Perceived and demonstrated competence as affected by child abuse

Diane Gallinger

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PERCEIVED AND DEMONSTRATED COMPETENCE
AS AFFECTED BY CHILD ABUSE

A Thesis Presented to
the Faculty of
California State College, San Bernardino

In Partial Fulfillment for the
Requirements of the Degree
Master of Science
in
Psychology

by
Diane Gallinger
August, 1983
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Approved by:

Chairperson

Date: August 1, 1983
ABSTRACT

In an effort to examine perceived competence, the following three groups of children and their significant adults were administered the Perceived Competence Scale for Children (PCSC): an abused off-grounds school group from a residential treatment center, an abused on-grounds school group from a residential treatment center, and a nonabused public school group from a local community. Both abused groups of children were also given the WISC-R in an attempt to measure demonstrated competence and then to look at whether child or adult perceptions of competence were most like the actual demonstrated competence. It was found that abused children may have perceived themselves as more physically competent than nonabused children, but no differences were found in the areas of cognitive competence, social competence or self-esteem. Adults perceived the nonabused children as being more competent than the abused children with on-grounds school children viewed as the least competent group of the three. Age and sex of the children made little difference in the results while age at first placement of the abused child made no difference at all. Abused children performed more poorly on the Verbal and Full Scale portions of the WISC-R than the general population. The adult cognitive scale of the PCSC was the scale which correlated with the scales and subscales of the WISC-R more often than any other child or adult scale. Future research in this area might examine an abused never-removed-from-home group or a nonabused group taking the WISC-R or a further breakdown of the abused on-grounds school group. Implications
for treatment include that children should not be evaluated in terms of how long they have been in placement nor should they be expected to possess special abuse-provoked skills; that abused children's strengths may lie in the physical/behavioral/performance arenas; and that improved methods are needed in defining, evaluating, and treating the on-grounds school group used in this study.
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INTRODUCTION

Child abuse is a widespread, worldwide problem which has just begun to be formally researched in the last twenty years. Most of the studies conducted since the early 1960's have focused on the definition, causes, legal aspects, and incidence of child abuse and neglect (CA/N)\(^1\). Researchers have examined characteristics of abusive parents and of abused children but have concentrated primarily on the parents when abusive and nonabusive populations have been compared.

In this thesis, the areas of CA/N which have been most thoroughly researched will be reviewed. These are: (1) What is child abuse? (2) What are the causes? (3) What are the legal concerns? (4) How prevalent is child abuse? Having considered the basic parameters of the problem of CA/N, the next step will be to examine a specific population of abused children at a residential treatment facility. An overview will then be provided of previous studies which have approached the issue being researched in this report, i.e., competency and abused children. Questions of concern will include: (1) Does the abused child perceive him/herself to be as competent as the nonabused child perceives him/herself? (2) Do significant others of abused and nonabused children perceive their children to be as competent as the children perceive themselves? (3) Are there differences between the abused and nonabused populations in terms of the significant others' perceptions of their children?

\(^1\)In this paper, the term "abuse" will be used interchangeably with the term "CA/N" and the two will be seen as synonymous.
Definition

Attempts to arrive at a satisfactory definition of child abuse and neglect have failed for all practical purposes. This is an unfortunate fact in many instances. We are unable to get a completely accurate picture of incidence; legal issues are confounded; and prevention and treatment lack a precise orientation.

Initial definitions of CA/N seemed to focus entirely on physical abuse as in C. H. Kempe's and coauthors' article, "The Battered Child Syndrome" which is now reknowned as the impetus for the current CA/N movement (Kempe, Silverman, Steele, Droegmueller, and Silver, 1962). They defined child maltreatment as "the infliction of serious injury upon young children by parents and caretakers." Fontana (1964) included emotional deprivation, neglect, and malnutrition in his definition of CA/N. The tendency to include neglect in defining CA/N is still a sensitive issue, and this is largely due to the fact that often no visible or obvious evidence is produced in such cases (Starr, 1979). Some authors continue to maintain that abuse and neglect should be approached as separate issues (Galdston, 1965). On the other hand, CA/N definitions
may include a much broader outlook such as the opinion that even minor injuries constitute maltreatment (Helfer, 1975) or the rather unique approach that CA/N is "any action which prevents a child from achieving his physical and psychological potential" (Gil, 1974). The American Humane Association currently lists types of maltreatment as: major physical injury, minor physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, and other maltreatment; within these six major categories are a breakdown of 24 specific incidents considered to constitute maltreatment (AHA, 1980).

**Postulated Etiological Factors**

Establishing the causal factors of child abuse presents even greater difficulties. There are those who have examined characteristics of the abused child as the abuse-provoking victim (e.g., de Lissovoy, 1979; Friedrich and Boriskin, 1976) while others have focused on the abusing parent as perpetrator (e.g., Spinetta and Rigler, 1972; Green, Gaines, and Sandgrund, 1974). Attempts have been made to combine the two approaches, thereby creating a family-interaction model (e.g., Burgess and Conger, 1978; Garbarino, 1977a). For example, Besharov (1977) views CA/N as that point on a continuum of parent-child interactions which justifies societal intervention. Still other writers lean toward the characteristics of society which may lead to abuse (e.g., Young, 1964; Parke and Collmer, 1975) or toward our basic cultural attitudes (e.g., Gelles, 1978; Gil, 1971).

More recently, there has been a shift in defining CA/N which encompasses all of these factors in a multivariate model approach (e.g.,
Belsky, 1980; Besharov, 1977; Meier, 1983). Belsky (1980) proposes three separate but interacting entities which combine to create child maltreatment including: the microsystem—the child, parents, and their interactions; the exosystem—the community; and the macrosystem—all cultural factors.

**Microsystem.** Characteristics of children which may contribute to abuse include the following: premature birth and low birth weight (Elmer and Gregg, 1967; Fontana, 1971); more negative behavior than nonabused children (Burgess and Conger, 1978); less healthy as infants (Hunter, 1980); physical or developmental abnormalities (Johnson and Morse, 1968; Elmer and Gregg, 1967; Frodi, 1981); overactive and difficult to supervise (Johnson and Morse, 1968); aversive behavior (Vasta and Copitch, 1981); emotional disturbance (Elmer and Gregg, 1967); more frequently assaultive of peers than nonabused children (George and Main, 1979); less responsiveness (George and Main, 1979); and mental retardation (Friedrich and Boriskin, 1976; Frodi, 1981). These authors are quick to point out that often these unfavorable characteristics are beyond the child's control and that in many cases there is no certainty whether the abuse or the abuse-provoking behavior came first.

The most commonly cited characteristic of abusive parents is that they were maltreated as children (e.g., Kempe et al, 1962; Spinetta and Rigler, 1972). Hunter (1980), however, reminds us that not all victims of CA/N grow up to maltreat their own children; in fact, in her study only 18% of those abused as children became abusive as parents. According to her findings, those who did not maltreat their own children had a richer network of social supports, were more open and hopeful, found ways to manage their stress, and were actively striving to overcome
childhood trauma. Green, Gaines, and Sandgrund (1974) list the following characteristics of parents who have maltreated their children: impaired impulse control, poor self-concept, disturbances in identity formation, and frequent use of projection and externalization. Burgess and Conger (1978) add that, in a study of abusive and nonabusive families, abusive mothers have less contact with and respond negatively more often to the other family members, abusive parents have less physical contact with their children, and wives in abusive families are not as responsive to their husbands' commands. Other parental characteristics include: few positive contacts with their children, reliance on punitive techniques, and inconsistency in positive responses (Patterson and Reid, 1970); poor parenting skills and expecting too much of their children (Steele and Pollack, 1968); lack of empathy with their children (Melnick and Hurley, 1969); immaturity (Cohen, Raphling, and Green, 1966); dependency and narcissism (Pollack and Steele, 1968); chronic aggressiveness (Merrill, 1962); reversal of the parent/child role in the family (Morris and Gould, 1963; Simons, Downs, Hurster, and Archer, 1966) and psychological disturbance (Cochrane, 1965; Simpson, 1967 and 1968).

Family characteristics which are claimed to contribute to CA/N include the following: household disorganization (Elmer, 1967; Young, 1964); large family size (Gil, 1970; Light, 1973); marital conflict (Green, 1976; Young, 1964); high incidence of divorce, separation, and marital instability (Kempe et al, 1962); and the inadequate use of family support systems (Garbarino, 1977a).

Exosystem. The two most significant factors occurring in the social network or community which may play a role in CA/N are the world of work
and neighborhood influences (Belsky, 1980). More specifically, these might include: increased unemployment (Galdston, 1965; Gelles, 1975; Young, 1964; Gil, 1971); decreased level of job satisfaction (McKinley, 1964); isolation from support systems (Giovanni and Billingsley, 1970; Light, 1973; Newberger and Hyde, 1975; Young, 1964; Garbarino, 1977a; George and Main, 1979); lack of more appropriate role models (Cochran and Brassard, 1979); the failing economy (Alvy, 1980); a more urban location (Gelles, 1980); younger parents with less education and lower paying occupations (Gelles, 1980); and greater contact with red-tape bureaucracies for welfare, unemployment needs, etc. (Spinetta and Rigler, 1972).

