Disciplinary choices of mothers of profoundly deaf children and mothers of normally hearing children

John F. Knutson,*, Christina R. Johnson, Patricia M. Sullivan

Department of Psychology, The University of Iowa, E-11 Seashore Hall, Iowa City, IA 52240, USA
Boys Town National Research Hospital, Omaha, NE, USA

Received 18 March 2003; received in revised form 6 April 2004; accepted 7 April 2004

Abstract

Objective: To assess the disciplinary preferences of mothers of profoundly deaf children and normally hearing children in a test of the hypothesized link between child disabilities and punitive parenting.

Method: Disciplinary preferences of mothers seeking a cochlear implant for their profoundly deaf child (n = 57), mothers not seeking an implant for their deaf child (n = 22), and mothers of normally hearing children (n = 27) were assessed using an analog task in which subjects select discipline in response to slide images of children engaging in normative or frankly deviant behaviors that are potentially irritating.

Results: Results indicated that mothers of children with profound hearing impairments were more likely to select physical discipline in response to depicted child transgressions and more likely to escalate to physical discipline when the depicted child was described as persisting in the transgression. Additionally, escalation was more probable in response to scenes depicting children engaged in dangerous and destructive acts than in rule-violating acts.

Conclusions: Findings were consistent with the hypothesized link between childhood disabilities and child maltreatment as well as the hypothesis that children with disabilities associated with communication problems could be at risk of physical abuse.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Discipline; Analog Parenting Task; Disabilities; Deafness
Introduction

Because children with disabilities can occasion some unique parenting challenges, some have hypothesized a link between childhood disabilities and physical maltreatment (cf., Ammerman, 1991; Ammerman, Van Hasselt, & Hersen, 1988; Sobsey, 1994). Although advocates for this hypothesis have been able to marshal considerable theoretical support for their position, limited empirical evidence has caused others to question the notion of a simple link between child maltreatment and childhood disabilities (e.g., Coon, Beck, & Coon, 1980; Starr, Dietrich, Fischoff, Ceresnie, & Zweier, 1984). Within the last decade, however, a growing body of research has provided empirical evidence of the association between childhood disabilities and maltreatment. For example, using the methodology of the Second National Incidence Study (Office of Human Development Services, 1988), Westat (1993) provided evidence that children with disabilities were approximately 1.7 times more likely to be maltreated than children without disabilities. In a hospital-based epidemiological study of maltreatment, Sullivan and Knutson (1998) established a disability rate among maltreated children that was approximately twice the disability rate among nonmaltreated children. Extending those findings to a school-based population study that was not compromised by possible sampling biases, Sullivan and Knutson (2000) reported that the relative risk for physical abuse varied as a function of the disability classification of the children. For example, although risk for physical abuse among persons with a physical disability was approximately 1.2 times that of nondisabled children, risk for physical abuse among children with other disabilities ranged from 2 to 7.3 times that of nondisabled children.

The methodology of the Westat (1993) and Sullivan and Knutson (2000) studies did not permit an unequivocal determination as to whether the disabilities contributed to maltreatment or whether maltreatment contributed to the disabilities. Within the Sullivan and Knutson (1998) study, however, a subgroup of subjects could be identified where there was unequivocal medical evidence that the disability was present prior to maltreatment. Based on analyses of that subgroup, there was support for the hypothesis that some disabilities (e.g., hearing impairment, speech and language disorders, health-related disabilities, developmental disabilities) were more likely to be risk factors than consequences of maltreatment. For those disabilities that seemed to be risk factors, the question remained as to why children with a disability are at greater risk of maltreatment than are children without a disability.

