and Friesen (1992) examined 3-4 week test-retest reliability by correlating two sets of matched item subscores based on responses from 107 family members who completed the FES a second time. The Pearson correlations ranged from .77 to .85. Construct validity was assessed through independent ratings of items made on the basis of construct definitions. Investigators assessed the agreement among raters in classifying items on conceptual frameworks of empowerment. Kappa coefficients ranged from .47 to 1.00; 84% of the coefficients exceeded .75 and the average was .83, thus, most raters were in agreement with the classification scheme. In addition, the results of a factor analysis conducted by the test developers supported the three dimensions (Koren et al., 1992). Results of additional studies have also yielded support for the construct validity of the FES (e.g., Scheel & Rieckmann, 1998). Resendez, Quist and Matshazi (2000), for example, found that

caregivers with children who scored higher in the area of psychosocial functioning reported higher levels of empowerment.

Dosage. The number of sessions attended was used to depict dosage in order to assess the degree to which participation in the program predicted outcomes. The number of sessions was determined based on participants' answers to the question from the parent questionnaire, "Before tonight, how many Circle of Parents group meetings have you attended?". Participants were able to choose between five categories of participation (i.e., 0 sessions, 1-3 sessions, 4-7 sessions, 8-11 sessions, 12+ sessions). Data was effect coded, which provides a way of using categorical predictor variables in linear regression. For the current study, the five categories of number of sessions attended were effect coded using ones to indicate the reference group of sessions while zeros and minus ones were coded for other categories of sessions in each vector.

CHAPTER FIVE

Results

Prior to hypothesis testing, descriptive statistics for participant demographics and all scales were analyzed. Descriptive analyses were conducted for each variable to assess score distributions (see Appendix C) and variability (see Table 1). The sample size somewhat varied across measures due to missing data. The predictor variable for the study was Program Participation, which was measured using number of sessions attended. Results revealed that approximately 11.7% of the parents reported attending 0 sessions prior to the day of the questionnaire, 14.9% attended 1-3 sessions, 26.6% attended 4-7 sessions, 15.6 % attended 8-11 sessions, and 31.2% attended 12 or more sessions. The two outcome variables used in the model included Child Maltreatment Risk assessed using the BCAP with total scores ranging from 0-14 ($N = 154$, $M = 3.49$, $SD = 3.42$) and improvements in Parenting Behavior measured using difference scores from a pre-post retrospective measure ($N = 150$, $M = .65$, $SD = .59$). The two mediating variables included Social Support and Parental Empowerment. Social support was measured using the MSPSS with a 7-point Likert scale ranging from 1= *Very strongly disagree* to 7 = *Very strongly agree* ($N = 154$, $M = 5.64$, $SD = 1.32$) and three additional questions specific to support provided through the Circle of Parents group ($N = 154$, $M = 5.33$, $SD = 1.64$). These two scales are hereafter referred to as Social Support-Outside Group and Social Support-Within Group, respectively. Parental Empowerment was measured using 10 items from the Family scale of the FES with a 5-point Likert scale, ranging from 1= *Not true at all* to 5 = *Very true* ($N = 154$, $M = 4.33$, $SD = .53$).

The distribution of scores for all variables was assessed due to the importance of determining whether the data met assumptions of normal distribution and variability for regression analyses. Cook's distance statistics were examined to determine if there were outliers, that is, data points influencing the regression equations. All Cook's distance statistics fell between 0 and 1, indicating that there were no data points influencing the regression equation for each regression analysis. Several scales, however, demonstrated significant skewness (i.e., Child Maltreatment Risk, Parenting Behavior, Social Support-Outside Group, Social Support-Within Group, and Parental Empowerment) which was determined using a conservative estimate by comparing the numerical value of skewness with a range of plus or minus twice the standard error of skewness (see Table 2). To address skewness, four variables (Parenting Behavior, Social Support-Within Group, Social Support-Outside Group, and Parental Empowerment) were transformed using a Log 10 algorithm. Each regression analysis involving these variables was rerun to determine if the associations between variables changed with transforming the distribution. Associations between variables did not change significance status, thus original values for non-transformed variables were used for results and discussion purposes.

Due to the highly skewed distribution of the child maltreatment risk variable, the child maltreatment risk variable was recoded into a dichotomized variable. The binary variable reflected high or low level of maltreatment risk relative to the current sample, as opposed to a continuous variable. Parents whose total abuse risk scores equaled 5 or more (76.4% of the sample) were categorized as higher risk and those with a total risk of 4 or less

(23.6% of the sample) as lower risk. This cut-off was chosen based on the distribution of scores for the current sample. Specifically, visual review of the distribution showed a significant decline after a score of 5. Similar to results for transformed variables, it was noted that logistic regressions using the binary variable did not change the significance for the relation between variables. Thus, results of the initial linear regression analyses are reported for child maltreatment risk.

Table 2.

Descriptive Statistics for Variables in Model (N = 157)

	N	Min	Max	Mean	Std. Deviation	Skewness Statistic	Std. Error
Program Participation	154	1	5	3.40	1.37	-.28	.20
Child Maltreatment Risk	157	.00	13.0	3.48	3.39	1.13	.19
Parenting Behavior	150	-.63	3.58	.64	.59	1.33	.20
Social Support-Outside Group	157	1.00	7.00	5.64	1.33	-1.31	.19
Social Support-Within Group	157	1.00	7.00	5.33	1.64	-.92	.19
Parental Empowerment	157	3.00	5.00	4.33	.53	-.62	.19

Because the goal was to evaluate outcomes for Circle of Parents groups in general, data from individual groups were combined. However, as previously discussed, Circle of Parents groups are frequently designed to target specific populations. Though evaluation of specific group differences on outcomes are important to investigate, it is preferable to conduct such research using an in-depth contextualist approach to provide a richer understanding of potential differences while limiting bias (Biglan, 2004). Nonetheless, analyses were conducted using residual maximum likelihood estimation (REML) to determine whether or not there were group differences for study variables on outcomes. Results revealed no significant between group differences for any of the outcome variables (see Table 3). However, there was a significant difference between groups on the number of sessions attended, with the ICC analysis revealing 51 percent of total variance between groups and 49 percent within the groups. This significant difference is expected given that the groups differed on the frequency of meetings and the length of time they had been in operation at the time of the study.

Table 3.

Covariance Parameter Estimates for Group Differences on Outcome Measures

Outcome	Intercept	Residual	ICC- Between Group Variance	ICC- Within Group Variance	Pr > Z
Parent Behavior	0.04207	0.3094	11.97%	88.03%	0.1091
Child Maltreatment Risk	1.7179	10.1169	14.52%	85.48%	0.0771

Table 3 Continued

Social Support-Within Group	0.1979	2.4984	7.33%	92.66%	0.1168
Social Support-Outside Group	0.1684	1.6188	9.42%	90.58%	0.1305
Parental Empowerment	0.00	0.2764	0.00%	100%	0.00

Assessing the Relation between Program Participation and Outcomes

Tests of hypotheses followed procedures recommended by Baron and Kenny (1986), which involve a series of regression equations. The first step in testing mediation is to establish that a relationship exists among the predictor, mediators, and outcomes. To assess the relation between participation and outcomes, a series of regression analyses was conducted for both outcomes.

It was first hypothesized that levels of program participation would be a significant predictor of the outcomes (i.e., child maltreatment risk and parenting behavior), with higher program participation predicting lower maltreatment risk and improvements in parenting behavior. Results of a linear regression revealed that Program Participation did not significantly predict Child Maltreatment Risk $\beta (154) = .12, p > .05$, but did significantly predict improvements in Parenting Behavior $\beta (147) = .29, p < .001$. Thus, Hypothesis 1a was not supported, while Hypothesis 1b was supported.

The second part of the model involved the relation between Program Participation and the potential mediating variables. Specifically, it was hypothesized that Program

Participation would predict self-reported levels of Social Support within and outside the program (Hypothesis 1c) as well as Parental Empowerment (Hypothesis 1d), with higher participation predicting higher levels of support and empowerment. Results of a regression analysis revealed that levels of Program Participation significantly predicted reported levels of Social Support within the Circle of Parents group $\beta (154) = .22, p < .01$, but did not predict Social Support outside of the group on the MSPSS $\beta (154) = -.09, p > .05$. Thus, Hypothesis 1c was partially supported. In addition, regression analyses revealed that Program Participation did not predict self-reported levels of Parental Empowerment $\beta (154) = -.03, p > .05$; therefore, not supporting Hypothesis 1d.

Assessing the Relation between Potential Mediators and Outcomes

The second research question was whether levels of social support and parental empowerment significantly predicted outcomes. It was hypothesized that the availability of Social Support-Within Group (Hypothesis 2a) and Social Support-Outside Group (Hypothesis 2b) would predict levels of Child Maltreatment Risk. To assess the relation between social support and maltreatment, the BCAP (Ondersma et al., 2005) score for maltreatment risk was regressed onto the mean level of support within the group and onto the mean MSPSS score for level of support outside of the group. Results of the linear regressions revealed that Social Support-Outside Group significantly predicted $\beta (157) = -.44, p < .001$ Child Maltreatment Risk; however, Social Support-Within Group did not significantly predict Child Maltreatment Risk $\beta (157) = -.11, p > .05$. Therefore, Hypothesis 2a was not supported; however, Hypothesis 2b was supported.