Macrosystem. Finally, some authors tend to concentrate on the cultural issues surrounding CA/N. The cultural factors mentioned most often are the tolerance of high levels of violence (Gelles, 1975; Gil, 1971) and the sanctioning of physical punishment in this country (Alvy, 1975; Belsky, 1978a; Garbarino, 1977a; Gil, 1970). It has been noted that in countries where physical punishment is not often used, maltreatment is rare (Gil, 1971; Levy, 1969). In an attempt to substantiate the violent tendencies occurring naturally in this country, Gelles (1975) conducted a nationwide survey to determine the average degree of violence in any given household. Violence was defined as "an act carried out with the intention, or perceived intention, of physically injuring another person."

Some of the findings were as follows: in the last year (1975), 58% of the respondents claimed to slap or spank their children; 41% admitted to pushing or shoving; hitting was reported by 13%; 5% threw an object at their children; kicking or biting was reported by 3%; and 0.10% threatened to use or actually used a gun or knife. Over the lifetime of their
children, parents reported the following: 71% slapped or spanked, 46% pushed or shoved, 20% hit, 10% threw an object, 8% kicked or bit, and 3% threatened to use a knife or gun. Other cultural factors mentioned in the CA/N literature include the importance placed on child care, changing family roles, economic and social competition, nobility, racism, religion (Besharov, 1977), and children being considered the property of their parents (Garbarino, 1977b; Gil, 1976).

**Legal Issues**

Legally and legislatively, the debates surrounding cases of CA/N have focused almost entirely on the question of whether or not to remove the maltreated child from his/her home and family.

One piece of federal legislation, The Child Abuse Prevention and Treatment Act (CAPTA) has been passed into law in order to establish and appropriate funds to: create a National Center on CA/N, study existing laws, establish "demonstration programs," mandate reports of CA/N, set up requirements for states to receive federal funds, require counsel for parents, and define the terms child abuse and child neglect for governmental purposes. This bill became law in January, 1974, following the realization that the only existing federal funding authorized for the prevention and treatment of CA/N was contained in the Social Security Act; however, money from Social Security was rarely diverted to child abuse cases. Only 1% of funds appropriated for child welfare was applied to CA/N (Senate Report, 1973). The passing of CAPTA was also encouraged by the testimony of a formerly abusive mother who reported her inability to receive help from any of the social services agencies she contacted.
The need for legislative action was further supported by the fact that "not one employee of the federal government works full time on the problem of child abuse" (Senate Report, 1973). Questions still unanswered by this law are: (1) Should funds also be applied to research the problem of CA/N? (2) Should attention focus on abuse or on neglect? (Hoffman, 1975). (3) Does this law create a false sense of security in the government's ability to control a problem which is already out-of-control and actually requires much more effective handling? (Zigler, 1979).

On the local level, states, counties, and even individual courts are allowed considerable freedom in defining and coping with CA/N due to the lack of a nationwide policy for approaching the problem. Once maltreatment of a child has been established by the court, the next major decision to be made involves the degree of probability that maltreatment will recur. The issue here concerns the question of whether or not to remove the maltreated child from the home, either temporarily or on a more permanent basis. In other words, will removing the child from his/her home prevent further and, perhaps, more serious abuse? And/or will removal merely put the child into a new series of problematic situations while, at the same time, separating the youngster from his/her family of origin? These questions are highly subjective and arouse intense emotion on both sides of the issue, i.e., removal whenever in doubt or removal only under the most extreme circumstances. In one study (Phillips, Shyne, Sherman, and Haring, 1971), three judges were presented with 94 cases in which the question of removal was pertinent. The judges agreed regarding the question of removal in only 48% of these cases, and even when agreement was reached, the reasons given for their decision were often dissimilar.
Research with social workers has yielded similar results (Shinn, 1968). Even when states attempt to apply some legal standards and uniformity to the removal issue, the guidelines presented and their lack of definitive wording still leave much room for individual interpretation. For example, in California, any person under the age of 18 can be declared a dependent ward of the court if the minor is determined to be: (1) one who is in need of proper and parental care or control and has no parent or guardian, or has no parent or guardian willing to exercise or capable of exercising such parental control or has no parent or guardian actually exercising care or control...(2) who is destitute, or is not provided with the necessities of life, or who is not provided with a home or suitable place of abode, (3) who is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality, (4) whose home is an unfit place for him/her by reason of neglect, cruelty, depravity or physical abuse by either of his/her parents, or by his/her guardian or other person in whose custody or care he/she is (West's Annotated California Codes, 1981). There is some question as to whether such open-ended laws could actually result in the poor more likely being labelled abusive and neglectful (Newberger and Bourne, 1979).

Other literature has focused on the rights of parents as specified in the Constitution and on whether or not these rights should be waived to maintain the best interests of the child (Kent, 1980; Slader, 1978; Uviller, 1980). Kent (1980) states that according to American Common Law, "the duties of parents to their children, as being their natural guardians, consist in maintaining and educating them during the season of infancy and youth, and in making reasonable provision for their future
usefulness and happiness in life, by a situation suited to their habits, and a competent provision for the exigencies of that situation." However, the child/parent relationship tends to be severed only under the most extreme conditions (Slader, 1978) and has been upheld in a number of Supreme Court decisions, including Meyer vs. Nebraska, 1923, Pierce vs. Society Sisters, 1925, Prince vs. Massachusetts, 1944, Skinner vs. Oklahoma, 1942, and Stanley vs. Illinois, 1972, although none of these cases has dealt with the issue of CA/N directly. On the other hand, there are those who feel that the child/parent relationship is ended too easily and possibly for all the wrong reasons including easing the social worker's position (if the child is removed, he/she may be placed within closer visiting range to the social worker, thereby making monitoring more convenient) and responding to the media's overemphasis of severe CA/N (Aber, 1980). According to Kempe (1979), termination of the child/parent relationship is almost always decided and not overturned if a social worker, pediatrician or psychiatrist has thoroughly documented any one of the following: particularly brutal or sadistic child abuse or neglect by imprisonment or abandonment for a period of six months or more; serious, incurable psychopathology of the parent which places the child in immediate danger; or if a serious effort at treatment of the parent fails, and the court no longer feels that the child can be raised successfully in his/her family.

At this time, if a CA/N case gets to court, the child, the parents, and the protective social services agency are all entitled to an attorney (Duquette, 1980 and 1981). For the child, the role of attorney is embodied in "guardian-ad-litem." It is this person's job to act in the child's "best interests," not necessarily as an advocate, but more as
a "technical watchdog" deciding independently what he/she believes to be best for the child (Duquette, 1980). This "guardian-ad-litem" may or may not be a lawyer and may have very little training in the area of child welfare. The attorney for the parents has the duty to "minimize the effects of state intervention on the family" while the protective services' lawyer attempts to "prove and present" his/her client's case, "understand and embrace the social goals of the client agency and prepare his/her client agency for ongoing court review" (Duquette, 1981).

Now that the scope of the problems surrounding cases of child abuse and neglect has been revealed, the incidence can be examined with these various definitional, causal, and legal difficulties in mind.

Incidence

Perhaps the most important statement to make about the incidence of CA/N is that there is very little reliability in what is reported. This is true for two basic reasons: (1) the problems inherent in using statistical data and (2) the nature of the subject of CA/N. Brown and Adams (1981) reviewed over two hundred studies of CA/N from which they developed the following summary list of methodological difficulties found in reports using CA/N statistical data:

1. The information is retrospective.
2. There is lack of specification and resulting wide disparity in the definition of CA/N.
3. Case records are often used which are subject to inaccuracies.
4. Parent, child or professional recall is used which is subject to distortion.
5. There is lack of evidence in support of predicting likely
future consequences.
6. The use of a systemic labelling process often yields inaccuracies.
7. The discriminatory nature of reporting systems may cause certain individuals to be overrepresented.
8. Involved agencies and professionals operate on different criteria based on conflicting value orientations.

Incidence reports are hampered by the nature of the subject of CA/N in numerous ways including: CA/N is not clearly defined; CA/N is illegal; attitudes toward CA/N vary; and in most cases, there exists a fine line between a family's right to privacy and a child's right to protection. It is a well known belief that CA/N is grossly underreported, but a more exact account of incidence cannot be determined without more precise laws and a more adequate definition of CA/N. The more insurmountable barrier is that of the differing values or attitudes which influence the reporting of CA/N.

However, despite the limitations, it seems important to have some understanding of the prevalence of CA/N. The American Humane Association performs one of the most thorough annual studies of the national incidence of CA/N, although its reports, too, are subject to numerous inaccuracies due to the factors mentioned above and due to the following: (1) not all states report data beyond their total number of cases; (2) absolute statistics are reported without regard to intervening variables (e.g., ethnic data is presented without giving the percent of each race in the total population); (3) actual incidence is not able to be measured.

Since AHA's beginning, the number of reports each year has increased although the rate of this increase has steadily declined (AHA, 1980).
AHA feels this "decrease in the increase" is due to the stabilizing effect created by greater reporting legislation, the dwindling resources for receiving and following-up reports, and the unknown variable involving attitudes, culture, etc. In 1980, AHA received approximately 790,000 cases of suspected CA/N for the United States, Guam, Puerto Rico, Virgin Islands, and the District of Columbia. Projected yearly totals of actual incidence range as high as 1½ million (Light, 1973) to 4.1 million (Gil, 1968).