One hypothesis that has been advanced to account for the putative disability-maltreatment link is that rearing a disabled child may occasion more parental stress than rearing a nondisabled child (Ammerman et al., 1988; Benson Gross, Messer, Kellum, & Passmore, 1991; Verdugo, Bermjo, & Fuertes, 1995). There are, however, at least two lines of evidence that cast doubt on the hypothesis that stress can be used to account for a disability-abuse link. First, there is some evidence that rearing children with disabilities does not necessarily occasion unique stress (Ammerman & Patz, 1996). It is also the case that the level of reported stress associated with rearing a child with a disability does not necessarily covary with the severity of the disability (e.g., Benedict, Wolff, & White, 1992; Embry, 1980; Starr et al., 1984; Verdugo et al., 1995). Perhaps more importantly, based on a comprehensive review of the physical abuse literature published across two decades, Knutson and Schartz (1997) concluded that support for the link between parental stress and abuse was not particularly strong. An alternative hypothesis to account for the disability-physical abuse connection can be derived from a discipline-mediated model of physical abuse (cf., Greenwald, Bank, Reid, & Knutson, 1997).
Discipline-mediated models of physical abuse have suggested that physical child abuse in the form of injurious physical discipline might not be qualitatively different from normative physical discipline. Rather, some abusive discipline can be conceptualized as normative discipline that has escalated to an injurious level. In this theoretical model the escalation in discipline can be due to either the ineffective disciplinary strategies of the parents (cf., Greenwald et al., 1997) or some unique interactions between the child and the caretaker that compromise parental efforts to influence the child’s behavior (cf., Knutson & Bower, 1994). In both models, physically abusive parenting is seen as a reflection of the characteristics of the parent (e.g., selecting ineffective disciplinary strategies), the characteristics of the child (e.g., communicative limitations), and the confluence of those child and parental factors in a dynamic disciplinary context. Thus, in a discipline-mediated model, the occurrence of abuse is placed in a microsocial context where a parent’s attempt to influence the child’s behavior in a specific context is ineffective and, as a result, the parent adopts more intensive strategies and more punitive strategies. Such a model could account for the association between some childhood disabilities, such as communication disorders, and maltreatment.

Consistent with the discipline-mediated model of physical abuse, it has been suggested that communication difficulties could play a central role in the physical abuse of children with disabilities (e.g., Embry, 1980; Knutson, Schartz, & Zaidi, 1991; Sullivan & Knutson, 1998; Verdugo et al., 1995). Because the vast majority of prelingually and perilingually deaf children have normally hearing parents, most prelingually and perilingually deaf children have parents who are not fully prepared to communicate effectively with their child. Because of the likely communicative difficulties between a deaf child and his or her parents, it has been suggested that deaf children are at particular risk for physical abuse (Sullivan, Brookhouser, Scanlan, Knutson, & Schulte, 1991). Consistent with that hypothesis are data indicating that parents of deaf children are more likely to report the use of physical discipline (e.g., Schlesinger & Meadow, 1972) and that deaf children are at increased risk of physical abuse relative to their normally hearing peers (e.g., Sullivan & Knutson, 1998, 2000).

Although the presence of the disability per se has been hypothesized to influence discipline and abuse by parents of deaf children, it is also possible that the association between disability and abuse reflects something about the habilitative or rehabilitative efforts that parents adopt to meet the needs of their child. Often parents of disabled children are confronted with difficult choices when attempting to meet the special needs of their child. How they respond to those choices could reflect something about parenting and the manner with which the parents attempt to influence their child’s development. In recent years, pediatric cochlear implantation for deaf children has moved from being an experimental procedure to a clinically accepted intervention (National Institute of Health, 1995). Yet, because of the highly variable outcome of cochlear implants, there continues to be considerable controversy regarding implantation of children (cf., Balkany, 1996; Lane & Bahan, 1998; Wever, 2002). Thus, parents of deaf children are often confronted by that controversy as well as the challenge of meeting the needs of their child. Thus, it is possible that parents who seek an implant might approach child discipline differently than parents who elect not to seek an implant for their deaf child.

Recent work using Analog Parenting Tasks (APT) (e.g., Fagot, 1992; Knutson & Bower, 1994; Knutson et al., 1991; Rodriguez & Sutherland, 1999; Zaidi, Knutson, & Mehm, 1989) suggests that it should be possible to assess the disciplinary preferences of parents of disabled and nondisabled children to determine whether the presence of a disabled child in the household influences disciplinary preferences of the parent. Thus, the present study used an analog test of disciplinary preferences to determine whether rearing a deaf child would influence the disciplinary preferences of parents. Addi-
tionally, the study was designed to determine whether disciplinary preferences differed between parents seeking an implant for their deaf child and parents who elected not to seek an implant for a deaf child.