The relation between social support and improvements in parenting behavior was assessed by regressing difference scores for pre-post parenting behavior onto the two measures of social support. It was hypothesized that the availability of Social Support within the Circle of Parents group (Hypothesis 2c) and outside (Hypothesis 2d) would predict improvements in Parenting Behavior. Results of linear regression analyses revealed that Social Support-Within Group predicted Parenting Behavior $\beta (150) = .17, p < .05$; however, Social Support-Outside Group was not a significant predictor of improvements in Parenting Behavior $\beta (150) = -.06, p > .05$. Thus, Hypothesis 2c was supported, while Hypothesis 2d was not.

It was hypothesized that the level of parental empowerment would predict levels of child maltreatment risk (Hypothesis 2e) and positive parenting behavior (Hypothesis 2f). First the score for level of maltreatment risk was regressed onto the score for level of empowerment. Next, the difference score representing improvements in pre-post Parenting Behavior was regressed onto the score for level of parental empowerment. Results of a linear regression analyses revealed that Parental Empowerment did not significantly predict Parenting Behavior $\beta (150) = -.04, p > .05$, nor did it predict Child Maltreatment Risk $\beta (154) = -.14, p > .05$.

Testing for Mediation

The final research question was whether the relation between Program Participation and program outcomes (i.e., Child Maltreatment Risk and Parenting Behavior) was mediated by Social Support and Parental Empowerment. According to Baron and Kenny (1986) four conditions must hold in order to support mediation. First, the independent variable (for this study, Program Participation) must predict the mediator (for this study, Social Support-Within Group, Social Support-Outside Group, and Parental Empowerment). Second, the independent variable must predict the dependent variable (in this case, Parenting Behavior and Child Maltreatment Risk) in the absence of the mediators. Third, the mediators must predict the dependent variables. Thus, mediation could only be tested to investigate whether the relation between Program Participation and improvement in Parenting Behavior was mediated by Social Support-Within Group.

To investigate Social Support-Within Group as a potential mediator of the relation between Program Participation and improvements in Parenting Behavior, an Analysis of Covariance (ANCOVA) analysis was conducted. Results revealed that that Social Support-Within Group did not have a significant impact on the relation with improvement in Parenting Behavior over and above Program Participation R^2 Change = .011, $F(1,144) = 1.68$, $p = .197$.

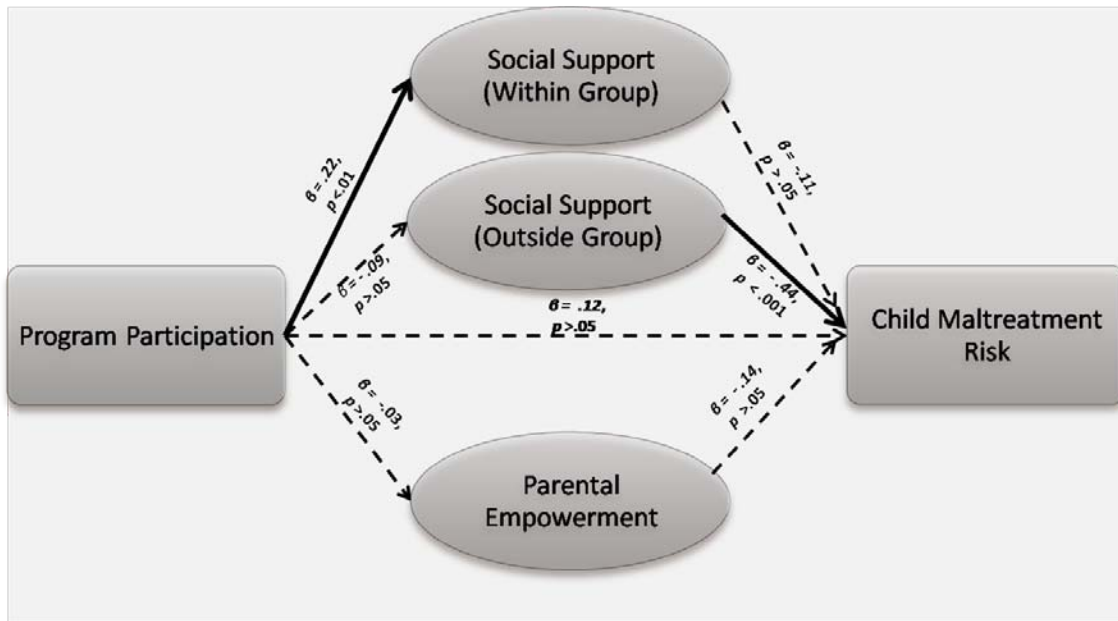


Figure 3. Results for mediation of the effects for the relation between program participation and child maltreatment risk outcomes.

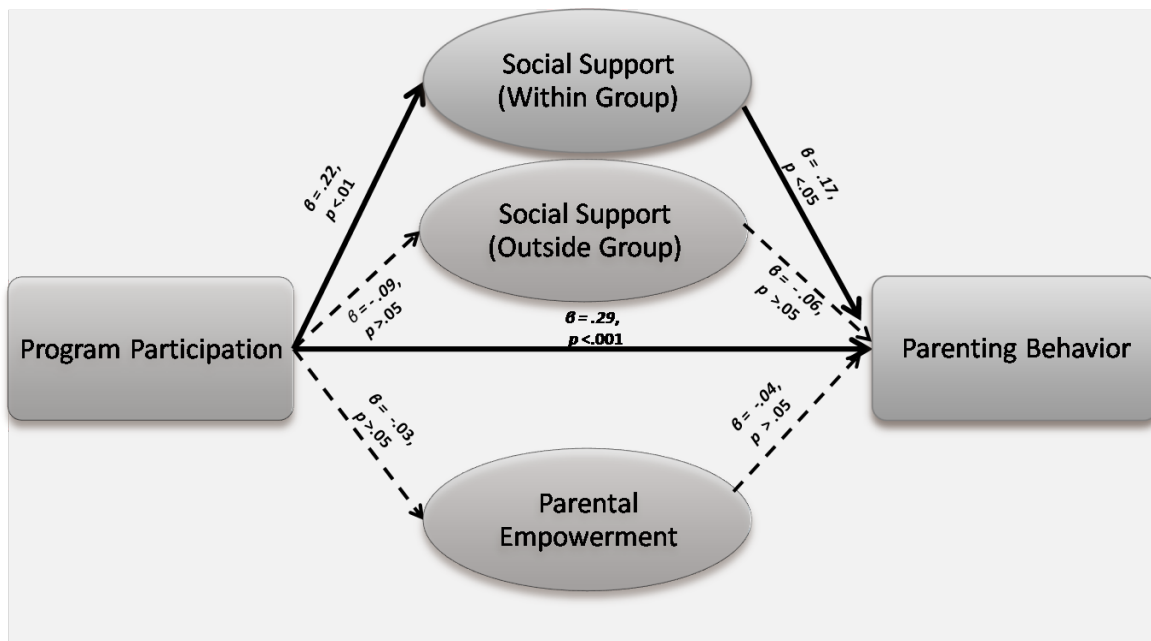


Figure 4. Results for mediation of the effects for the relation between program participation and parenting behavior outcomes

CHAPTER SIX

Discussion

Overview

Children thrive most in environments where there are safe, stable, nurturing relationships available to help them develop into well-adjusted adults. Though these relationships can develop with numerous members of a child's family and community, parents are typically the initial and most influential source of nurturing support. Most parents desire to provide healthy, loving upbringing for their children. However, as the demands of parenting and daily stressors increase, many parents may find it increasingly more challenging to provide safe and nurturing environments. Furthermore, studies have found that parents who have limited social support networks and feel less empowered in their role as parents are at an increased risk for child maltreatment. Given the numerous negative outcomes associated with child maltreatment over the course of an individual's life, a wide-range of programs like Circle of Parents have been developed to address parenting and risk factors for abuse.

Self-help groups are one child maltreatment prevention approach that shows promise in reducing social isolation and promoting parental empowerment in a relatively nonthreatening environment (Murphy-Berman & Melton, 2002; Lieber & Baker, 1977, Lieber, 1983, NCCD, 2007). However, though many parent support group programs report enhancing protective factors such as social support and parental empowerment, there is not sufficient evidence that program participation is actually associated with higher levels of

support and empowerment. In addition, studies have not provided sufficient evidence that enhancing social support and parental empowerment is related to improvements in parenting behavior and lower risk for maltreatment. Thus, the current study sought to address these methodological issues and investigate whether enhancing these factors is associated with these desired outcomes.

Program Participation and Parenting Outcomes

The current study sought to evaluate whether Circle of Parents program dosage in the form of attendance was associated with improved outcomes for parents, namely improvements in parenting behavior and lower levels of child maltreatment risk.

Program Participation and Parenting Behavior

Previous evaluations of Circle of Parents found that parents who participated in the program perceived improvements in parenting behaviors, personal functioning, and social functioning (Haskett, 2005, 2006; Falconer et al., 2008). However, the relation between number of sessions attended and outcomes varied across previous studies. In Washington, the percentage of participants improving was higher when attendance increased from 12-24 sessions to 25 or more sessions; in Florida, outcomes for parenting behavior were moderated by the number of sessions during the 2004-2005 evaluation, but not the 2005-2006 evaluation. Although Haskett's (2006) evaluation of North Carolina Circle of Parents groups did not find that attendance moderated outcomes for parenting behavior, program participation significantly predicted improvements in parenting behavior in this study, with

parents who attended more sessions reporting greater improvements in parenting related behavior.