All other statistical data given in 1980 is based on reports of only 39 of the original 54 jurisdictions. Some of the general findings are:

1. Neglect is reported more often than abuse or abuse and neglect; however, the most common report (over 50%) is one that is not clearly labeled as fitting any of the three subdivisions or for which data was missing or incompatible with AHA criteria and is appropriately designated "other."

2. A friend or neighbor is the most likely source of a CA/N report, closely followed by a public social services agency and then a relative.

3. The type of maltreatment most often reported includes physical neglect, lack of supervision, minor cuts and bruises, and medical neglect.

4. Although over 75% of the families reported for CA/N make less than $9,000 per year (AHA, 1976), only 45% receive public assistance.

5. The age of the perpetrator is most likely to fall within one of three ranges: 20-24 years, 25-29 years, and 30-34 years.
6. More females than males are suspected perpetrators.

7. Children are abused at all ages, although the general trend is that abuse is more likely at younger ages.

8. The sex of the child makes no difference--each sex represents about 50% of the CA/N reports.

9. White and "Other" race children are underrepresented in report totals, while Blacks and Hispanics are overrepresented.

10. The relationship of the victim to the perpetrator is that of natural parent/child over 80% of the time.

11. In most of the cases reported to AHA, only one child in the family is involved.

Once abuse is determined, several courses of action may be taken. Children may be left in the home while the family is given needed assistance, or the children may be temporarily placed in a holding facility if a greater degree of family improvement is necessary. Those children who are most severely abused are often removed from their families for an extended period of time and placed in treatment facilities. Here they receive the reparative physical and psychological care they need, while their parents participate in parenting skills classes, therapy sessions, and reunification programs. The Village of Childhelp, U.S.A., is such a facility.

The Village of Childhelp

The Village of Childhelp (VCH, formerly Children's Village, U.S.A.) is a residential treatment center for abused and neglected children.
It is owned by International Orphans Incorporated, a nonprofit organization. Funding is largely provided through private donations, although county money is received for the care of each child. There are four cottages on the grounds, each separated into two units, and each unit houses ten children. The units are modeled after homes; they contain a large living room, a dining room, a kitchen, a large bathroom with separate toilet and shower facilities, three children's bedrooms, one staff bedroom, and one spare room often used for tutoring, arts and crafts, etc. All children at VCH were originally wards of the court from a county in Southern California.

The residents of VCH are unlike the majority of the reported CA/N population (note the general findings in previous section) in many ways. Most clearly, the maltreatment experienced by VCH children was severe enough to warrant removal from the home, and this removal involved a lengthy out-of-home placement. By examining the incidence data of VCH vs. that of the nation (AHA, 1980), other differences are revealed including:

1. Public social services agencies are the sources of reports in VCH cases twice as often as any other category of reporter; they are also the sources of VCH reports twice as often as they are in national cases.

2. Of VCH residents, 70% are reported to be victims of both abuse and neglect, while this is true for only 17% of national cases.

3. More VCH children experienced all types of maltreatment including over 80% who fit the categories of physically neglected, unsupervised, and emotionally neglected; nationally, these
same categories of maltreatment were reported for 35%, 21%, and 7% respectively.

4. Of the families reported nationally for CA/N, 27% had an annual income of $3,000 or less, while 48% of VCH families are in this category. VCH families are also more likely to receive public assistance.

5. Of VCH children, 68% were first removed from their homes before the age of 5, while, on the national level, 35% of abused children were removed before age 5.

6. More males are represented in the VCH population than in the national CA/N population.

7. More than one child is likely to suffer maltreatment in VCH families than in national families.

(Meier and Gallinger, 1983)

By the time a child arrives at VCH, he/she generally has had at least one previous placement. In one outstanding case, a 2-year-old came to VCH after 14 prior placements. Due to the severity of the cases, VCH has worked to develop a number of ongoing treatment programs. Cottage staff are often educated in the field of social services and are required to attend training sessions. The child/staff ratio tends to be 5:1 or better. The On Grounds School is provided for those children who are unable to cope with public school, and to supplement this educational system, a special tutoring program is available for children with serious delays in an effort to raise their academic status closer to grade level. A recreation group plans special events and sponsors a summer program, while the ranch program offers instruction in horseback
riding and animal care. Most of the children's medical needs are satisfied by an on-grounds nursing staff. Each child sees at least one of the therapists on staff, once each week; a speech therapist and an occupational therapist are available if needed.

VCH also provides therapy services for parents, especially for those who are attempting to reunite with their children. STEP (i.e., Systematic Training for Effective Parenting) classes are continuously offered to parents, and the on-grounds social workers maintain close contact with parents to monitor their progress in treatment and to arrange visits and phone calls with their children.

Off-grounds vs. on-grounds school children. When children become of school age at VCH, there are two alternatives as to their educational placement. Whenever possible, residents are mainlined into the off-grounds public school system; this is intended to provide for VCH residents some contact with a "normal" educational environment where they can develop friendships with peers who have not been abused and can participate in classrooms that have not been specifically created for an abused population. Thus, it is hoped VCH residents will feel that the world of nonabuse is actually within reach.

However, many VCH residents are unable (or unwilling) to control their behavior well enough to function in the average classroom situation. For these children, there is an on-grounds school which consists of four classrooms specially designed for severely emotionally disturbed students. This particular on-grounds program was developed jointly by the county and VCH and is currently staffed by county-provided special education teachers. The county also supplies one aide for each classroom, while
VCH employs a second aide per classroom. Efforts are made to restrict the size of each class to a maximum of six students, although class size has risen to eight on occasion.

After one month of residency, educational placement for each child is determined during the individual treatment plan (I.T.P.) meeting by which time all of the child's past records have been reviewed. I.T.P.'s are attended by VCH child care workers (who, by now, have an idea of the child's behavioral potential), staff psychologists, staff social workers, the VCH education department supervisor, the staff nurse, and often by the child's county social worker. Generally, the appropriate educational alternative is clear, but if there is doubt, the off-grounds school is most often chosen. This decision may require a conference with the public school teacher during which information is shared, and the services of a child care worker are offered should the child's behavior become unmanageable. Thus, every effort is made to make this a successful experience for the child. In addition, educational placement does not affect the housing arrangement of VCH residents; off-grounds and on-grounds school children are indiscriminately placed together in the cottages.

Several t-tests were conducted to discover significant differences (at the .05 level) between the children who attend off-grounds school and those who attend on-grounds school (Scholz, 1983). Approximately 30% of the children who have been residents at VCH have attended the on-grounds school. The residents who stay on grounds are more likely to be male and less likely to be Asian or Mexican-American than those who go off grounds. Off-grounds school children are more likely to have been
sexually abused than the on-grounds group but show no other significant difference in the type of maltreatment received. Both the biological mother and father are more likely to have abused and/or neglected the off-grounds school children, while on-grounds students have been disproportionately maltreated by the biological father only. There are no significant differences between the two groups as to number of prior placements, age at first placement, age at the time of arrival at VCH, total treatment time, and total time at VCH.

Two types of inventories have been filled out by child care workers on all of the VCH children. They are the Achenbach (1978, 1979a, 1979b; Achenbach and Edelbrook, 1979) and the Personality Inventory for Children (PIC) (Wirt, Lachar, Klinedinst, and Seat, 1977). These assessment tools are used regularly by VCH staff; their purpose is to provide a systematic method of evaluating the progress of each child. Currently, an Achenbach and a PIC are completed for each child on at least two occasions, i.e., when a child arrives at VCH and when the child leaves. In both of these assessment instruments, the questions to be answered are intentionally worded to disguise the psychological characteristic that is being measured. For example, there is no question on the Achenbach which asks the child care worker to rate the child's hyperactivity level; instead, there will be several statements which are designed to tap into hyperactivity, such as rating the child on his/her ability to watch an entire television program without getting up or causing a disturbance. These inventories also provide scales for tests of significance (again at the .05 level) which have been performed to differentiate off-grounds from on-grounds school children.
By examining the Achenbach scales, it is found that child care staff view the on-grounds school children as significantly more socially withdrawn, more hyperactive, more aggressive, more internalizing, more externalizing, and less well adjusted than the off-grounds school children. There are no significant differences between the two groups on the Achenbach scales which measure the following characteristics: schizoid tendencies, depression, uncommunicativeness, obsessive behavior, cruel behavior, and tendency toward sexual problems.

Using the PIC scales, child care workers rate the on-grounds school children as having significantly more problems than the off-grounds students in the following areas: adjustment, achievement, school-performance, and social and emotional development. The PIC scales also reveal that residents who attend on-grounds school are more delinquent, more psychotic in their behavior, more hyperactive, and less socially skilled than the off-grounds students. There are no significant differences between the two groups on the PIC scales for depression, somatic concerns, family relations, withdrawal, and anxiety.