Method

Subjects

Three samples of mothers participated in the study. The first sample consisted of 57 mothers of prelingually deaf children who had been consecutively evaluated for cochlear implantation at The University of Iowa Department of Otolaryngology—Head and Neck Surgery. To be eligible for an implant in this protocol, the child had to be at least 24 months of age at the time of referral and had to be either congenitally deafened or had to have incurred a profound bilateral hearing loss prior to 18 months of age. Additionally, the child could receive no appreciable benefit from amplification. The mothers participated in the tasks of the present study at the time of preimplant evaluations of the children. Parents seeking a cochlear implant for their child at The University of Iowa were largely drawn from states in the upper Midwest of the US, but a few families from other areas of the US participated; most resided in urban and suburban settings, but rural families were included in the sample. Because of the grant-supported nature of the clinical trial, families enrolled in the Iowa Cochlear Implant Clinical Research Center would not incur any out-of-pocket costs for the cochlear implant, the surgery, and the associated hospital and clinic services. Thus, the group of families seeking an implant was essentially unrestricted with respect to socio-economic status. Two families in the Implant Candidate Group had more than one hearing-impaired child. The demographic characteristics of the implant seeking sample and the other samples are shown in Table 1.

The second sample consisted of 22 mothers of prelingually or perilingually deaf children who were recipients of services at Boys Town National Research Hospital (BTNRH), in Omaha, NE. The mothers had volunteered to participate in psychological research related to the social and cognitive development of children with hearing impairments as a “control group” for children receiving a cochlear implant. These BTNRH subjects were mothers who had not sought a cochlear implant for their child prior to enrolling in the study. Additionally, these were mothers who did not seek an implant for their child for at least 48 months following enrollment in the study. (At the inception of the project in which the present

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic characteristics of the samples</td>
</tr>
<tr>
<td>Implant Candidate Group (n = 57)</td>
</tr>
<tr>
<td>Upper class (%)</td>
</tr>
<tr>
<td>Middle class (%)</td>
</tr>
<tr>
<td>Lower class (%)</td>
</tr>
<tr>
<td>Multi child families (%)</td>
</tr>
<tr>
<td>Mean age (range) of the “recruited” child (years)</td>
</tr>
</tbody>
</table>
study was embedded BTNRH did not offer cochlear implantation; however, implantation was offered at BTNRH before the project ended. Subsequent to participating in the research protocol, some parents elected to seek an implant for their child, either at BTNRH or another site. If they sought an implant at The University of Iowa, they were included in the implant-seeking sample described above (n = 2). If they sought an implant at another site, those children and their parents would have been dropped from the research protocol; data from such mothers (n = 3) are not included in the current report.) Although most of the children in the second sample were in the profound range of hearing impairment, six of the children realized some auditory benefit from acoustic amplification (i.e., hearing aids; FM receivers) and would not have been eligible for implantation under the eligibility criteria in place at the time of enrollment in the research; they would have been eligible under the more relaxed standards that were in place later. All of the mothers were from the urban or suburban areas of Omaha, Nebraska or Council Bluffs, Iowa.

The third group consisted of 27 mothers of normally hearing children. The Department of Psychology at The University of Iowa contacts parents of all live-births in Johnson and Linn Counties, Iowa and informs them about ongoing developmental research in the Department. The Department occasionally recruits families for the registry using public service announcements, advertisements, and flyers distributed to the schools. Families who are willing to participate in psychological research are placed in the registry for later recruitment; the mothers in this third research group had recently volunteered to enroll their children in studies of spatial reasoning, motor skills, or decision-making. The mothers in the present study were recruited when their child was in the laboratory participating in the cognitive and motor research. All of the mothers were from the urban or suburban areas of Omaha, Nebraska or Council Bluffs, Iowa.

Mothers of children enrolled in research at BTNRH and the mothers of normally hearing children were compensated for their participation in the study. Families who were enrolled in the clinical trial of the Iowa Cochlear Implant Clinical Research Center were not compensated for participation in the study. However, because of the grant-supported nature of the clinical trial, families enrolled in the Iowa Cochlear Implant Clinical Research Center could realize significant financial benefit (i.e., free implant, no surgical fees, free clinical service) if their child were to receive an implant. None of the mothers in any of the groups were deaf. All of the procedures were conducted under informed consent and all procedures had been approved by the appropriate IRBs. Because the grant supporting the research with deaf children was located at The University of Iowa, The University of Iowa IRB-01 approved the protocol for testing the two groups of mothers of deaf children; the BTNRH IRB also approved the protocol for the group recruited and tested at BTNRH; The University of Iowa IRB-02 approved the protocol for the group of mothers of normally hearing children. Some of the mothers of deaf children, or their children, have been included in samples described in published studies pertaining to pediatric cochlear implantation (e.g., Boyd, Knutson, & Dahlstrom, 2000; Knutson, Boyd, Goldman, & Sullivan, 1997; Knutson, Boyd, Reid, Mayne, & Fetrow, 1997; Knutson, Ehlers, Wald, & Tyler, 2000; Knutson, Wald, Ehlers, & Tyler, 2000).