One potential explanation for the difference in findings is the delineation of number of sessions for the current study in comparison to previous studies. The current study used number of sessions as a continuous variable with no cut-offs, whereas the Haskett (2006) North Carolina Circle of Parents evaluation used a cut-off of five sessions for attendance to determine whether parents who attended more than five group meetings differed from those who attended less than five meetings. Although the cut-off for that analysis was based on results of a previous Circle of Parents evaluation in Minnesota, designation of five sessions as the discriminating cut-off may not have allowed for potential differences in effects of attendance at the higher or lower ends of the attendance spectrum. Utilizing number of sessions as a continuous variable in a regression analyses may have allowed more sensitivity to the possible influence of attendance.

Similar to previous NC Circle of Parents evaluations (Haskett, 2005, 2006; Falconer et al., 2008), a series of *t*-tests (see Table 4) revealed that parents in the current sample viewed themselves as making significant improvements in parenting behaviors and personal characteristics associated with parenting. Further, parents in the current study who attended more sessions perceived themselves as making greater improvements in behaviors associated with positive parenting than those attending fewer sessions. This finding supports the notion that greater participation in Circle of Parents groups improves overall parenting behavior, at least as perceived by the parents themselves.

Table 4.

Mean Differences on Retrospective Pre-Post Parenting Behavior (N=146)

	Before coming to group Mean (SD)	Currently Mean (SD)	<i>t</i> value ^a
Have appropriate expectations for your child's abilities	3.73 (1.01)	4.46 (0.68)	- 8.52**
Hug, kiss, or show your child affection	4.43 (0.86)	4.77 (0.59)	- 5.63**
Try to set a good example for your child's behavior	4.10 (0.95)	4.72 (0.47)	- 7.95**
Follow through with rules and limits set for your child	3.37 (1.08)	4.39 (0.74)	-12.15**
Tell your children you love them	4.44 (0.95)	4.75 (0.59)	- 3.60**
Handle stress in a positive way	3.25 (1.06)	4.33 (0.72)	-12.94**
Ask for help when you need it	3.17 (1.23)	4.20 (0.94)	-11.29**
Reward your child's positive behavior	3.77 (1.05)	4.64 (0.53)	- 9.92**
Have fun with your children	4.07 (1.00)	4.56 (0.67)	- 5.66**
Use spanking to discipline your child	2.73 (1.16)	2.46 (1.40)	- 2.22*
Listen to your child	3.87 (1.10)	4.62 (0.59)	- 7.93**
Use services in the community for family needs	2.93 (1.33)	3.83 (1.23)	- 8.70**
Express your feelings in a helpful, non violent way	3.65 (1.10)	4.27 (0.96)	- 8.06**
Read to your child at least four (4) times a week	3.44 (1.28)	4.22 (0.96)	- 8.85**

^a *t*-tests for paired (correlated) samples.

Note: A *t*-test is used to test the difference between two mean scores. Larger *t* values indicate greater differences.

p*<.01 *p*<.001

Program Participation and Child Maltreatment Risk

Although the primary goal of self-help maltreatment prevention programs is to reduce the incidence of child maltreatment, many of the studies have not included an assessment of risk for maltreatment. One contribution of the current study was the investigation of child maltreatment risk as an outcome using the BCAP (Ondersma, Chaffin, Mullins, & LeBreton, 2005). This validated instrument measures factors associated with increased risk for maltreatment, such as feelings of distress, family conflict, rigidity, unhappiness, feelings of persecution, and loneliness. Contrary to hypotheses, there was no significant relation between program participation and child maltreatment risk when analyzed as a continuous variable. There are several considerations that may elucidate this finding.

First, child maltreatment risk was measured at one point in time. Pre-post measures of child maltreatment risk could have revealed improvements for parents from one point to the next. This measure also did not allow parents to report their own perceptions of improvement, as did the pre-post measure of parenting functioning. Thus, although parents who attended more sessions were not necessarily lower on their current levels of risk than parents who attended fewer, it is possible that attendance would have been associated with reductions in risk level if an indication of pre-treatment risk had been available.

Another possible explanation is that it is likely that a number of factors influence parents' level of program participation, such as emotional functioning, time available to participate, and resources available to support participation (i.e., transportation, additional caregivers, etc.). Some parents who feel a strong sense of stress and isolation in the parenting

role, and thus have higher risk for maltreatment, may feel the need to attend numerous sessions. On the contrary, other parents who are also feeling overwhelmed may find frequently attending sessions challenging. In fact, studies have found that program participation can be a key obstacle in working with extremely high risk families (Dumas, 1986; Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006; Patterson, 1996; Wahler, 1980).

In sum, the relation between program attendance and parenting behavior was supported for the current study, while an association between program attendance and level of maltreatment risk was not. Thus, this study provided some support for the notion that program dosage in the form of attendance is associated with self-perceptions of improvement. With regard to maltreatment risk, an increased number of sessions attended did not predict levels of maltreatment risk. This finding underscores the complexity of investigating maltreatment risk, particularly in response to self-help programs. It is plausible that parents at increased risk for maltreatment due to external stressors and personal mental health are less likely to attend a higher number of sessions. It is also possible that highly stressed and isolated parents would be more likely to attend numerous sessions. Thus, using number of sessions attended as a predictor of maltreatment risk poses a considerable challenge.

Program Participation and Protective Factors

One aim of the current study was to investigate whether parent participation in Circle of Parents groups was associated with higher levels of social support and parental

empowerment, which were investigated as potential mediators of the relation between program attendance and outcomes. The importance of social support and parental empowerment are core philosophical foundations for Circle of Parents groups. Thus, enhancing these protective factors for parenting is viewed as a critical component in groups, regardless of the target group (e.g., parents of children with disabilities vs. teen parents) or participant demographics.

Program Participation and Social Support

Though Circle of Parents groups seek to provide parents with formal and informal support within the group, another goal is to encourage parents to seek and strengthen support networks outside of the group. Thus, social support was defined in this study as support perceived from within the group itself and social support outside of the group (i.e., family, friends, significant other). Previous studies of self-help parenting programs that have reported findings indicating a relation between program participation and social support have not differentiated social support from the group and existing social networks (Lieber & Baker (1977; Falconer et al. , 2008). Results of the current study revealed that program attendance significantly predicted participants' reports of how much support they felt from other parents within their Circle of Parents group but was unrelated to their perceived level of support from sources outside the group.

Social Support-Within Group. The positive association found between program participation and social support within the group may reflect that parents who attend more sessions develop stronger relationships with other parents within the group, which is one of

the aims of the program. Similarly, it is plausible that parents who feel a greater sense of connectedness to the group would attend more frequently. The NCCD (2007) study of Parents Anonymous outcomes found that the ability to “socialize” with other parents was one of the top three reasons parents participated. Investigators noted the percentage of parents who indicated that they attended Parents Anonymous so that they could socialize gradually increased over time with subsequent interviews. This suggests that as parents attend more sessions, the social support or socialization became more important. Furthermore, about 77% of the participants reported forming relationships with other Parents Anonymous group members and 72% of these indicated that they saw other members outside of group meetings.

Social Support-Outside Group. For the current study, more frequent program participation was not significantly associated with reports of levels of social support outside of the group. There are several factors that may help to contextualize this result in comparison to future studies, including (a) the lack of significant relation indicated for attendance and social support in previous studies, (b) the manner in which social support was measured in this study, and (c) a need for a deeper understanding of the complexities of social support.

First, the current finding that program participation was not associated with social support outside the group is consistent with some previous studies of parenting support groups. Haskett’s (2006) study of Circle of Parents in North Carolina also did not find that scores on the MSPSS were significantly moderated by parent attendance. In addition, results of the NCCD (2007) evaluation of Parents Anonymous indicated that, when considering

parent participants overall, there was no significant change in emotional or instrumental support based on participation. Interestingly, however, investigators found that social support did improve for parents at the highest risk level who reported low levels of social support at the start of participation with the program. Parents who initially scored in the lowest quartile on social support reported significant improvements over the short-term and long-term. This finding suggests that programs may be more beneficial with regard to social support for parents who are most lacking in such support. Pre-treatment levels of perceived support were unknown for the current sample.

The second factor involves the manner in which social support was measured for the current study. Although a strength of the current study is the use of a validated measure to assess level of parents' support from outside the group (i.e., MSPSS), this measure only assessed parents' reports of social support at the time of the survey. It is possible that a pre-post assessment or retrospective pre-post assessment of social support may have revealed improvements in perceptions of social support outside of the group associated with program attendance. As indicated in its name (i.e., Multidimensional Scale of Perceived Social Support), the MSPSS measures multiple dimensions of social support. Due to the three subscale structure of the measure, a post-hoc analysis was conducted to determine whether program participation was associated with any of the individual scales. Results of a correlation analysis revealed that program participation was not significantly associated with levels of social support from family $r(154) = -.082, p = .310$, friends $r(154) = -.068, p =$

.401, or significant others $r(153) = -.085, p = .297$. Thus, program participation was not associated with specific sources of social support found outside of the group.