A third assessment test given to many of the VCH residents is the Perceived Competence Scale for Children (PCSC) (Harter, 1979). This test contains four self-report scales: self-perceived cognitive competence, self-perceived physical competence, self-perceived social competence, and general self-esteem (see METHODS section for more information). There is a second portion of the PCSC which requires an adult (usually a parent but, at VCH, a child care worker) to rate the children according to the same variables by which the children rate themselves. The area of
perceived competence has been examined previously at VCH providing the following general results: (1) abused children rate themselves as slightly more competent than nonabused children rate themselves; however, (2) the significant adults of abused children rate their children as significantly less competent than the significant adults of the nonabused group rate their children in all areas except that of physical competence (Scholz, 1982). During the course of this thesis, an analysis of the perceived competence of off-grounds and on-grounds school children will be completed.

**Perceived and Demonstrated Competence in Abused Children**

Cognitive competence has been the most widely researched area of the abused child's demonstrated abilities. In most instances, only physically abused cases have been examined, and the children studied have largely been taken from hospital populations. Elmer and Gregg (1967) reported that of 22 abused children with multiple bone injuries, 57% had IQs below 80. These same researchers examined hospital samples of 30 children who appeared abused and 83 children who suffered accidental injuries and found that 42% of the former group and 18% of the latter performed at retarded levels on IQ tests (Elmer and Gregg, 1969). In both cases, the percentage of youngsters found to be retarded was higher than would be found within a normal population. The abused children, however, were twice as likely to perform within the retarded range as the accident victims. Other investigators have found that 17 to 42% of the abused children studied demonstrated IQs at the retarded level (Morse, Sahler, and Friedman, 1970; Martin, 1972; Johnson and Morse, 1968; Birrell
and Birrell, 1968). Sandgrund, Gaines, and Green (1975) examined 120 children who were physically abused or neglected and found that 25% of the abused and 20% of the neglected youngsters scored at 70 or below on IQ tests; a non-maltreated control group showed 3% scoring at or below 70.

Abused children also tend to perform less well academically than do nonabused children. In a survey of 1,380 abusive families, 13% of the school-aged children attended special education classes and another 3% of this group did not go to school at all (Gil, 1970). Language delays have been reported to be more prevalent among abused than nonabused samples (Oates, Davis, Ryan, and Stewart, 1978; Blager, 1978), and reading disabilities are also more likely to occur in an abused population (Hufton and Oates, 1977).

In one study of particular interest here, 58 children were selected from a hospital sample of cases in which the occurrence of physical abuse had been established (Martin, Beesley, Conway, and Kempe, 1974). In the 48 families examined, both children and parents were required to cooperate; this is an important factor because it is likely that the more willing parents are the ones participating in therapy, following recommendations, and making progress. It is also possible that the children of these families were initially less severely maltreated than children of families in which the parents were unwilling to participate in the study. Of the children included in the sample, 34% were never removed from home, 12% made one home change, 30% made two home changes, and 34% made from three to eight home changes. At the time of the study, 64% were living with biological parents, 24% were with foster parents, and 12% resided with adoptive parents. Extensive testing was performed on
each child including the WISC for which subtest scores are available. Full scale IQ scores ranged from 15-131 with a mean of 92.3 and a standard deviation of 21.8. Children with the lowest scores were often those who suffered head trauma or neurological damage. A closer look reveals the following mean scores and range scores on WISC subtests: (1) Similarities 11.1, range of 4-18; (2) Picture Completion 10.6, range of 3-18; (3) Picture Arrangement 10.1, range of 5-16; (4) Block Design 9.8; range of 3-16; (5) Object Assembly 9.6, range of 1-17; (6) Coding 9.4, range of 3-15; (7) Arithmetic 8.9, range of 1-17; (8) Mazes 8.9, range of 3-17; (9) Vocabulary 8.7, range of 3-20; (10) Comprehension 8.7, range of 2-16; (11) Information 8.6, range of 3-18; (12) Digit Span 8.5, range of 2-17; (13) Animal House 8.1, range of 2-12; (14) Geometric Design 7.4, range of 3-13. The authors believe that these results show that abused children have a tendency to be sensitive to environmental cues. The number of home changes experienced by the subjects did not affect performance on cognitive measures.

Several factors have been postulated as contributors to the abused child's poor performance on tests of cognitive abilities. For some youngsters, vision or hearing impairments resulting from abuse may impede learning. There is some evidence that abused children experience a greater incidence of pre- and post-natal medical problems which hinder their abilities to learn and progress normally (Lynch, 1976). Martin and Rodeheffer (1976) have proposed six psychosocial factors which they believe interfere with the child's appropriate cognitive growth. They are: (1) an unpredictable and non-nurturing world which inhibits the child's ability to safely interpret cause and effect relationships; (2) restric-
tion of opportunities for learning due to the parents' belief that exploration is equivalent to misbehavior; (3) inadequate parental stimulation and support—little verbal input is given by parents, while the child's verbal output is rarely encouraged or may even be punished; (4) both performance and nonperformance on the child's part may be dangerous leading to numerous failure experiences and to a lack of knowledge of appropriate responses; (5) much of the child's energies must be expended in survival efforts such as scanning the environment and watching the facial expressions of adults for signs of threat; and (6) a high level of anxiety.

These researchers further hypothesize that these factors also affect the abused child's performance on tests of cognitive competence; however, this has not been shown conclusively. In one study, it was estimated that 43% of the abused subjects tested were hindered in their performance on IQ tests by withdrawal and hesitancy due to anxiety, hyperactivity, fatigue, and hunger (Martin, Beezley, Conway, and Kempe, 1974), but it is possible that an equal number of nonabused children experience these same difficulties when taking a test.

It is also possible that abused children develop certain skills by virtue of existing in this particular environment. It seems likely that these children have learned behaviors which are adaptive and have survival value (Martin and Rodeheffer, 1976). These behaviors reflect the child's abilities to realistically perceive and understand his/her world and then to adjust his/her behavior accordingly. Abused children may also possess precocious skills for initiating social contact with adults and hypersensitivity which allows them to perceive the mood of others who are present in the children's environment (Martin and Rodeheffer, 1980).
Statement of Purpose

Now that the general literature review is completed and the areas of perceived competency and demonstrated competency have been examined, this thesis will go on to take a closer look at the relationship that exists between the perceived and the demonstrated competence of the abused child. Perceived competence relative to age differences will be studied according to three levels of abuse: an abused off-grounds school group from VCH; an abused on-grounds school group from VCH; and a nonabused public school group. Sex differences will be explored between abused and nonabused subjects. The perception of the child from the viewpoint of the significant adults in his life will be researched using the three levels of abuse while also checking to determine if the age and/or sex of the child has any effect on these adults' perceptions of the child's competence. Focusing on the abused children at VCH, the factor of age at first out of home placement will be explored in its relationship to child perceived and adult perceived competency. The VCH subjects will then be studied in terms of the children's demonstrated competence using the WISC-R as a measuring device. Differences will be explored between the two groups in question, namely, the off-grounds and the on-grounds school groups. Finally, an examination will be made of the differences between how the abused children perceive themselves and how they actually perform on tests and whether they or their significant others are better judges of their own demonstrated competency.

The hypotheses which will be postulated in this thesis are based partially on previously reported findings and, in the case where no research has been conducted, on the author's own observations after working
with abused children for four years. Differences between the perceived competency of adults and children (both abused and nonabused) have been reported in the literature review. Some differences between the off-grounds school group and the on-grounds school group were examined and reported by the author prior to this study. However, other differences between the two school groups, as well as sex differences, age differences, and demonstrated vs. perceived competency have yet to be tested.

It is hypothesized that the following results will be obtained: (1) abused children will see themselves as more competent than nonabused children will see themselves with on-grounds school subjects possibly claiming to have the greatest faith in their own abilities. The significant adults of the nonabused subjects will perceive their children as being more competent than the significant adults of the abused group will perceive their children with the on-grounds school subjects viewed by significant adults as the least competent group of the three; (2) no age differences are expected to occur among either the child's or the adult's perceived competency scales along any level of abuse; (3) abused males will tend to perceive themselves as more competent than abused females, while no differences in perceived competence are expected to be found between male and female children in the nonabused group. Nor are differences in the adults' perceived competence expected to be found between male and female subjects in either abuse group; (4) no differences are hypothesized between age at first placement of VCH children and the children's or the adults' perceived competence; (5) the VCH subjects will perform less well on the WISC-R than the general population with the on-grounds group performing more poorly than the off-grounds group; and (6) significant adults
of abused children will better estimate their children's performance abilities (using the perceived competence as a predictor of the demonstrated competence) than the abused children will be able to estimate their own abilities.

It is hopeful that this research will be beneficial in a number of respects. It should shed some light on the effects of CA/N (in this case severe) on children and whether these effects vary according to age and sex differences. There will also be some indication of how public school abused children differ from abused children who are unable to function in a normal classroom. This thesis will provide an example of how realistically abused children perceive their abilities. In addition to adding some new information to the CA/N phenomena, this study will address some caretaking and treatment issues which will be useful at VCH itself, but should also have ramifications for other child care facilities. For example, it would be helpful for child care workers, therapists, and teachers to know whether they can actually assist abused children in forming more reality-based perceptions of themselves or whether they should, in fact, be more trusting of the children's own abilities to accurately judge their own skills. Other possible gains will be mentioned in the DISCUSSION section.
Method

Subjects

Subjects used in this study have been taken from two populations--an abused and/or neglected sample of 50 children from the Village of Childhelp and a nonabused control group of 30 children from a local public school.