Analog Parenting Task

To assess disciplinary preferences of the mothers, an Analog Parenting Task first described by Zaidi et al. (1989) was administered. The APT consists of 28 slides, each depicting a child engaging in a developmentally appropriate or developmentally inappropriate activity that could be irritating or concerning to a
child’s caretaker. Seven scenes depict a child engaged in destructive acts (e.g., stepping on a calculator, tearing pages from a book), seven scenes depict dangerous activities (e.g., loading a revolver, hanging out the window of a moving car, sitting on the edge of a roof), and seven depict rule-violating behaviors (e.g., theft, drinking an alcoholic beverage, smoking). The remaining scenes include age-appropriate acts (e.g., spilling a jar of salsa, messy play with toys). In response to each scene, the subject was asked to imagine that she is charged with the responsibility of caring for the depicted child, to indicate her emotional reaction to the depicted child (e.g., anger, worry, annoyance, amusement), and to classify the depicted behavior (e.g., sloppy, destructive, dangerous, fine). After rating and classifying the depicted behavior the subject was asked to select the disciplinary response she would use if she were attempting to alter the child’s behavior. Disciplinary choices included such acts as: ignoring, verbal reprimands, restriction of privileges, spanking, striking other than spanking, and striking with objects. Although the more severe acts were potentially injurious, the possible injurious consequences of the acts were not specified in the task. After selecting a disciplinary strategy the subject was asked to indicate how many times she would permit the child to engage in the depicted behavior before changing her disciplinary response. If the subject indicated that she would change her disciplinary tactic, she was asked to indicate what that next disciplinary alternative would be.

For the present study there were two dependent measures. The first was the frequency with which the subject’s initial disciplinary choice involved the use of physical discipline. The second dependent measure was the use of “escalated” discipline as described by Knutson & Bower (1994). Escalated discipline is a circumstance where the subject shifts from a nonphysical form of discipline to physical discipline if the depicted child were to persist in the displayed behavior. Escalated discipline can also occur when the subject shifts from minor physical discipline (e.g., spanking) to potentially injurious discipline (e.g., striking with an object) if the depicted child were to persist in the prohibited behavior.

**Procedure**

Parents seeking a cochlear implant for their child completed an extensive behavioral and psychological evaluation as part of a presurgical evaluation. This evaluation included a number of questionnaires, standardized tests, and interviews that were included in the implant team’s determination of acceptability for implantation. In most instances this test battery was administered in a single day. If the child was to be implanted, this evaluation typically occurred within 90 days of surgery. Among the instruments administered to the parents was the APT.

Parents and their deaf children who were recruited at BTNRH completed the same protocol as implant candidates and parents evaluated at The University of Iowa. Although the test protocol was the same, the circumstances of the evaluation were somewhat different. While both the implant candidate families and the parents of deaf children at BTNRH had volunteered to participate in research, the parents seeking an implant were likely to be motivated to educe a favorable evaluation from the implant team. That is, the psychological evaluation for implant candidate families was part of a screening protocol. The BTNRH subjects had no extraneous motivation to achieve an outcome from the evaluation. Of the mothers of eligible children who were informed of the project and invited to participate, approximately 65% participated. Disinterest or scheduling difficulties were the reasons for nonparticipation.

Mothers of the normally hearing children were approached while their child was participating in a laboratory task designed to measure perceptual and motor skills or decision-making. These mothers were invited to participate in “a study of parental perceptions of child behavior” that could be completed while
their child completed the cognitive or motor tasks in the adjacent laboratory. Approximately 87% of the mothers who were invited agreed to participate. Following the informed consent procedure, the mothers who agreed to participate immediately completed a brief questionnaire about the demographics of their family followed by the APT. Virtually all of the mothers of the normally hearing children who declined to participate indicated they had a specific conflict at that time. Typically these mothers had planned other activities in the community (e.g., shopping, transporting a sibling to an after school activity) during the time their child was participating in the laboratory task. Although a full complement of demographic information was not available from those who declined to participate, based on available information and extensive experience with families recruited from the registry, there is no reason to believe that those who declined to participate in the current study were distinguishable from those who volunteered to participate. Moreover, the specifics of the task itself seemed irrelevant to the decision not to participate. That is, an indication of an unavailability to participate usually preceded a description of the actual procedure.