Formal measures, such as the MSPSS, that may or may not detect all aspects of support that can be impacted by intervention. Qualitative or anecdotal information may reveal more about how attending groups impact support. To illustrate, Ruffolo and colleagues (2005) investigated outcomes for parents who participated in a psychoeducational intervention which involved support, empowerment, and education in comparison to intensive case management services only. Although there were no significant differences between the parent groups on perceived social support at 9 and 18 month follow-ups, both groups reported they had significantly more people to turn to for help over time. In addition, results revealed that parents in the treatment group were more likely to ask for advice over time than parents who received case management services only. Qualitative data from open-ended questions revealed that parents who attended the treatment groups that incorporated social support and empowerment in addition to intensive case management were more likely to indicate that they felt less isolated and hopeless about their situation than did parents who only received intensive case management (Ruffolo, Kuhn, & Evans, 2005). Thus, in addition to collecting qualitative data, it might be necessary to follow parents over time to detect changes in social support and support seeking behaviors.

Finally, social support is a multifaceted construct. It is important when considering the relation between attendance and social support to be cautious of the interplay possible with directionality of influence. Program participation may encourage some parents to

enhance their social support networks outside the group, while other parents who already have strong social support networks may be less likely to attend numerous sessions. Again, an indication of levels of social support prior to or at the beginning of attending Circle of Parents groups may have assisted in understanding the degree of change/improvement for each participant. Adding to the complexity of studying social support is the need to understand more about the source and nature of support received. A parent self-help program investigated by Lyons and colleagues (2005) was implemented specifically for parents with histories of maltreatment and indicated that programs were not influential in increasing parents' informal support networks. In fact, reported level of support reported slightly *declined* for approximately half of the participants. Lyons et al. (2005) postulated that relinquishing unhealthy existing relationships may have been a part of the process for moving toward healthy parenting behavior. Thus, information about the quality of support received from individuals in social networks, as well as their types of influence may yield an important perspective for understanding social relationships and social support. Programs geared toward enhancing social support may also find it beneficial to assist parents with identifying healthy sources of support and specifically promoting those relationships (Lyons, Henly, & Schuerman, 2005).

In sum, parents who attended more sessions of Circle of Parents reported higher levels of social support from the group, but did not report higher levels of social support outside the group. For this sample, participation in the Circle of Parents group appears to

have partially accomplished one of its goals by allowing parents who attended the sessions an additional source of social support, which could potentially decrease feelings of isolation.

Program Participation and Parental Empowerment

There is an old adage that knowledge is power. One aspiration of Circle of Parents groups is that as parents attend the sessions and share wisdom, knowledge, trials and triumphs, they will gain a sense of empowerment concerning their role and abilities as parents. For the current study, it was expected that parents who attended more sessions would report higher feelings of empowerment. However, results indicated that number of sessions attended did not predict self-reported levels of parental empowerment. Similar to social support measures and the measure of child maltreatment risk, however, the measure of parental empowerment was based on parents' perceptions of their own empowerment at one point in time. Thus, this result should also be interpreted cautiously since the measure does not reflect potential improvement over time.

Although some studies have demonstrated improvements in feelings of empowerment (Coatsworth, Pantin, & Szapocznik, 2002; Cox, 2002; Miller-Heyle et al., 1998; Unger & Nelson, 1990), a discussion of the Vanderbilt Caregiver Empowerment Project evaluated by Bickman and colleagues (1998) may partially aid in understanding why the current study did not. Results of the Bickman et al. study revealed that parents who were randomly assigned to participate in a family education and support group demonstrated significantly more knowledge and self-efficacy after one year than parents who had not participated in the group (Bickman, Heflinger, Northrup, Sonnichsen, & Schilling, 1998). There are several

considerations that may contribute to understanding the difference in findings. First, that study baseline data were conducted at the beginning of participation in the program so the investigators were able to examine degree of change in empowerment status for the participants. It was noted in the discussion of results for the Bickman et al. study that baseline indicators explained a large proportion of the variance in later assessments of caregiver knowledge and self-efficacy. In addition, the availability of a control group for the Bickman et al. study allowed for comparison between groups based on program participation. As previously discussed, a control group was not available for the current study.

A second difference between the Bickman et al. (1998) study and the current study is that caregivers were given the post measure after a year of participation in the program. Thus, the measure of dosage for the study was based on passage of time, as opposed to number of sessions. For the current study, information was not available to determine the length of time parents were engaged with Circle of Parents programs. It is possible that parents who were involved with the groups over a longer period of time would have reported higher levels of empowerment than parents who attended sessions over a shorter period of time. Third, the Bickman program was specifically designed for parents/caregivers of children with mental health needs; these groups may have distinguishing characteristics (e.g., types of stressors, parent-child interaction styles, available resources) that could influence feelings of empowerment. Although several of the groups in the current study were geared toward parents of children with disabilities, other groups were not. Thus, it is important to

consider sample characteristics when trying to assimilate information about empowerment from previous studies.

Fourth, and possibly most importantly, ideals regarding empowerment/self-efficacy were more explicitly stated and incorporated into the activities during sessions for the Bickman et al. (1998) study, as opposed to implicit delivery in the Circle of Parents program. Although it is likely that the information received during Circle of Parents groups may help participants feel empowered as parents, opportunities to practice skills and explicitly incorporate ideas of empowerment during discussions may more directly influence parenting confidence. The degree to which this occurs during Circle of Parents groups likely varies between groups due to the flexible nature of the program. Thus, programs utilizing a psychoeducational and behavioral approach to promote empowerment may not yield comparable results to self-help groups that incorporate empowerment principles into the framework of groups.

Protective Factors and Parent Outcomes

Circle of Parents groups seek to enhance protective factors for parents that are commonly associated with healthy parenting behaviors and a reduced risk for child maltreatment. For the current study, it was hypothesized that participants who felt more supported by the group, more supported in their personal lives, and more confident in their ability to parent successfully, would, in turn, report more positive change in parenting and lower risk for maltreatment. Although some of these expectations were supported, some were not.

Social Support and Parenting Outcomes for Group Participants

The current study sought to better understand the relation between social support and group outcomes child maltreatment and parenting behavior. Results revealed differences in the relation between social support and outcomes, based on whether the source of support was from within the group or social support networks outside the group.

Social Support-Within Group. Social support from within the group significantly predicted self-reported improvements in parenting behavior, but did not predict levels of maltreatment risk. Thus, parents who reported high levels of support from the group also reported more enhanced positive parenting practices when thinking retrospectively about their parent functioning at the start of their participation with Circle of Parents groups. A goal of Circle of Parents is to expose parents to other families who may be facing similar situations. The support group environment provides an opportunity for parents to have an outlet to share frustrations, while also gaining insight about approaches to handle different parenting challenges. Indeed, results of this investigation indicate that parents who feel more connected to their group also experienced positive enrichment in their ideas and behavioral repertoire with regard to parenting and other domains of functioning.

It is hoped that as parents gain support from their group, they are also less likely to resort to abusive or neglectful practices toward their children. Although support from the group was linked to changes in parenting behavior, support was not related to child maltreatment risk. This finding is in contrast to results of a study by Chaffin, Bonner, and Hill (2001), which found that provision of family support services yielded statistically

significant decreases in scores on the Child Abuse Potential Inventory (CAP; Milner, 1986). The family support services provided in that study were similar to Circle of Parents in the emphasis on creating positive social support networks for families and linking them with community resources. In addition, the BCAP used for the current study is a modified version of the CAP with fewer items and less intrusive questions. Thus, it is plausible to expect similar findings for Circle of Parents group participation. There are two main differences between studies, however, that may have influenced the current studies' noncongruent findings.

First, programs used in Chaffin et al.'s (2001) study provided a range of various services including respite care for parents, assistance to parents for basic concrete needs, mentoring and parent education. Although some of the sites facilitating Circle of Parents groups may have provided similar services, these are not considered core features Circle of Parents groups. Thus, it is possible that the combination of enhancing social support along with additional services contributed to the significant association to reduced child maltreatment risk. Second, in Chaffin et al.'s study the CAP was administered before participation and as a post measure. For the current study, the BCAP was administered at one point in time. Therefore, as previously mentioned, it is difficult to determine if the social support from the group was truly associated with a decreased risk for maltreatment based on prior functioning.

Social Support-Outside Group. It was predicted that parents who reported higher levels of informal social support outside the group would also report lower levels of child

maltreatment risk and improvements in positive parenting behavior. Results indicated that higher levels of social support outside the group were significantly associated with lower levels of child maltreatment risk. That finding is consistent with previous literature indicating that low social support is associated with an increased risk for maltreatment. Indeed, several of the items on the instrument used to measure maltreatment risk addressed feelings of loneliness and isolation.