Children at VCH are referred from five counties in Southern California--Los Angeles, Riverside, San Bernardino, Orange, and San Diego. Most are ordered out of the home through courtroom decisions, though a few (9.43%) are placed voluntarily by parents. In most instances, these children are initially considered for reunification with one or both parents or a relative, if an adequate one is available and willing to work to achieve the goals outlined in a reunification plan. If family members are unable or unwilling to learn to care appropriately for their children, foster homes or adoptive homes are sought (approximately 60% return to a relative, 16% are adopted, and 12% go to a foster home). VCH is usually the last institutional placement for these children; however, a few (12.05%) have required further institutional care (usually for medical or behavioral reasons). Once at VCH, a child is provided with a constant treatment milieu. Child care workers are trained and supervised to help meet the special needs of each child. Programs are planned to socially involve the residents with one another and with the outside environment. Children see at least one therapist on a weekly basis, and family therapy is provided, especially in cases where reunification is clearly the goal. Other
programs have been outlined in the *Village of Childhelp* section of the INTRODUCTION of this text. VCH children involved in this study have been divided into two groups: (1) 36 children who attend school off-grounds and (2) 14 on-grounds school children (as described in the *Off-grounds vs. On-grounds School Children* section of this paper).

Thirty children from a local community grammar school have been used as the comparison group (Scholz, 1982 and 1983). These children are approximately the same age as the VCH subjects with ages ranging from 6 to 13 years old.

**Measures**

The Perceived Competency Scale for Children (PCSC) (Harter, 1982) has three different forms. The first two are used in the assessment of children in perception of their own skills or feelings about themselves (one of these is for children under 8 years of age, and the other is for older children). The third form of the PCSC is filled out by adults according to their perceptions of the children in question. This form was initially intended for use by teachers; however, it seems suited to any adult who has substantial daily contact with the child. Each of the three forms is designed to measure perception along four dimensions: cognitive, social, physical and general self-worth. The last dimension is a determination "independent of any particular skill domain" (Harter, 1982).

In both children's forms of the PCSC, the subject is asked which of two types of children he/she is most like and then how much like the chosen type the subject feels he/she is. In the older children's version, subjects are read statements, while younger subjects are also shown
pictures. As an example, one question, scored as part of the cognitive subscale, asks how well the child does in school. In the administration of the PCSC for children under 8, subjects are shown two pictures: one of a boy/girl who has received a test paper with a star on it, and one of a boy/girl who has received a test paper with many mistakes. Of the first picture, the subject is told, "This boy/girl is pretty good at numbers," and of the second picture, "This boy/girl isn't very good at numbers." Then, if the subject decides, for example, that he/she is most like the boy/girl in the first picture, he/she is further asked, "Are you pretty good or really good at numbers?" Older children are read two statements and asked which child he/she is most like. The child is then requested to rank the chosen statement as being "really true for me" or "sort of true for me." An example would be, "Some kids feel that they are very good at their schoolwork," but "Other kids worry about whether they can do the schoolwork assigned to them." The adult form of the PCSC is much like the version for older children. The adult reads two statements, chooses which of the two statements is most descriptive of the child in question, and then is asked to decide whether the statement chosen is "really true" or "sort of true" for this child. A sample item reads, "This kid is really good at his/her schoolwork" or "This kid can't do the schoolwork assigned." Items representing the other three subscales are similar with the exception that "general self-worth" is assessed on the older children's and the adults' forms according to the child, while younger children are assessed in terms of how the child feels he/she is perceived by the parents.

Most tests of reliability and validity have been performed only for the PCSC tests of older children. Tests for internal consistency revealed
subscale reliability values of .76, .78, .83, and .73 for the cognitive, social, physical, and general scales respectively. Test-retest reliabilities for the four subscales were .78, .75-.80, .80-.87, and .69-.70.

Employing Catell's scree test of factorial validity, "items have moderate to high loadings on their designated factor and with one exception... (in 28 items), they do not crossload on other factors. This factor pattern has been found to be extremely stable and has been replicated in five additional samples" (Harter, 1982). For example, one sample showed that the "average loading of items on their designated factors were .67, .61, .64, and .50 for the cognitive, social, physical, and general subscales." The adult PCSC revealed loadings of .84, .74, .83, and .66 on the same four factors. Tests of convergent validity evidenced the following results: (1) the cognitive subscale correlated in the .40's with mean scores from the reading, language, and math portions of the Iowa Test of Basic Skills; (2) the Roster and Rating Scale (Roitascher, 1974), a measure of peer friendship standing, correlated .59 with the social subscale; and (3) the correlation between the child's perceived physical competence and gym teacher's ratings was .62. Perceived cognitive competence has been shown to be "strongly related to preference for challenge (r = .57) and to mastery (r = .54), while it is moderately related to curiosity (r = .33)."

The Weschler Intelligence Scale for Children-Revised (WISC-R) (Weschler, 1974) will be used in this study as a measure of demonstrated (as opposed to perceived ) abilities in abused children. Nonabused subjects will not be used in this portion of the study.
Procedures

As part of ongoing programs at VCH, the residents are routinely given a series of psychological assessments within the first month of their residency. Unfortunately, this procedure has not been in operation since VCH began, nor has it been fully developed into a plan which includes giving the children an equivalent battery of tests at the time of placement and at the time of removal. Thus, outcome information regarding psychological development is, in some cases, limited to subjective judgments. Tests most often given to incoming residents include the WISC-R or WPPSI, the Bender Visual-Motor Gestalt Test, the Children's Apperception Test, and Human Figure Drawings. Residents are also rated by child care workers on specific behavioral measures. VCH children selected for this study had all been given both a PCSC and a WISC-R. Most WISC-R's were administered and scored by the staff psychometrist, although some were given by staff therapists or research assistants under a therapist's supervision. Test protocols for VCH subjects were retrieved from the children's files.

The PCSC was administered to all subjects in late 1981 and early 1982 in connection with specific research being conducted (Scholz, 1982). VCH staff, including the author, gave and scored all children's versions of the test. When the control group students were initially tested, parental participation was sought to complete the adult portion of the PCSC, and willing parents were paid $15.00 for their time upon completion of the task. Parents of the nonabused sample were mailed blank adult forms of the PCSC and asked to return them in stamped, addressed envelopes. Similarly, child care workers completed PCSC's for VCH subjects. Instructions appear at the top of all adult forms.
RESULTS

Subjects

As previously discussed, subjects used in this study comprised three groups: (1) an abused, off-grounds school group (n = 36); (2) an abused, on-grounds school group (n = 14); and (3) a nonabused public school group (n = 30). Although there were 40 males and 40 females, the sex distribution among the abused children was somewhat uneven (see Table 1). Approximately 60% of the off-grounds school children were female, while 40% were male. The much greater discrepancy occurred in the on-grounds school sample where 80% were male and 20% were female; however, this is an accurate picture of the sex distribution which normally occurs in the on-grounds school program. Age ranges for all groups of subjects were from 6 years, 0 months to 13 years, 6 months. Ages were fairly evenly distributed across the board, although there was some loading toward the younger ages.

Self-Competency

To examine the relationship among the various subscales of the Perceived Competency Scale for Children (PCSC), the intercorrelations using the PCSC scores for both children and adults were examined (see Table 2). In addition, sex and age of all children and age at first placement for the two groups of abused children were correlated with the PCSC subscales. All of the adult scales significantly intercorrelated with each other as did all of the child scales. There were no significant correlations between the child and adult scales. With sex, only the adult physical
Table 1
Demographic Characteristics

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<th>Sex</th>
<th>Off-grounds</th>
<th>On-grounds</th>
<th>Nonabused</th>
<th>Total</th>
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<td>11(13.75%)</td>
<td>15(18.75%)</td>
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<tr>
<td>Female</td>
<td>22(27.50%)</td>
<td>3(03.75%)</td>
<td>17(18.75%)</td>
<td>40(50.00%)</td>
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<tr>
<td>Total</td>
<td>36(45.00%)</td>
<td>14(17.50%)</td>
<td>30(37.50%)</td>
<td>80(100.00%)</td>
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<table>
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<th>Age</th>
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<th>On-grounds</th>
<th>Nonabused</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/0 to 6/11</td>
<td>7(08.70%)</td>
<td>2(02.50%)</td>
<td>3(03.80%)</td>
<td>12(15.00%)</td>
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<tr>
<td>7/0 to 7/11</td>
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<td>2(02.50%)</td>
<td>7(08.70%)</td>
<td>15(18.70%)</td>
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<td>8/0 to 8/11</td>
<td>5(06.30%)</td>
<td>2(02.50%)</td>
<td>6(07.50%)</td>
<td>13(16.30%)</td>
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<td>5(06.30%)</td>
<td>6(07.50%)</td>
<td>15(18.80%)</td>
</tr>
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<td>1(01.20%)</td>
<td>2(02.50%)</td>
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<td>4(05.00%)</td>
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<td>2(02.50%)</td>
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<td>0(00.00%)</td>
<td>2(02.50%)</td>
</tr>
<tr>
<td>Total</td>
<td>36(45.00%)</td>
<td>14(17.50%)</td>
<td>30(37.50%)</td>
<td>80(100.00%)</td>
</tr>
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Note. Age is expressed in years/months
Table 2
PCSC Intercorrelations and PCSC Correlations with Sex, Age and Age at First Placement

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<tr>
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<td>-.3528***</td>
<td>-.1438</td>
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<td>.3431**</td>
<td>.1530</td>
<td>.1422</td>
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Note. Abbreviations: C=Child, A=Adult, Cog=Cognitive, Soc=Social, Phys=Physical, Self=Self-esteem, 1st Pl=Age at first placement

Levels of significance: * < .05  ** < .01  *** < .001
competency scale correlated significantly, indicating that the adults perceived females as more physically competent than males. Adults perceived older children as possessing higher self-esteem than younger children. The only significant correlation with age at first placement was the adult cognitive competence scale which indicated that adults perceived the abused children as more cognitively competent the longer they had been in placement. The only significant finding among the child scales was that as the children got older, their own self-perceptions of their own cognitive and physical competencies decreased.