Results

Prior to the conduct of the planned analyses of the APT using one-way ANOVAs, the three groups of mothers were contrasted with respect to the demographic characteristics of their households. These preliminary analyses used one-way ANOVA for continuous variables (e.g., number of children in the household) and Chi Square tests of association for categorical variables (e.g., single parenthood; social class; Hollingshead, 1975). No group differences approached statistical significance (all \( p \)’s > .27). Thus, although there were some apparent differences among groups (i.e., lower SES mothers in the two groups of mothers of deaf children), those apparent group differences did not approach statistical significance, obviating any need to control for demographic variables in the planned analyses.

The first analysis was based on the mean number of scenes for which the groups of mothers selected a form of physical discipline to alter the behavior of the depicted child. The mothers of the normally hearing children rarely endorsed the use of physical discipline across the 28 scenes (Mean = .37, \( SD = .53 \)) while the mothers seeking a cochlear implant and the mothers of the deaf children not seeking an implant only occasionally endorsed the use of physical discipline (Implant Group Mean = 2.72 [\( SD = 1.26 \]); Deaf Child Group = 3.05 [\( SD = 1.31 \)]). Because of the large number of zero scores among all groups, the physical discipline scores were transformed using \( \log(x + 1) \) to meet the assumptions of analysis of variance (Winer, 1971) and reduce heterogeneity of variance. A one-way analysis of variance of the transformed physical discipline scores indicated there was a statistically significant difference among groups of mothers, \( F(2/102) = 5.01, p < .01 \). Follow-up tests using the Tukey HSD (\( p < .05 \)) indicated that the two groups of mothers of deaf children did not differ from each other, but that both groups of mothers of deaf children had higher physical discipline scores than the group of mothers of normally hearing children.

To determine whether the three groups differed with respect to how they reacted to various types of child transgressions, based on the work of Zaidi et al. (1989) and because the “normative” scenes did not evoke physical discipline in any of the groups, the physical discipline scores of the three groups were contrasted with respect to the three type-of-transgression scenes (i.e., destructive, dangerous, rule violations) in a 3 \( \times \) 3 mixed analysis of variance, with group membership as the between-subjects factor and scene type as the within-subjects factor. As shown in Figure 1, main effects for group membership, \( F(2/103) = 4.97, p < .01 \) and scene type, \( F(2/206) = 13.08, p < .001 \) were obtained. Because the interaction between scene type and group membership was not statistically significant, \( F(4/206) = 2.11, \)
simple effects tests were not conducted. Based on Tukey HSD follow-up tests, regardless of scene type, the two groups of mothers of deaf children endorsed more physical discipline in response to the slide depictions of child transgressions than did the mothers of the normally hearing children ($p < .05$). The endorsement of physical discipline in response to scenes of dangerous or destructive child behaviors did not differ, but the endorsement of physical discipline in response to the destructive and dangerous scenes was significantly greater than physical discipline in response to the rule violation scenes.
Based on the work of Knutson and Bower (1994) an analysis of escalated discipline was completed by computing an escalation score in response to the destructive, dangerous, and rule-violating scenes. Escalation was coded for a specific scene if the mother shifted from an initial response of nonphysical discipline to a physical disciplinary choice in response to repetitions of the transgression, or if the mother shifted from spanking to a more potentially injurious form of physical discipline. Again, the log(x + 1) transformation was used so the distributions met the assumptions for the statistical tests. As shown in Figure 2, although there was a statistically significant influence of parent group $F(2/103) = 5.43, p < .01$ on the escalation scores, the statistically significant interaction between parent group and scene type $F(4/206) = 7.87, p < .001$ compromised the interpretability of that main effect. Follow-up tests using the Tukey HSD ($p < .05$) indicated that mothers of the hearing-impaired children were more likely to escalate their disciplinary response to the dangerous and destructive scenes than the rule-violating scenes. Also, the mothers of deaf children were more likely to escalate in response to those dangerous and destructive scenes than were the mothers of normally hearing children. The apparent difference in escalation among scenes by the mothers of the normally hearing children was not statistically significant.