Contrary to expectations, social support outside the group did not predict improvements in parenting behavior. Though higher levels of social support are frequently associated with more optimal parenting (Garbarino & Sherman, 1980), questions remain regarding to what extent higher levels social support are associated with the likelihood for improved parenting behavior. Rodrigo et al. (2007) investigated whether the relation between parental support and parenting behavior varied according to parental risk status and the source of support. The investigators proposed that there are two opposing hypotheses when considering the effect of social support on parenting outcomes, namely the *buffering* hypothesis and the *depleting* hypothesis. They explain that the buffering hypothesis “suggests that support has greater effects among persons currently facing stressors and challenges”, while the depleting hypothesis “suggests that the presence of social stressors may attenuate the positive effects of social support (Rodrigo et al., 2007, p.332).” The buffering hypothesis assumes that parents at risk for child maltreatment, particularly due to stressful living conditions, may benefit from instrumental and emotional support of family and friends in the form of encouragement, additional caregivers and monitoring, and financial resources.

Conversely, the depleting hypothesis suggests that: (a) the act of seeking help during stressful times may cause additional distress; (b) “support provided by highly stressed network members may be compromised by the demands that these same people are likely to make”; and (c) overly intrusive social support may exacerbate stress.

Rodrigo et al. (2007) found evidence for both the buffering and depleting hypotheses. Among informal sources of support, grandmothers, grandfathers, and partner support were buffers related to inductive parenting. However, satisfaction with partner support and uncle/aunt support moderated outcomes such that dissatisfaction with the sources of support was associated with an increase in the reported use of permissive-negligent parenting practices. The latter scenario lends support to the depleting hypothesis indicating that the level of stress associated with the source of support impacts parenting outcomes. Thus, the relation between informal social support and positive parenting behavior may be more complex than the one hypothesized for the current study and warrant deeper investigation into the degree of stress parents associate with their support network.

Lyons et al. (2005) also posed questions as to whether social support enhances positive parenting or inhibits negative parenting; directly impacts parenting practice; or operates indirectly by improving contextual conditions that affect parenting behavior. Further, when considering the impact of social support on parenting behavior it is important to take into account the quality and nature of support received from informal supports such as friends, family, and significant others. Some studies have found that social support can sometimes have an adverse impact on parenting, if the support provided adds levels of stress

or the individuals within a support network condone/promote unhealthy parenting practices (Lyons, Henly, & Schuerman, 2005; McLoyd, 1990; Rodrigo et al., 2007).

In sum, social support perceived from the group was associated with improved parent functioning, but not lower levels of maltreatment risk. Conversely, informal social support from outside personal support networks was associated with lower levels of maltreatment risk, but not improved parenting behavior. These findings are possibly related to factors such as parenting risk, feelings regarding sources of support, and quality of support. The following section overviews how parents' feelings of empowerment related to parenting outcomes.

Parental Empowerment and Parenting Outcomes for Participants

According to Bandura's social cognitive theory (Bandura, 1982, 1989) surrounding parental efficacy, parents who believe that they can parent effectively and promote optimal child outcomes are more likely to do so. The empowerment approach to reducing child maltreatment risk seeks to enhance parents' feelings of self-efficacy by allowing them to share with other parents who have similar concerns and converse about effective, non-coercive parenting strategies. Studies have demonstrated that parenting efficacy has predicted positive parenting behaviors such as school involvement, parent monitoring, and parent-child communication (Coleman & Karraker, 1998; Hoover-Dempsey & Sandler, 1997; Shumow & Lomax, 2002). There has not been as much research to investigate the relation between parents' levels of efficacy/ feelings of empowerment and maltreatment risk. However, some studies have found a relation between parenting efficacy and behaviors related to maltreatment risk, such as harsh discipline (MacPhee, Fritz, & Miller-Heyl, 1996),

overreactive discipline (Gross, Sambrook, & Fogg, 1999), and inconsistent discipline (Hill & Bush, 2001). Similarly, parenting efficacy has also been predictive of positive parenting behaviors associated with optimal child adjustment similar to those investigated in the current study, including responsiveness (Gondoli & Silverberg, 1997), sensitivity (Bohlin & Hagekull, 1987), and warmth (Izzo et al., 2000).

For the current study feelings of parental empowerment did not significantly predict improvements in parenting behavior or lower levels of maltreatment risk. There are measurement and design factors for the current study that may have confounded the possible relation between feelings of empowerment and outcomes. One potential concern in interpreting findings is that parents are self-reporting their own parenting behaviors and level of risk. These reports can be at risk of distortion. In addition, it appears that a great deal of empowerment research has been conducted using parents of special populations (e.g., parents of children with emotional-behavioral disorders, parents of children with developmental disabilities) (Reich, Bickman, & Heflinger, 2004; Ruffolow, Kuhn, & Evans, 2005). Although these parents may share some of the ecological factors associated with maltreatment risk, these groups may also have unique characteristics.

Further, research concerning the relation between parental empowerment and outcomes is still emerging and findings concerning the relation have not been conclusive. In fact, one study conducted by Thompson and colleagues (1999) found evidence contrary to the current study's hypothesis of the positive impact of parental empowerment. Specifically, reports of self-perceived disciplinary efficacy were important predictors of parents'

disciplinary approach; however, parents in the cluster indicative of less harsh discipline reported the lowest scores on self-disciplinary efficacy. In fact, they reported low usage of both nonphysical and physical discipline strategies and appeared to represent a somewhat permissive parenting style. Conversely, parents who endorsed harsher discipline strategies, including those considered most at-risk for abusive behavior, scored relatively higher on perception of efficacy of child management. Thus, parents who endorsed more punitive, coercive parenting strategies, including the use of physical discipline, also tended to have more confidence in the effectiveness of their child management strategies. Clearly, the conceptualization of the construct of empowerment is complex and likely warrants deeper probing into the degree to which feelings of empowerment are associated with actions.

Although parental empowerment was not significantly associated with either parenting outcome for the current study, it was significantly correlated with feelings of social support outside the group $r = .403$, $p < .001$ (see Appendix D). Though not a central question for the current study, these results indicate parents who reported feeling more empowered in their parenting role, also reported higher levels of social support. Social support and empowerment are protective factors frequently associated with one another. In fact, MacPhee et al. (1996) found that feelings of efficacy/empowerment mediated the effect of social support on parenting practices, suggesting that the support parents receive from their friends, family, and loved ones may also be an empowering force in helping them to have effective parenting practices.

The interconnectedness of variables and issues of directionality are factors that impact a variety of studies concerning parenting. Jones and Prinz (2005) in their review of literature surrounding parental efficacy discussed the concern that most previous research surrounding efficacy and empowerment involve correlational studies. They suggest that future studies should involve more longitudinal and experimental designs to better infer the directionality of the relation between parental empowerment and parenting. They also highlighted the notion that the relation between parental confidence and parenting behavior may be transactional. Thus, outcomes associated with parenting behavior probably influence/reinforce the likelihood of the parenting behavior continuing and feelings of parental competence. Given the findings from Thompson et al.'s (1999) study, one could postulate that parents who get immediate reinforcement for harsher parenting practices may feel empowered even though practices may not be considered optimal for long-term child adjustment.

In sum, parental empowerment for the current study did not predict lower levels of child maltreatment risk or improved parenting behavior. This finding may be associated with measurement issues for the current study, as well as deeper conceptualization concerns regarding the relation between parental empowerment and parenting practices.

Protective Factors as Mediators?

One aim of the current study was to determine whether protective factors such as social support and parental empowerment potentially served as mediators for the impact of participating in Circle of Parents programs and favorable parenting outcomes. In this

investigation, mediation could only be tested to investigate whether the relation between Program Participation and improvements in Parenting Behavior was mediated by Social Support-Within Group.

Results indicated that the relation between program participation and improvements in parenting behavior could not be explained by the impact of group participation on social support within the group. Caution is warranted in interpreting these findings due to the fact that the measures of social support and parental empowerment for the current study did not reflect improvements in these areas that may have occurred during program participation. It is possible that a difference score representing pre-post changes in protective factors may have yielded different findings. Nonetheless, it is also possible that other factors, not investigated in the current study, may mediate the group's impact on parenting. Examples of other potential mediating factors include shared parenting wisdom, problem-solving strategies, and access to resources.

Limitations and Directions for Future Research

This study sought to explore the effectiveness of self-help child maltreatment prevention programs through the evaluation of Circle of Parents. A primary aim was to provide a better understanding of the influence of self-help groups on promotion of protective factors and child maltreatment risk prevention. However, there are several methodological and design limitations for the current study that impact the interpretation of findings. Potential opportunities to address these limitations and directions for future research are briefly discussed.

First, the current study relied on parental self-report for all variables. Although self-report measures have strengths, they are limited to the perception of the reporter and may, therefore, over or under estimate parental functioning in given areas. In addition, the pre-post retrospective measure used to measure improvements in parenting behavior has several inherent threats to validity, including (a) susceptibility to memory distortions, and (b) possible response-shift biases in parents to provide favorable study results (Howard, Ralph, Gulanick, Maxwell, Nance, & Gerber, 1979). A post-hoc analysis using residuals was conducted investigate the possibility of bias in ratings. Results revealed no significant correlation between parents' "before" scores (retrospective pretest) and the residuals from the prediction of parent behavior based on group attendance ($r = -.11$, $p = .20$). Thus, results suggest that error may be equally distributed and there does not appear to be systematic basis associated with memory or social desirability for the retrospective measure of pre-post parenting behavior. Nonetheless, it may prove beneficial to include instruments that allow independent raters of parenting behavior and functioning, as well as observation of parent-child interaction and/or simulated problem-solving approaches to common parenting challenges. In addition, future studies would likely gain deeper insight into protective mechanisms and parenting outcomes through qualitative measures, such as interviews and focus groups.