In order to assess perceived competency differences between the abused and nonabused subjects, one-way analyses of variance (ANOVA), employing the three abuse groups as the independent variables and the eight PCSC scales as the dependent variables, were conducted. Post-hoc tests were employed using the Tukey B method of analysis. It should be noted here that scores on the PCSC range from 1 to 4, with 1 indicating the lowest perceived competence and 4 indicating the highest perceived competence. No significant differences were evidenced in the child scales. Differences were found among the groups on all four adult scales. First, nonabused children ($\bar{X} = 3.42$) were perceived as significantly more cognitively competent ($F(2, 77) = 16.62, p < .001$) than both groups of abused children (off-grounds, $\bar{X} = 2.52$; on-grounds, $\bar{X} = 2.25$). Secondly, nonabused children ($\bar{X} = 3.42$) were perceived as significantly more socially competent ($F(2, 77) = 28.06, p < .001$) than off-grounds school subjects ($\bar{X} = 2.66$) who were perceived as significantly more socially competent than on-grounds school subjects ($\bar{X} = 2.09$). Next, nonabused children ($\bar{X} = 3.16$) and off-grounds school children ($\bar{X} = 2.79$) were perceived as significantly more physically competent.
(F(2,77) = 7.37, p < .05) than on-grounds school children (X = 2.26); however, the former two did not significantly differ from each other. Finally, nonabused children (X = 3.42) were perceived as possessing significantly higher self-esteem (F(2,77) = 17.44, p < .001) than the off-grounds school subjects (X = 2.74) who, in turn, were viewed as having significantly greater self-esteem than the on-grounds school subjects (X = 2.32).

Thus, it appears that abused and nonabused children did not perceive themselves differently, while adults perceived the nonabused children as generally more competent than the abused children. However, the abused children who attend public school may have been seen at times by adults as more similar to the nonabused children, while the abused children who attend on-grounds school were always perceived as significantly less competent than the nonabused children. It is also interesting to note that adults perceived the off-grounds school children as significantly more competent than the on-grounds school children in all ways except cognitively.

In order to better understand the findings described above, further analyses were done using the variables age and sex: 2 (ages: 9 years or younger, 10 years or older) X 3 (groups: off-grounds, on-grounds, non-abused) ANOVA's were conducted on the eight PCSC variables. Overall, seven main effects and one interaction effect were evidenced. On the child cognitive competence scale, a main effect for age was found (F(1,74) = 19.77, p < .001) as younger children (X = 3.38) perceived themselves as significantly more competent than did older children (X = 2.67). On the child social scale, an age/group interaction effect was observed (F(2,74) = 3.14, p < .05) in which younger off-grounds school children (X = 3.37) perceived themselves as significantly more socially competent than younger nonabused
children ($\bar{X} = 2.77$) (see Figure 1). There were no other significant age/group interaction effects. Physically ($F(1,74) = 15.76$, $p < .001$), younger children perceived themselves ($\bar{X} = 3.37$) as more competent than did older children ($\bar{X} = 2.79$). In addition, off-grounds school children ($\bar{X} = 3.28$) perceived themselves as significantly more physically competent ($F(2,74) = 3.27$, $p < .05$) than nonabused children ($\bar{X} = 2.88$), while on-grounds school children ($\bar{X} = 3.06$) showed no significant differences from the other two groups. In contrast, adults did not perceive the children's competency levels as differing according to age on any scale. Again, adults perceived the nonabused children as significantly more competent than the on-grounds school children in all ways and as significantly more competent than off-grounds school children in the areas of cognitive competence ($F(2,74) = 16.19$, $p < .001$), social competence ($F(2,74) = 26.87$, $p < .001$), and self-esteem ($F(2,74) = 18.35$, $p < .001$). Off-grounds school children were perceived as significantly more competent than the on-grounds school children in all ways except cognitively (all statistics are the same as those reported under perceived competency differences between abused and nonabused subjects).

In order to assess possible sex differences, 2 (sexes: male, female) X 2 (groups: abused, nonabused) ANOVA's were conducted on the eight PCSC variables. It was necessary to combine the off-grounds and on-grounds school subjects in these analyses due to the insufficient number of female on-grounds school subjects ($n = 3$). Overall, there was one sex main effect with another approaching significance and five abuse group main effects. Only one of the total effects came from the child scales, and it suggested that abused children ($\bar{X} = 3.21$) perceived themselves as signifi-
Figure 1

Age and Abuse Group Interaction Effect

\( x = \) younger

\( o = \) older
cantly more physically competent ($F(1,76) = 4.13, p < .05$) than the non-abused children ($\bar{X} = 2.88$). Findings using the adult scales were as follows: (1) On the cognitive scale, a main effect for sex ($F(1,76) = 3.13, p = .08$) approached significance as females ($\bar{X} = 2.98$) were seen as more cognitively competent than males ($\bar{X} = 2.64$). Also, there was a significant main effect for abuse ($F(1,76) = 33.13, p < .001$) as nonabused children ($\bar{X} = 3.42$) were perceived as more cognitively competent than abused children ($\bar{X} = 2.50$). (2) On the social scale, there was a significant main effect for abuse ($F(1,76) = 41.11, p < .001$) as nonabused children ($\bar{X} = 3.42$) were perceived as more socially competent than abused children ($\bar{X} = 2.50$). (3) On the physical scale, there was a significant main effect for sex ($F(1,76) = 4.01, p < .05$) as females ($\bar{X} = 3.00$) were viewed as more physically competent than males ($\bar{X} = 2.66$). Also, there was a significant main effect for abuse ($F(1,76) = 9.13, p < .01$) as nonabused children ($\bar{X} = 3.16$) were perceived as more physically competent than abused children ($\bar{X} = 2.64$). (4) Finally, on the self-esteem scale, there was a significant abuse main effect ($F(1,76) = 28.97, p < .001$) as nonabused children ($\bar{X} = 3.42$) were seen as possessing greater self-esteem than the abused children ($\bar{X} = 2.62$).

Thus, it seems that sex differences had only a small effect in these analyses. It should be noted that no sex/abuse group interaction effects were revealed. Adults, again, perceived abused children as less competent than nonabused children.

**Age at First Placement**

In examining the differences between the abused off-grounds school
children and the abused on-grounds school children, age at first placement becomes an area of interest. Are competency levels perceived differently by children or adults according to when a child was first removed from his/her home? To examine these effects, 2 (age at first placement: 3 years old or younger, 4 years old or older) X 2 (groups: off-grounds, on-grounds) ANOVA's were conducted over the eight PCSC variables. No significant age at first placement effects were discovered. No significant abuse group differences were observed using the child scales while two such differences occurred in the adult scales with one more approaching significance. Off-grounds school children ($\bar{X} = 2.66$) were perceived as being significantly more socially competent ($F(1,46) = 6.97, p = .01$) than on-grounds school children ($\bar{X} = 2.09$). Off-grounds children ($\bar{X} = 2.79$) were perceived as being significantly more physically competent ($F(1,46) = 4.26, p < .05$) than on-grounds school children ($\bar{X} = 2.26$). Finally, off-grounds school children ($\bar{X} = 2.74$) were seen as possessing greater self-esteem ($F(1,46) = 3.69, p = .06$) than on-grounds school subjects ($\bar{X} = 2.32$).

Thus, neither children nor adults evidenced that the child's age at first placement affected his/her level of competency in any area. Off-grounds and on-grounds school children did not perceive competency differences between themselves, but adults tended to see off-grounds school children as more competent in some areas (social, physical, and self-esteem).

**WISC-R and PCSC**

The remainder of the results involves the performance of the two groups of abused children on the WISC-R and how these scores relate to
PCSC scores. Table 3 presents WISC-R correlations with sex, age, and age at first placement. No significant correlations were shown among any of these variables and the WISC-R. Also presented in Table 3 are WISC-R scale and subscale intercorrelations. It may be seen that all WISC-R subscales significantly intercorrelated except for the following: Similarities with Object Assembly; Vocabulary with Picture Arrangement; and Coding with Comprehension, Picture Arrangement, and Object Assembly.