Discussion

The findings of the present study provide evidence that mothers who were rearing a child with a profound hearing loss are more likely to endorse the use of physical discipline in response to depicted child transgressions and more likely to escalate that discipline in response to destructive or dangerous acts than were mothers of normally hearing children. Thus, the findings are consistent with the hypothesized link between rearing a communicatively-impaired child and risk of physical abuse (cf., Ammerman, 1991; Ammerman et al., 1988; Sobsey, 1994; Sullivan & Knutson, 1998). Importantly, the APT does not indicate the hearing status of the depicted child. Thus, the greater endorsement of physical discipline by the mothers of deaf children, while somewhat sensitive to the scenes that were depicted, does not require that the depicted children present with a hearing impairment. Thus, the data strongly support the notion that rearing the deaf child influences the general disciplinary preferences of the parent. These findings are consistent with the Schlesinger and Meadow (1972) conclusion that parents of deaf children are more reliant on physical discipline. More importantly, the data are consistent with ecological models of child development (e.g., Bronfenbrenner & Ceci, 1994; Riggins-Caspers, Cadoret, Knutson, & Langbehn, 2003) and the notion that child attributes can influence the disciplinary strategies of the parent (Knutson et al., 1991). The escalated disciplinary choices of the mothers of the deaf children are also consistent with the discipline-mediated model of physical abuse advanced by Greenwald et al. (1997).

Although the dependent variable in this research is an analog of some disciplinary contexts confronted by parents, the use of analog tasks in the study of clinical problems has a long tradition and has provided useful information about clinical problems that are not readily studied in the natural habitat (see Kazdin, 1978). Moreover, the use of laboratory analogs to study discipline and parental affect has been productive in studies of clinical and nonclinical populations (e.g., Dadds, Mullins, McAllister, & Atkinson, 2003; Fagot, 1992; Passman & Mulhern, 1977; Rodriquez & Sutherland, 1999; Zaidi et al., 1989; Vasta & Copitch, 1981). Although a direct observational approach to studying discipline would provide more information about both parent behavior and evocative child attributes, such a research strategy would be neither practical nor feasible in most research contexts. Within the context of the limitations of the analog
test, the current findings strongly support the notion that deaf children are at increased risk of severe physical discipline. Additionally, because discipline tends to be family specific rather than child specific (cf., Whitmore, Kramer, & Knutson, 1993), the present findings also suggest that siblings of hearing-impaired children could be at increased risk of severe physical discipline. In that context it is important to note that the vast majority of the mothers of deaf children in the present study also had a normally hearing child in the household. There was not sufficient power to contrast mothers of a single child with mothers of multiple children, nor to determine the possible role of the presence of an older or younger sibling. Thus, with the power available in the present study, it is impossible to determine whether the presence of normal hearing siblings play a buffering role in the discipline patterns of parents of a deaf child.

The generalizability of the present findings depends, in part, on the representativeness of the samples recruited. The sample of mothers of cochlear implant candidates is based on consecutive referrals and is unselected. Thus, although the sample is somewhat geographically constrained, that sample can be seen as representative of mothers of deaf children who sought an implant for their child. The sample of mothers of deaf children recruited at BTNRH represents a sample that has volunteered to participate in psychological research, but not necessarily research on child behavior problems or discipline. Although receiving modest compensation, they did not receive any clinical service from their participation. Thus, from the standpoint of the present findings, the mothers who enrolled in this project at BTNRH can be considered to be representative of the population of mothers of profoundly deaf children receiving services at that site, they are mothers who evidence a high degree of volunteerism and an interest in their children’s experiences. The sample of mothers of normally hearing children is drawn from a population of families who had enrolled their children in a psychological research registry. Children recruited from that registry for research in the Department of Psychology are typically compensated, but their parents are rarely compensated. Thus, the mothers in that group are clearly characterized by a high degree of volunteerism and probably a high degree of interest in the experiences of their children. If “volunteerism” and an interest in child experiences influences disciplinary preferences, both the BTNRH sample and the community sample share that high degree of volunteerism and an interest in their children’s experiences.