Another concern with regard to methodology is that four of the five outcome variables were based on measurements taken at a single time point; therefore, change over time could not be assessed. In addition, Ruffolo and Kuhn (2005) suggest that standardized

instruments, like the measures that comprised the questionnaire for the current study, may not be sensitive enough to capture important changes that may have occurred. Further, the current study assessed parents' risk for maltreatment, but like many other evaluations of self-help child maltreatment programs there is no indication of whether or not parents engaged in abusive or neglectful behavior following participation with Circle of Parents groups. In fact, the level of abuse risk for the entire sample was relatively low, with an overall BCAP mean of 3.49 of a possible total risk level of 14.

Future research should allow for longitudinal analysis through planned follow-up surveys. This will allow researchers to track parenting trajectories after additional sessions of Circle of Parents, as well as to determine how well parents function over time. Attempts may be made to obtain information about the incidence of child maltreatment for parents who have attended prevention programs. However, this information would likely need to be obtained retrospectively and may be less reliable due to the anonymity promoted for most programs.

With regard to the predictor variable of program dosage, the current study utilized parents' estimate of the number of sessions attended. During the initial design of the current study, dosage was to be depicted as a construct including number of sessions, frequency of meetings, and length of time for participation (see Appendix B). However, participant responses to questions 2 and 3 were frequently not answered or answered in a manner that was non-quantifiable. Therefore, data with regard to frequency and duration were excluded. It is recommended that Circle of Parents group facilitators develop a more systematic

approach for tracking the number of sessions parents attend, while continuing to respect wishes for anonymity. Attendance records would likely provide a better estimate of dosage. In addition, there is limited previous research with regard to the optimal number of sessions for best parent outcomes and whether it is better to have these sessions more frequently or spread over a greater length of time. Thus, the continued investigation of how to best conceptualize program dosage is warranted.

A research design limitation for the current study is the lack of a control group to provide a comparison for improvement due to participation in the groups. Given the voluntary structure of Circle of Parents groups and ethical considerations, there was no opportunity to include a no-treatment control group. Thus, the results of the current study may lend support to the impact of participation in Circle of Parents groups, but cannot be interpreted as conclusive evidence as to the effectiveness of the program. Within the current study, exposure to sessions was treated as the basis of measuring program outcomes due to ethical and logistic challenges of creating a control group. In the future, it may be possible to use naturally occurring controls such as programs where parents are waiting to begin attending sessions or assessing parents with similar profiles where Circle of Parents programs are not available. The use of a multiple baseline study design is another approach, which may allow investigators to assess parenting adjustment as a function of exposure to Circle of Parents sessions over time. Although random assignment to groups is often considered the gold standard for research designs, Dadich (2009) suggests that randomized controlled studies may be inappropriate for these groups due factors such as the voluntary and

anonymous nature of participation and “indigenous group leadership” limiting researcher control.

A strength of the current study is the ethnic, economic, contextual, and geographic diversity of the sample. However, an in-depth analysis of ecological factors associated with program outcomes was not possible given the sample size. Future research should investigate factors that might moderate outcomes on various ecological levels (i.e., SES, ethnicity, parent age, marital status, family composition, family conflict, group setting, group characteristics). Researchers may wish to elucidate findings regarding parenting using hierarchical linear modeling analyses to determine if various subgroups differ on outcomes. In addition, investigators may wish to research other factors as potential mediators of outcomes, such as problem-solving ability, parental attributions, parental expectations, and knowledge of resources.

Finally, there are also programmatic factors that could potentially impact program participation and outcomes, such as facilitator characteristics, group dynamics, and adherence to core philosophical features (i.e. promoting empowerment and encouraging social support) during programming. Evaluation of such process variables was beyond the scope of this investigation but deserves attention in future evaluations of parent support groups. Future investigators may find that an analysis of program implementation integrity may assist in determining dosage for program participation. Although REML analysis did not yield significant differences on outcomes for the current study, additional site analysis may be warranted due to potential variability in program delivery.

Conclusions and Implications for Practice

The current study sought to advance the understanding of the impact of self-help parent support groups' such as Circle of Parents on parenting behavior and maltreatment risks and the mechanisms or features through which the programs possibly influence parent outcomes. The results this study revealed that parents who attended more sessions of Circle of Parents reported significantly more improvement in positive parenting behaviors than those who attended fewer sessions. They also reported a stronger sense of support from the group. Contrary to expectations, there was not a significant effect of attendance on parents' use of informal social support networks and resources outside of the group, feelings of empowerment, or overall maltreatment risk. Feelings of parental empowerment were not associated with improvements in parenting behavior or levels of child maltreatment risk. These results have several implications for both research and practice.

First, the finding that parents who attended more sessions reported greater retrospective improvements in positive parenting behaviors indicates that the more parents attend sessions, the more improvements may be yielded in parenting behavior. Thus, groups like Circle of parents can anticipate many participants feeling like their parenting has changed in important ways. Second, the current study found that parents who attended more sessions reported feeling higher levels of support from individuals within the group. Thus, group facilitators and planners should be deliberate in promoting parental cohesion within the groups. This may be done through activities during sessions or possibly planning outside

opportunities for parents to bond. Current findings suggest that increased connectedness to groups for parents may promote both attendance and growth in parenting.

Finally, the results of the current study did not reveal significantly lower child maltreatment risk for parents who attended more sessions. Although there are several potential explanations for this finding, this result suggests that group facilitators and planners may want to be purposeful in attempting to address various factors associated with child maltreatment risk during groups. These practices might include, but are not limited to, (a) continuing to assess process adherence and engagement for the group, (b) identifying additional outside resources for parents when needed, and (c) monitoring to determine the appropriateness of self-help vs. other child maltreatment prevention programs based on initial maltreatment risk levels.

In sum, the evaluation study elucidated the relation between participation in a self-help child maltreatment prevention program for parents and optimal outcomes. Given the importance of establishing safe, secure, and nurturing environments for children, providing parents with supportive and effective programs and resources remains paramount. Equipped with the necessary tools and emotional support, it is believed that “parents will do the best job they can” in rearing healthy, well-adjusted, positive contributors to society.

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APPENDICES

Appendix A



Thank you for your assistance in administering the Circle of Parents Questionnaire to members of your local group(s). ***The results of these surveys are critical for continued support and funding for the NC Circle of Parents Network. But more importantly, participant input is very valuable and will help us improve the quality of Circle of Parents programs across the state.*** Below are guidelines for administering the questionnaire and submitting the completed questionnaires to the evaluation team. If you have questions or concerns regarding the survey or the instructions, please contact one of the members of the evaluation team listed below.

Evaluation Team Members

Katrina Gay, Program Coordinator

Kendrea C. Hart, Evaluator

Mary E. Haskett, Ph.D., Associate Professor

Availability of the Questionnaire

Please make a copy of the questionnaire for each parent in your group. If you need another electronic copy, please email Mary Haskett or Katrina Gay.

Deadline for Completion of the Questionnaire

Questionnaires should be completed and placed in the mail by **June 1, 2007.**

Returning the Completed Questionnaires

Prior to the group meeting at which you will administer the questionnaire, please prepare a large stamped and addressed envelope for one parent to use in mailing the questionnaires to the evaluation team. The mailing address is:

Mary Haskett, Ph.D.
Department of Psychology
Box 7650
North Carolina State University
Raleigh, NC 27695

Availability of the Survey Results

A report will be developed summarizing the data collected across the state and drawing conclusions about the impact of the program. ***Data summaries for individual groups will also be available for those groups who submit a minimum of 5 completed surveys.*** The report will be available in the Summer of 2007.

Please review these instructions completely before you plan to administer the questionnaires, and email any questions you might have about the administration to Mary Haskett or Katrina Gay. ***Before returning questionnaires, please be sure that the parent questionnaires, the facilitator questionnaire, and the cover sheet have all been included in the packet.***

Remember that parents will pick up on your feelings about the program evaluation. ***Please present this process in a positive way, so they will understand that they are participating in an important activity***, even though this process can be a bit time-consuming. We promise that the information from the evaluation will be useful to you and your participants!

Time for Completion

Administering the survey will require about 30 minutes – slightly less time if you have a small group and possibly a bit more time if you have a large group.

Incentives

Remind parents that ***the group will receive \$10 for each survey submitted***. Allow the parents to decide how to use the money as a group.

The first group to submit their surveys will receive an additional incentive – ***a \$30 gift card*** to a local Target, Wal-Mart, or Kmart (the group's choice!)

The group that submits the most surveys will also receive an additional incentive – ***a \$30 gift card*** to a local Target, Wal-Mart, or Kmart (the group's choice!)

Facilitator Questionnaire (preferably to be completed prior to the parent questionnaire)

In addition to the parent questionnaire, there is also a facilitator questionnaire, which is designed to collect additional information about each group from the facilitator perspective. Your input is valuable in helping Circle of Parents groups continue to improve and be successful in meeting the needs of parents. The facilitator questionnaire should take approximately 10 minutes to complete. Please complete the facilitator questionnaire **prior to** the group administration of the parent survey, if possible, so that you can assist parents with the completion of their surveys. The completed facilitator questionnaire is to be included with the completed parent surveys and cover sheet in the same packet to be mailed in.