WISC-R results from testing off-grounds and on-grounds school children are presented in Table 4. Overall, it may be seen that these children performed within the Average IQ range (90-110). Scale scores were as follows: Full Scale, $\bar{X} = 92.32$; Verbal, $\bar{X} = 89.54$; Performance, $\bar{X} = 96.54$. The Full Scale score ($z = -3.62$) and Verbal score ($z = -4.93$) were significantly lower than a normative IQ of 100.

To examine differences between the off-grounds school subjects and on-grounds school subjects regarding demonstrated competence levels (using the WISC-R as the instrument), t-tests were conducted across all scales and subscales. The only significant difference occurred on the Coding subscale with the off-grounds school subjects ($\bar{X} = 9.39$) showing higher scores than the on-grounds school subjects ($\bar{X} = 6.57$). However, this effect may be due to chance as Hotelling $T^2$ was not found to be significant ($T^2(10,38) = 10.56, p = .60$).

Finally, correlations between the WISC-R and PCSC were examined, particularly to find whether child scales or adult scales correlated more highly with WISC-R scales and subscales. In other words, were children or their adult significant others more able to predict demonstrated competence scores from perceived competence scores? Table 5 presents the
Table 3
WISC-R Intercorrelations and WISC-R Correlations with Sex, Age and Age at First Placement

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Note. Levels of significance:  * < .05  ** < .01  *** < .001 (See Table 4 for abbreviations)
Table 4

WISC-R Scale and Subscale Mean Scores

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Table 5

PCSC and WISC-R Correlations

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Note. Levels of significance: * < .05  ** < .01  *** < .001
data. The results were as follows: (1) child cognitive competence perceptions significantly correlated with Information and Arithmetic; (2) child social competence perceptions correlated significantly with Performance, Picture Arrangement, and Object Assembly; (3) child physical competence perceptions correlated significantly with Verbal, Performance, Full Scale, Information, Arithmetic, Picture Arrangement, and Block Design; (4) child perceptions of self-esteem correlated significantly with Picture Arrangement and Block Design; (5) adult cognitive competence perceptions correlated significantly with Verbal, Performance, Full Scale, Information, Similarities, Arithmetic, Vocabulary, Comprehension, Picture Completion, and Block Design; (6) adult physical competence perceptions correlated significantly with Performance, Full Scale, Information, Arithmetic, Block Design, and Coding; and (7) no significant correlations were found between adult perceived social competence nor adult perceived self-esteem and the WISC-R scales and subscales.
DISCUSSION

Results from the described analyses evidence a number of findings, some of which agree with the hypotheses and some of which do not. Each of these findings will now be discussed in terms of how it relates to the postulated hypothesis, where discrepancies exist, and possible explanations for the outcome.

In the area of perceived competency, it was projected that abused children would see themselves as more competent than nonabused children with on-grounds school subjects having the greatest faith in their abilities. However, it was found that no differences were perceived by the children among themselves. With the addition of the variables of age and sex, some differences were discovered in the child perceived physical competence scale. In the analyses with age and abuse as independent variables, off-grounds school children perceived themselves as more physically competent than nonabused children, while neither group differed from the on-grounds school children. When sex replaced age as the independent variable, abused children perceived themselves as more physically competent than nonabused children. These results appear to coincide to some degree with the findings previously reported on the VCH children (Scholz, 1982). In this earlier study, the only significant difference revealed on the child perceived competency scales was that abused children perceived themselves as more physically competent than nonabused children.

It was hypothesized that abused children would perceive themselves
as more competent than nonabused children due to the observation that in
day-to-day living, abused children tend to indicate externally that they
are extremely competent individuals regardless of how they feel internally.
This projected attitude makes sense in terms of the experiences these chil-
dren have had. While living at home, they probably had often felt respon-
sible for taking care of their parents (Martin and Rodeheffer, 1976).
Once they were removed from their homes, this need to be in charge very
likely increased; at times, they must have felt that they were on their
own. Yet these children did not perceive themselves as more competent
than nonabused children except, perhaps, physically. Two reasons might be
proposed for this outcome. First, it could be that the children were re-
porting a more internal view of themselves which might be freer from the
expectations they encounter in the outside world. Secondly, it might be
that the treatment they receive at VCH is helping them to formulate more
"normal" perceptions of themselves, even if they are not yet able to act
on these perceptions. Since adults perceive the abused children as less
competent than the nonabused children, it must also be considered that the
abused children are perceiving themselves as more competent than they
actually are. Abused children might perceive themselves as more physi-
cally competent than nonabused children because acting and doing is their
most common and natural mode of expression; this is perhaps the most dif-
ficult area in which to determine competence or incompetence. The possi-
bility that the abused children are more physically competent than the
nonabused children must be entertained, although this is not supported
by adult perceptions.

Adult perceptions of child competency turned out just as hypothesized.
Significant adults of the nonabused group did perceive their children as being more competent than the significant adults of the abused group perceived their children, with the on-grounds school children viewed by significant adults as the least competent group of the three. Nonabused children were rated as more competent in all ways than on-grounds school children and as more competent in all ways except physically than the off-grounds school children. Off-grounds school children were perceived as more physically and socially competent and as possessing greater self-esteem than on-grounds school children. Child care workers may not have to contend as fully with the thought that how they present the children to others is a reflection of themselves as do the parents of the nonabused children. This might suggest that child care workers may underrepresent the abused children's competence and/or that parents might overrepresent the competence of their nonabused children. Abused children have been reported to be overactive and difficult to supervise (Johnson and Morse, 1968), aversive in their behavior (Vasta and Copitch, 1981), and emotionally disturbed (Elmer and Gregg, 1967). It has also been suggested that in comparison to nonabused subjects, abused children tend to be more negative in their behavior (Burgess and Conger, 1978), more frequently assaultive of peers, and less responsive (George and Main, 1979). Scholz (1982) consistently found that children from VCH have greater personality and behavior problems than nonabused children. If these are truly characteristics of abused children, it is not difficult to understand why it might be that adults see nonabused children as more competent than abused children. This same line of reasoning may be employed in explaining the perception of the off-grounds and on-grounds school children. The latter
group has been shown to evidence even greater personality and behavior problems than the off-grounds group (Scholz, 1983). This also makes sense in view of the fact that off-grounds and on-grounds school children are not seen as differing in the area of cognitive competence. It appears that it is not intellectual functioning that determines the choice of schools for the children, but, rather, that children who go to the on-grounds school are seen as functioning more poorly in social and behavioral arenas. This idea is further supported by the finding that there are few, if any, IQ differences between the off-grounds and on-grounds school children.

It was hypothesized that no age differences would occur along the PCSC scales. Such is the case with the adult ratings. However, younger children perceived themselves as more cognitively and physically competent than did older children. While there were numerous abuse main effects, only one interaction occurred in which both age and abuse were factors, i.e., younger off-grounds school children perceived themselves as more socially competent than younger nonabused children, with on-grounds school children perceiving no differences between themselves and the other children. Perhaps, because younger off-grounds school children are somewhat forced to learn at an earlier age how to interact with others in order to get their needs met, they have discovered that their social skills are more refined than those of their same-aged nonabused peers. Then, as the children get older, the abused children apparently perceive that the nonabused children have caught up socially. However, it seems more likely that when the off-grounds school children first begin to interact with the nonabused children, they may be ignorant of how to judge their own social skills in comparison to others. Social isolation is often reported to be
a characteristic of abusive families (Elmer, 1967; Young, 1964). In response to this ignorance, off-grounds school children might initially be inclined to report greater social skills than they possess only to later become more aware of the social world and then perhaps more socially competent as they begin to perceive reality with greater accuracy.

Nonetheless, it is important to note that, as hypothesized, age was of little consequence in distinguishing the three abuse groups along the PCSC scales. There were several reasons for postulating that no age differences would occur. First, the variable age showed no significant difference across any of the PCSC scales in the original standardization samples (Harter, 1982). This may account more for the absence of differences in terms of age for the nonabused children, since the PCSC was standardized on normal children. Two other reasons for hypothesizing no age differences relate to the abused children and are both based on the author's experience. First, it seems that VCH children over the age of five are more set in their ways than VCH children under the age of five. The idea that a child's basic style is established by the age of five is postulated by a number of personality theorists (e.g., Freud and Piaget). Since all children used in this study are at least 6 years old, then all of the abused subjects would belong to that group of children with patterns already established. It was, therefore, assumed that their perceived competency levels would be alike. In addition, there simply appears to be no obvious one-to-one relationship between the age of the abused child and how he/she feels about him/herself or how others seem to perceive him/her.

It was hypothesized that abused males would perceive themselves as
being more competent than abused females, while no differences were expected due to sex in nonabused children. It was also postulated that adults would perceive no sex differences along the PCSC scales. These hypotheses were unfounded. It was the children who perceived no differences, while adults viewed females as more competent than males in the areas of physical and possibly cognitive competence. The reason for the proposed postulation that abused males would perceive themselves as more competent than abused females was twofold: (1) there is some indication that abused children tend to come from more authoritarian homes (AHA, 1976) where male/female role expectations might require male children to at least appear more competent than female children (although the area of social competence might not apply); and (2) Harter (1982) reports that there appears to be a consistent tendency for males to perceive themselves as more physically competent than females. Apparently, however, the abused male and female children do not perceive themselves as possessing different levels of competence, whether from authoritarian homes or not. It may be that too much weight has been given to the authoritarian concept or that, in the case of abusive families, "authoritarian" applies much more to a style of discipline than to a mode of thinking and relating.