The absence of a difference between the two groups of mothers of deaf children and the magnitude of the difference between the BTNRH sample and the control sample suggests that volunteerism per se is not likely to have influenced the outcome of the study. Additionally, although lower class families were included in the two samples of mothers of deaf children but not in the families of hearing children, the small number of lower class families in the two samples of mothers of deaf children cannot account for the difference between the mothers of deaf children and the mothers of normally hearing children. Because the mothers of implant candidates completed the APT in a presurgical screening protocol, those mothers could have been motivated to place themselves in the best possible light. The fact that there were no differences between the two groups of mothers of deaf children suggests that such motivation did not operate to influence the responding to the APT. The lack of difference between the two groups of mothers of deaf children is consistent with other data showing comparability of parents of deaf children regardless of their implant-seeking status (e.g., Knutson, Boyd, Goldman, et al., 1997). Certainly the data do not suggest that implant seeking parents approached discipline differently than parents who elect not to seek an implant for their deaf child.

Although the informed consent procedure assured that all mothers knew about the tasks in which they would be participating, their initial motivation to participate in research was neither child behavior problems nor disciplinary concerns. Thus, there is reason to believe that the obtained results are not attributable to a subject selection bias or a sampling bias, or a difference in volunteerism between the
mothers of hearing children and the mothers of deaf children. Assuming the samples are representative of mothers of deaf children, the findings that mothers who were rearing a child with a profound hearing loss are more likely to endorse the use of physical discipline and more likely to escalate that discipline can be used to argue for efforts to reduce the use of physical discipline by parents of deaf children and children with serious communication difficulties.

Acknowledgement

The assistance of Steve Berthoff, Rhonda C. Boyd, Shawna Ehlers, Kathleen Murray, Mary Bower Russa, Mary Beth Selner-O’Hagen and Rebecca Wald is gratefully acknowledged.

References


Résumé

Objectif: Évaluer les différentes formes de discipline que préfèrent des mères d’enfants profondément sourds et d’enfants entendants, au moyen d’un test qui propose des liens entre les handicaps infantiles et les comportements punitifs des parents.
Méthode: On a évalué trois groupes de mères par rapport à la forme de discipline qu’elles préfèrent: celles qui cherchaient un implant cochléaire pour leur enfant sourd (n = 22); celles qui ne cherchaient pas à obtenir un implant pour leur enfant (n = 57); et celles dont les enfants étaient entendants (n = 27). On a assigné aux mères des tâches semblables où il s’agissait de choisir un type de discipline en réaction à des diapositives montrant des enfants qui se comportent normalement ou qui sont clairement déviants et irritants.

Résultats: Les résultats indiquent que les mères des enfants profondément sourds sont plus aptes à choisir une discipline corporelle et plus aptes aussi à intensifier leur discipline corporelle lorsque l’enfant persiste dans son comportement insupportable. De plus, cette intensification est plus probable lorsqu’il s’agit de situations où les enfants s’adonnent à des comportements dangereux et destructeurs que dans des situations où ils enfreignent un règlement quelconque.

Conclusions: On a noté une cohérence entre les constats et: l’hypothèse voulant que les handicaps infantiles et la maltraitance soient liés; et aussi l’hypothèse que les enfants handicapés qui ont des problèmes de communication sont à risque d’être maltraités.

Resumen

Objetivo: Evaluar las preferencias disciplinarias de las madres de niños profundamente sordos y niños con audición normal con la intención de valorar la unión entre la presencia de minusvalías y mayor presencia de castigo físico.

Método: Se evaluaron las preferencias disciplinarias de un grupo de madres que consultan para un implante coclear para sus hijos sordos profundos (n = 57), un grupo de madres que no consultan por este implante para sus hijos sordos (n = 22) y un grupo de madres con hijos con audición normal (n = 27) utilizando una tarea análoga en la cual los sujetos seleccionaron disciplinas en respuesta a diapositivas de niños que realizan conductas normales o claramente desviadas que son potencialmente irritantes.

Resultados: Las madres de los niños con alteraciones profundas de la audición tenían más tendencia para seleccionar la disciplina física en respuesta a las transgresiones infantiles y más tendencia a escalar hacia la disciplina física cuando el niño es presentado como persistente en la transgresión. Además, la escalada agresiva era más probable en respuesta a escenas que presentan al niño implicado en actos peligrosos y destructivos que en actos que violan las normas.

Conclusiones: Los hallazgos fueron consistentes con la hipotética unión entre minusvalías infantiles y el maltrato infantil. Se apoya además la hipótesis de que los niños con minusvalías asociadas a problemas de comunicación pueden tener un mayor riesgo de maltrato físico.