Getting Started

Make sure that the environment is comfortable for parents to complete the survey, e.g. they have some “private space” and a flat surface for writing. Please have a stapler available in the room. ***It is important that all sections stay stapled together when the parent puts their questionnaire in the envelope.*** Remain available in the room to give instructions and answer questions, but do not stand too close to the parents as they complete the questionnaire.

IMPORTANT NOTE: If you think there are parents in the group who will not be able to read the questionnaire, please plan to read it aloud to the entire group of parents.

If any parents do not want to complete the questionnaire, please allow them to leave or to participate in some other activity. We want to encourage, but certainly not force, parents to fill out the questionnaire.

If parents get “stuck” on an item, encourage them to make their best choice, but not to spend too much time on any one item. If they are really having difficulty with an item, tell them to skip the item and return later if there is time.

Print out the cover sheet (included with these instructions) and be sure to make notes about things that come up as parents complete the questionnaire. Please inform the parents that you’ll be doing this and encourage them to let you know of things that need to be noted on the cover sheet.

Opening Instructions to Group Participants

Try to use these exact words below, so all parents across the state receive the same instructions. However, if you need to deviate from the instructions to meet the needs of your own groups, please let us know about that on the cover sheet. Give everyone a copy of the questionnaire and a pencil, with an eraser! Please don’t use pen in case parents want to change their answers.

The Circle of Parents program really appreciates your responses to this questionnaire. Completion of the questionnaire is voluntary and if you decide not to complete the questionnaire, it will not affect your participation in the group. Your responses will benefit both you and the program; with your input, we will understand your opinion of the program and what improvements to the program should be considered.

Please do not put your name or any identifying information on the questionnaire. Please do not share your responses with others in the group.

In the first part of the questionnaire, we are asking questions to learn more about the parents who come to our groups. The questions will ask about your background and about your participation in the group.

*Please turn to page 3 and look at Question 19 of the questionnaire. In this section, you are asked about how your life situation and role as a parent have changed or stayed the same since you began coming to the group. Notice that the section is divided into two parts. The first part [point to the column on the LEFT side of the page, while showing the questionnaire to parents] asks how you did things or how you thought and felt **before** you came to the Circle of Parents group. The second part [point to the column on the RIGHT side of the page] asks how you ordinarily do things or how you feel **now**. Are there any questions about this section before you get started?*

Questions 20-22 are questions about you that are related to parenting. Please rate each item, based on the rating scale provided.

When the questionnaires are completed, make sure every item is answered and that all the pages are still stapled together. Then, place the questionnaire in this envelope [group facilitator points to the envelope]. I’ve asked (insert name of parent) to seal the envelope and place it in the

mail by tomorrow. I will never see your individual questionnaires, but I will receive general feedback about our group and about all the Circle of Parents groups in NC. The feedback will help us make improvements to our groups.

I will be completing this cover sheet and the facilitator questionnaire? [show the cover sheet to the group] to include with your completed surveys, explaining any issues or questions that come up as you fill out the survey. Please let me know if there are things that should be included on this form.

Closing

As parents start to finish the questionnaire, instruct parents to:

Please look over your questionnaire and check to make sure it is complete. If the pages have come apart, please use this stapler to bind them back together.

Please complete the cover sheet (following) and Facilitator Questionnaire and insert it into the envelope to be returned with the questionnaires to the evaluation team. This is very important!!

Give the mailing envelope to the parent who will be responsible for mailing the completed questionnaires. That parent will pass the envelope around the room so each parent can put their questionnaire inside.

The parent will then seal the envelope in front of everyone so parents will know that their responses are completely confidential. The parent should put the envelope in the mail within 24 hours.

Thank all the parents for their participation.

Cover Sheet

Please complete this cover sheet and insert it into the envelope to be returned with the questionnaires to the evaluation team. *This is very important!!*

Name of Group Facilitator: _____

Sponsoring Agency: _____

Name of Group: _____

Group (city & county): _____

Date questionnaires administered: _____

Number of parents present at group meeting: _____

Number of parents who did not complete the questionnaire: _____

Target/priority population: _____

Please note any concerns and/or parent questions that arose with the survey:

Additional notes to the evaluation team:

Appendix B



Circle of Parents Parent Questionnaire

1. Before tonight, how many Circle of Parents group meetings have you attended? If you aren't quite sure, please provide your best guest.

☐ 0 meetings ☐ 1-3 meetings ☐ 4-7 meetings ☐ 8-11 meetings ☐ 12+ meetings

2. Estimate how often do you attend meetings:

☐ 2 Xs or more a week ☐ 1 X time a week ☐ 2 Xs a month ☐ 1 X a month

☐ Other: _____

3. When did you attend your first Circle of Parents group meeting? (Approximate month and year)

4. Please indicate other services you are receiving that help you and your family (Check all that apply)

☐ Parenting classes

☐ Workshops about child development

☐ Parents as Teachers/Parent Aide Program

☐ Mental health services

☐ Early intervention services

☐ Youth activities in community

☐ Preschool/ Early Headstart

☐ Other services: _____

5. How did you find out about this Circle of Parents group?

☐ Friend or family member

☐ School or educational program

☐ Group facilitator

☐ Service provider or social worker

☐ Public notice (flyer, newspaper, church bulletin)

☐ Other: _____

6. Why did you become interested in a parent group? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I was frustrated with parenting. | <input type="checkbox"/> I wanted parenting tips/new ideas. |
| <input type="checkbox"/> I am raising a challenging teenager. | <input type="checkbox"/> I wanted to meet other parents. |
| <input type="checkbox"/> I felt isolated and alone. | <input type="checkbox"/> I wanted to learn more about parenting. |
| <input type="checkbox"/> I have many single parenting demands. | <input type="checkbox"/> I have many stepfamily challenges. |
| <input type="checkbox"/> I am raising a grandchild. | <input type="checkbox"/> My attendance was required/ mandated. |
| <input type="checkbox"/> I am raising a child with behavior or emotional problems. | |
| <input type="checkbox"/> Other-please explain: _____ | |

7. How much do you enjoy coming to this group?(Circle) Not at all A little Not sure A fair amount Very much

8. How much do your children enjoy coming to the group? (Circle) Not at all A little Not sure A fair amount Very much

9. Do you use the information that you gain from this group? (Circle) Not at all A little Not sure A fair amount Very much

10. Would you recommend this group to other parents? (Please circle one) Yes No

Why or why not? _____

11. Since your participation in this group, have you learned about more resources in your community (programs, counselors, social services, clergy, etc.)? (Circle) Yes No

12. How old are you? _____ How old is your oldest child? _____

13. What is your gender (Check one) ☐ Female ☐ Male

14. What is your marital status (Check one)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Married or living with partner |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | |

15. How would you describe your education? (Check one)

☐ 11th grade or less ☐ High school graduate or GED ☐ Trade/business/vocational school
☐ Some college ☐ College graduate

16. What is your current employment status? (Check one)

☐ Work full-time ☐ Work part-time ☐ Retired ☐ Unemployed

17. If working, what is your job? _____

18. How would you describe your race/ethnicity? (Check one)

☐ African American ☐ Asian American ☐ Hispanic/Latino
☐ Native American ☐ White ☐ Other (please describe) _____

19. Directions: We would like to know more about how you view changes in your parenting practices since attending Circle of Parents meetings. In the **left column**, please circle the number on the scale that represents how often you did the behavior described **before coming to the group**. In the **right column**, please circle the number on the scale that represents how often you do the behavior **now**. Please CIRCLE an answer in both the left and right column for each question before moving on to the next question. Use the following scale:

1=Never,	2= Rarely,	3= Sometimes,	4= Often,	5= Always
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Before coming to the group						Now				
How often did you...						How often do you...				
1	2	3	4	5	Have appropriate expectations for your child's abilities	1	2	3	4	5
1	2	3	4	5	Hug, kiss, or show your child affection	1	2	3	4	5
1	2	3	4	5	Try to set a good example for your child's behavior	1	2	3	4	5
1	2	3	4	5	Follow through with rules and limits set for your child	1	2	3	4	5
1	2	3	4	5	Tell your children you love them	1	2	3	4	5
1	2	3	4	5	Handle stress in a positive way	1	2	3	4	5
1	2	3	4	5	Ask for help when you need it	1	2	3	4	5
1	2	3	4	5	Reward your child's positive behavior	1	2	3	4	5
1	2	3	4	5	Have fun with your children	1	2	3	4	5
1	2	3	4	5	Use spanking to discipline your child	1	2	3	4	5
1	2	3	4	5	Listen to your child	1	2	3	4	5
1	2	3	4	5	Use services in the community for family needs	1	2	3	4	5
1	2	3	4	5	Express your feelings in a helpful, non violent way	1	2	3	4	5
1	2	3	4	5	Read to your child at least four (4) times a week	1	2	3	4	5

20. The format for this section is a little different. Below are 10 items that describe how a parent or caregiver of a child may feel. For each statement, please circle the response that best describes how the statement applies to you.