Adults perceived that, in general, females are more physically and possibly more cognitively competent than males. One might attribute this finding to the idea that males in the age range used in this study (6/0 to 13/6) are not yet at the same developmental level as females (Cohen, 1976).

No differences were hypothesized between age at first placement of the VCH children and the children's or the adults' perceived competency,
and no differences occurred. It has been shown that abuse tends to begin at an early age (AHA, 1980). Therefore, regardless of the age at which the child is removed from his/her home, it seems likely that the abuse began when he or she was quite young. Whether removing the child from the home is detrimental or beneficial varies widely from case to case and seems to be unpredictable (Phillips, Shyne, Sherman, and Haring, 1971; Shinn, 1968). Perhaps it may be concluded that the early onset of abuse and the fact that the abuse occurred are the crucial factors here. Age at first placement may be too riddled with intervening variables (e.g., was it detrimental to remove the child or did the child like his/her new placement?) to be a stable factor affecting how the children are perceived or how they perceive themselves.

It was hypothesized that VCH children would perform lower than the general population on the WISC-R. They, in fact, performed within the Average range of intelligence, although both Full Scale IQ and Verbal IQ were significantly below the normative IQ of 100. It was believed that the abused children's scores would be lower than average because of their deprived and chaotic backgrounds which might interfere with the factors that influence performance on the WISC-R such as education, interests, fluctuation of attention, experiences, and speed of mental operation (Sattler, 1982). Indeed, it appears that the abusive environment does have an affect on those skills which are necessary to do well on the Verbal Scale of the WISC-R. Previous researchers have suggested that verbal behavior tends to be discouraged, if not punished, by abusive parents (Martin and Rodeheffer, 1976). It is then reasonable to expect that abused children turn to Performance-type skills in order to survive and,
consequently, are more able to maintain "normal" abilities in this area. Children at VCH display great skill in their ability to "perform" behaviorally to the extent that they can often successfully manipulate others in their environment.

One study, reported in the literature, examined the performance of abused children from several different placements (home, foster, adoptive) on each subscale of the WISC-R (Martin, Beezley, Conway, and Kempe, 1974). These researchers drew the conclusion that abused children are hypersensitive to environmental cues due to the fact that they performed most highly on three subscales: Similarities, Picture Completion, and Block Design. However, no tests were conducted to measure whether these subscale scores were significantly higher than the other subscale scores. This methodological difficulty lessens the comparability of the Martin et al study with the current one. It seems unlikely that there is evidence in either study to indicate that abused children are environmentally hypervigilant.

Another hypothesis concerning WISC-R performance was that off-grounds school children would score higher than on-grounds school children. Although it is indeed true that all scale and subscale scores for off-grounds school children were higher than those for on-grounds school children, only one subscale showed a significant difference between the two groups, and even this was questionable. There is great deviation in the on-grounds school children's scores (see Table 4), and this may reflect the fact that behavior or personality, not intellect or school performance, is the factor which most often causes a child to be kept at the on-grounds school facility. This coincides with the idea that adults perceive the on-grounds school children as having more behavior and personality problems.
than the off-grounds school children, resulting in lower perceived competence and on-grounds school status. Thus, some children attending the on-grounds school are functioning well enough cognitively that the group, as a whole, does not perform differently on the WISC-R than the off-grounds school group regardless of behavioral or personality difficulties. The brighter children at VCH often seem to be more aware of the injustices which they have endured and are, therefore, more angry and likely to act out frequently and sometimes violently; it is just this sort of behavior which will keep a brighter child in the on-grounds school.

The final hypothesis was that significant adults would better estimate the abused children's performance abilities (using the perceived competence) than the abused children would estimate their own abilities. In assessing the actual scores received, it is found that the adult cognitive scale was correlated most often with the WISC-R scale and subscale scores. In fact, this scale correlated significantly with all but two of the WISC-R scales and subscales (Picture Arrangement and Coding). Since both the cognitive scale on the PCSC and on the WISC-R relate highly to academic achievement (Harter, 1982; Sattler, 1982), this is not unexpected. The cognitive realm may well be the most commonly used mode of expression for adults, thereby enhancing their ability to predict WISC-R scores. It should be noted here that adults also accurately perceived that there are no differences cognitively between the off-grounds and on-grounds school children. Children were best able to predict WISC-R scores (7 of the 13 scales and subscales) using perceived physical competence. From these results, it could be possible to reason that just as adults predict best from their most common mode of expression, so do children.
However, the validity of this finding might be questioned. The scales and subscales of the WISC-R have not been shown to correlate with physical skills and abilities as they do with cognitive skills and abilities. Is it valuable for abused children to be able to predict cognitive skills from perceived physical skills? Off-grounds and on-grounds school children, however, should be given credit for their ability to perceive that their competency levels are not different. The only other PCSC scales which showed correlations with at least three or more of the WISC-R scales and subscales were the adult physical and the child social perceived competency scales. The adult physical competency scale correlated with a hodge-podge of scores from the WISC-R which are not necessarily Verbal or Performance abilities and which do not require similar skills (Sattler, 1982). The child social perceived competency scale, on the other hand, correlated with three of the six Performance scales and subscales and may, therefore, be predictive of those types of abilities.

For these assessments, VCH child care workers were used in place of parents, on the assumption that the child care worker is sufficiently comparable to a parent for the purposes of this study. Of course, a number of conditions exist which could question such an assumption: (1) no blood ties between child care worker and child; (2) child care worker and child are from different backgrounds; and (3) child care worker has limited knowledge of the child's family history, etc. Yet, it is possible that to have used the abused children's natural parents in this study might have confounded the data even further. Typically, these parents have been out of daily contact with their children for any number of years. Some of them have disappeared and could not have been located; some of them do not appear
to care about seeing their children; some seem ambivalent, while others would give anything to have their children back. These attitudes would certainly be projected onto their perceptions of their children. The child care worker, on the other hand, would operate on a relatively objective level.

There was a need for a second control group in this study which would have provided an excellent bridge between the groups presented—that is, an abused but never removed from home group. This group of children, however, would be very difficult to gather; the subjects would probably have to be referred by a doctor, social worker, or teacher who could only assume that a particular child had been or was being abused. Given the social and legal implications surrounding child abuse, it is unlikely that the parents of these children would be willing to participate or allow their children to participate in such a study. Yet, the addition of this group would have been useful and meaningful. Another group which might have been added to the sample was a nonabused group of children who had also taken the WISC-R. This would have added further dimension to the WISC-R and PCSC correlations. The addition of either of the two groups could provide the basis for an entirely new study.

Future research might also revolve around defining the actual factors involved in determining placement of VCH children into the on-grounds school program. Is it indeed an issue of behavior and/or personality as this research indicated, or is there more to be considered? How would the knowledge of these factors affect the sort of data collected here? Could the on-grounds school children be divided into two or more groups which are more stable in their patterns (e.g., do not show such deviations on the WISC-R)? Regarding the issue of age at first placement, would
there be differences if the children could have been grouped instead according to age at the onset of abuse? Also, one might consider abused children who are never placed into a stable environment such as VCH. Would these children feel that they had benefitted from removal from their homes? Would others perceive them as having benefitted from their removal? This, too, would be a difficult group of subjects to gather, but the implications for social work and the child abuse courtroom would be great. Finally, one might investigate more thoroughly why child care workers perceive the abused children, specifically the off-grounds and on-grounds school children, so differently than the children perceive themselves.

Finally, there are a number of treatment issues implied by this research. Significant adults at VCH (child care workers, therapists, social workers, and teachers) often approach a new placement intake from the point of view that the sooner the child was first removed from the abusive environment and placed at VCH, the more successful the outcome will be. This may be an inaccurate assumption which could gravely affect how a new child is initially treated and possibly "pigeonholed." It is suggested in this study that abused children have performance/physical/behavioral capabilities which, if properly channeled, could become strengths. Perhaps adults could help the children to perceive themselves more accurately by beginning with these strengths in the physical realm and gradually generalizing to other realms. This strategy could possibly enable the abused children to learn to switch to cognitive or social modes more easily, when it is important for them to do so. Also, these performance/physical/behavioral strengths could enhance verbal abilities through the use of games or physical activities to build verbal skills. This study also suggests
that significant adults should not expect these children to possess special abuse-provoked skills such as acute sensitivity to environmental cues or early empathic abilities. Finally, several points may be made about treatment in the on-grounds school program. First, it seems that there should continue to be emphasis placed on mainstreaming these children into public schools, when it is possible and when the children are prepared. On-grounds school children may not perceive themselves as less competent than off-grounds school children or nonabused children, but adults do. This attitude could conceivably affect the treatment of the children. Consequently, the child's motivation to care for him/herself behaviorally and emotionally may decrease. It seems important to develop improved methods for evaluating and screening on-grounds school children to help distinguish social vs. behavioral vs. intellectual difficulties. Treatment plans need to be geared toward a child's particular area of difficulty. If a child experiencing intellectual problems is placed in an on-grounds classroom in which issues of behavioral control are central, not only will this child's intellectual skills not improve, but he/she may begin to act out behaviorally just to appear normal in this particular environment.
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