	1 =Not True at All	2 =Mostly Not True	3 =Somewhat True	4 =Mostly True	5 =Very True
1. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
2. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
3. I know what to do when problems arise with my child.	1	2	3	4	5
4. I feel my family life is under control.	1	2	3	4	5
5. I am able to make good decisions about what services my child needs.	1	2	3	4	5
6. I am able to get information to help me better understand my child.	1	2	3	4	5
7. I believe I can solve problems with my child when they happen.	1	2	3	4	5
8. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
9. When necessary, I take the initiative in looking for services for my child and my family.	1	2	3	4	5
10. I feel I am a good parent.	1	2	3	4	5

21. Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1 =Very Strongly Disagree, 2 =Strongly Disagree, 3 =Mildly Disagree, 4 =Neutral, 5 =Mildly Agree, 6 =Strongly Agree, 7 =Very Strongly Agree

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7
13.	There is someone in my Circle of Parents group I can call if I have an emergency.	1	2	3	4	5	6	7
14.	There is someone in my Circle of Parents group who really cares about me.	1	2	3	4	5	6	7
15.	There is someone in my Circle of Parents group I have spent time with outside the group meetings.	1	2	3	4	5	6	7

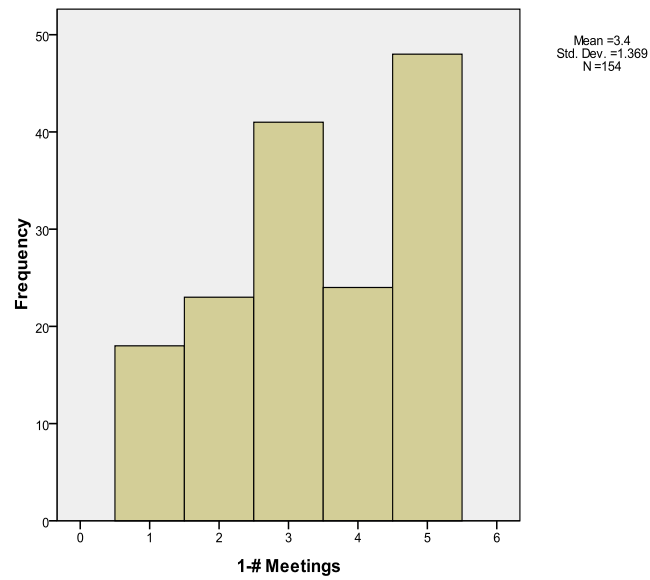
22. The following section includes a series of statements about how you're feeling about yourself and your family. Read each statement and decide if you **Agree** or **Disagree** with the statement. If you **agree** with a statement, circle **A** for agree. If you **disagree** with a statement, circle **DA** for disagree. Remember to read each statement; it is important not to skip any statement.

A= Agree DA= Disagree		
1.	I am a happy person.	A DA
2.	Sometimes I feel all alone in the world.	A DA
3.	I am often lonely inside.	A DA
4.	My life is happy.	A DA
5.	My family fights a lot.	A DA
6.	My family has problems getting along.	A DA
7.	Other people have made my life unhappy.	A DA
8.	I often feel very upset.	A DA
9.	My life is good.	A DA
10.	I am often upset.	A DA
11.	I am often upset and do not know why.	A DA
12.	I often feel alone.	A DA
13.	My family has many problems.	A DA
14.	Other people have made my life hard.	A DA

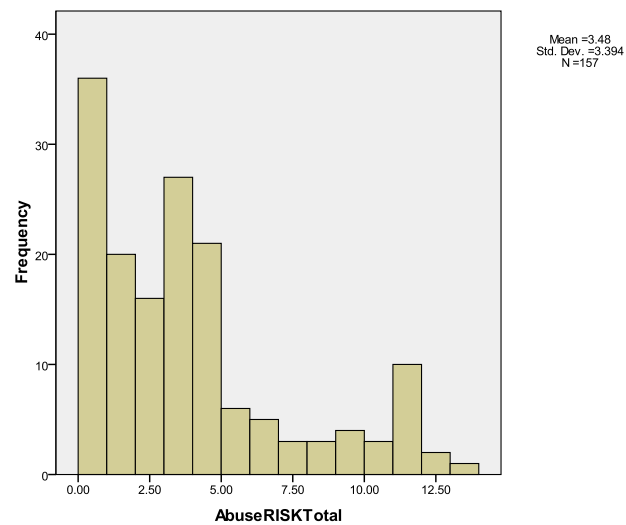
Appendix C

Distribution of Variables

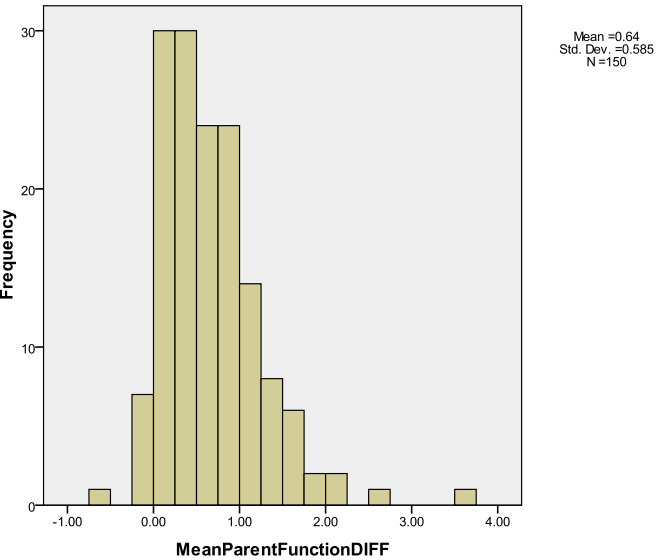
Program Participation



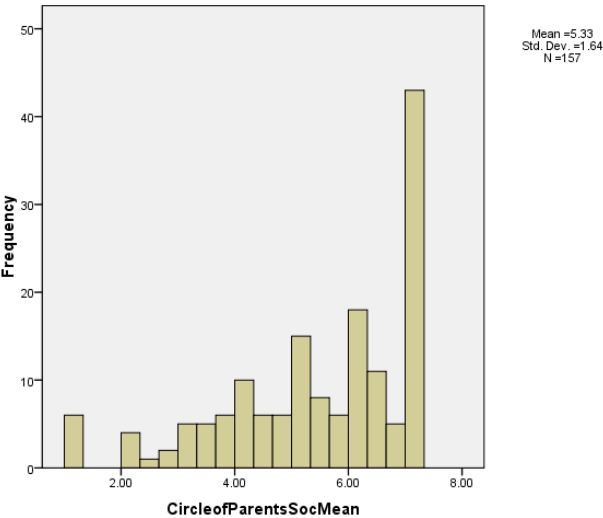
Child Maltreatment Risk



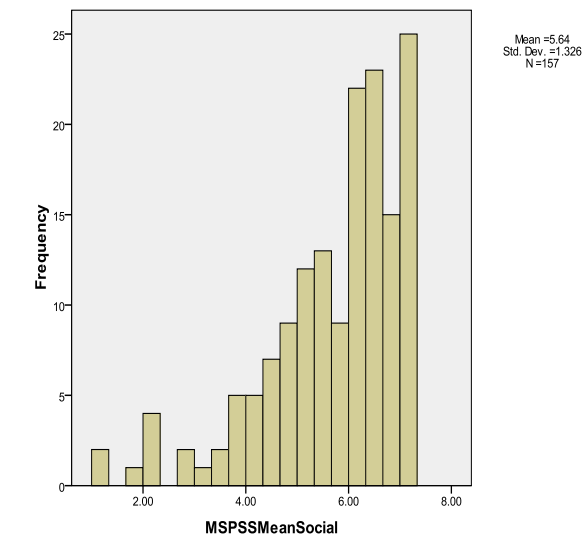
Parent Functioning



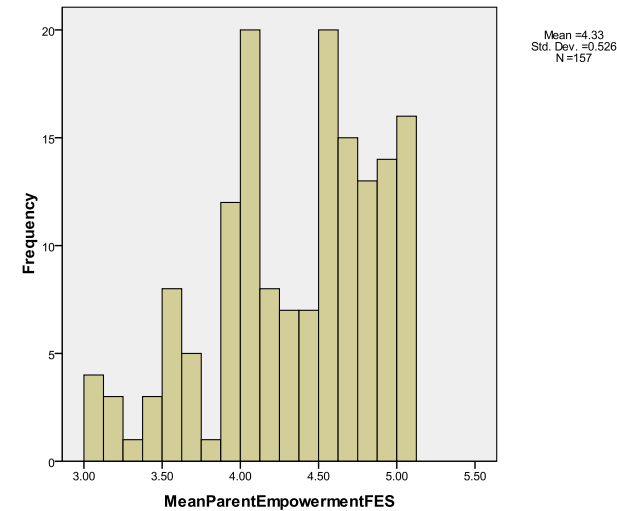
Social Support-Within Group



Social Support-Outside Group



Parental Empowerment



Appendix D

Correlation Matrix for Variables in Model (N=157)

	1	2	3	4	5	6
1. PP	--	.119	.286**	-.088	.220**	-.032
2. CMR		--	.076	-.437**	-.113	-.107
3. PB			--	-.057	.178*	-.047
4. SS-OG				--	.469**	.403**
5. SS-WG					--	.285**
6. PE						--

Note. PP = Program Participation; CMR = Child Maltreatment Risk; PB = Parenting Behavior; SS-OG = Social Support Outside of the Group; SS-WG = Social Support Within the Group; PE = Parental Empowerment.

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.