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<table>
<thead>
<tr>
<th>PAGE</th>
<th>ARTICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>iii</td>
<td>Foreword</td>
</tr>
</tbody>
</table>
| 1    | Measuring Recidivism in Juvenile Corrections  
Philip W. Harris, Temple University, Philadelphia, Pennsylvania  
Brian Lockwood, Monmouth University, West Long Branch, New Jersey  
Liz Mengers, Council of Juvenile Correctional Administrators, Braintree, Massachusetts  
Bartlett H. Stoodley, Maine Department of Corrections, Augusta, Maine |
| 17   | Barron County Restorative Justice Programs: A Partnership Model for Balancing Community and Government Resources for Juvenile Justice Services  
Ted Gordon Lewis, Barron County Restorative Justice Programs, Rice Lake, Wisconsin |
| 33   | Parents Anonymous® Outcome Evaluation: Promising Findings for Child Maltreatment Reduction  
Margaret L. Polinsky, Lisa Pion-Berlin, and Tanya Long, Parents Anonymous® Inc., Claremont, California  
Angela M. Wolf, National Council on Crime and Delinquency, Oakland, California |
| 48   | Assessing Efficiency and Workload Implications of the King County Mediation Pilot  
Alicia Summers, Steve Wood, and Jesse Russell  
National Council of Juvenile and Family Court Judges, Reno, Nevada |
| 60   | The Impact of Juvenile Drug Courts on Drug Use and Criminal Behavior  
Audrey Hickert, Erin Becker, Moisés Próspero, and Kristina Moleni, Utah Criminal Justice Center, University of Utah, Salt Lake City, Utah |

Volume 1, Issue 1, Fall 2011, Pages 1–120
ARTICLE

Missouri’s Crossover Youth: Examining the Relationship between their Maltreatment History and their Risk of Violence
Anne Dannerbeck and Jiahui Yan, Office of State Courts Administrator, Jefferson City, Missouri

Assessing and Improving the Reliability of Risk Instruments: The New Mexico Juvenile Justice Reliability Model
Katherine Ortega Courtney and Jeremy Howard
New Mexico Children, Youth, and Families Department, Santa Fe, New Mexico

COMMENTARY: School Policies, Academic Achievement, and General Strain Theory: Applications to Juvenile Justice Settings
Janay B. Sander, The University of Texas at Austin
Jill D. Sharkey, University of California Santa Barbara
Alexandra Lamari Fisher, The University of Texas at Austin
Stacey Bates, Pflugerville Independent School District, Austin Psychological Assessment Center
Jenny A. Herren, Judge Baker Children’s Center, Harvard Medical School
Foreword

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is pleased to announce the inaugural issue of the Journal of Juvenile Justice (JOJJ). This semi-annual, peer-reviewed journal, sponsored by OJJDP, is designed to be an accessible, practical tool for a diverse audience of researchers and practitioners. We believe this Journal is an overdue contribution to the world of criminal justice research periodicals and will fulfill a critical need in the juvenile justice field. Its creation is both a tribute to OJJDP’s rich research legacy and an acknowledgment of OJJDP’s unique mandate.

Created in 1975, as a result of the Juvenile Justice and Delinquency Prevention (JJD) Act, OJJDP was charged with the coordination of programs, policies, and research related to juvenile delinquency and juvenile justice. Within the Act is authorizing language that requires OJJDP to coordinate federal juvenile delinquency programs; administer formula funds to States, as well as award discretionary grant funds; provide training and technical assistance to juvenile justice practitioners; develop juvenile justice standards; conduct research and evaluate juvenile justice programs; and disseminate juvenile justice information to the field.

The JJDP Act was revolutionary in many respects—not only in codifying broad systemic changes, such as the deinstitutionalization of status offenders, but in recognizing the value of research and ensuring it was among OJJDP’s fundamental responsibilities. Since its establishment, OJJDP has developed a wide-ranging research program that includes ground-breaking longitudinal work; unprecedented data collections and surveys; and many comprehensive program evaluations focusing on juvenile crime, delinquency, and victimization. Housing a juvenile research program within an office that also funds juvenile justice programs and services has allowed OJJDP to seed its research into many other activities. Consequently, knowledge gained through research, evaluation, and statistical efforts has informed and strengthened the development of victimization and delinquency prevention and intervention programs; standards; and training and technical assistance. In addition, OJJDP’s responsibility to disseminate information to the field ensures that new research findings make their way into the hands of practitioners and policymakers.

The development of a research journal for OJJDP’s constituency is both a natural progression and complement to the Office’s research and dissemination duties. Topics covered within each journal will address a variety of issues in juvenile justice, ranging from delinquency prevention to evaluation of treatment approaches. Moreover, the Journal’s articles are not limited to OJJDP-funded research. We recognize that while OJJDP’s research agenda is ambitious, it cannot possibly answer the diversity of questions generated by an evolving juvenile justice field. Innovative research is being conducted across the country and around the world, and OJJDP welcomes credible submissions from all arenas. Our sole criterion is that all articles are subject to a rigorous peer review and represent sound scientific principles on topics of concern to the field. With that in mind, we anticipate a robust exchange in which the juvenile justice field will be both the Journal’s contributors and its consumers.

This inaugural issue includes much that will be of interest to our constituents. Topics range from the unique risk factors associated with crossover youth to the benefits of comprehensive restorative justice programs. Articles that report the findings from evaluations of Parents Anonymous and King County’s Child Protection Mediation Pilot showcase programs that demonstrate promise in reducing child maltreatment and increasing the efficiency of case processing, respectively. Additionally, the Journal includes items on the development of standards for defining and measuring recidivism and
a method that may be used to improve the reliability of juvenile justice screening and assessment instruments. This information is both timely and practical.

In fact, practical application of research knowledge is a key tenet of the Journal of Juvenile Justice. The Journal has been developed with a realistic view of the current fiscal environment. Perhaps at no other time in OJJDP’s history has there been such urgency to examine our current programs and policies to identify efficiencies. Evaluations offer us helpful information about programmatic effectiveness, answering the question, “What works?” But it is also important to answer the question, “What works at low cost?” In addition, there is strategic value in understanding the populations we serve. Longitudinal and basic research address questions about the nature and extent of juvenile crime and victimization that help us determine how we may target limited programmatic resources for the utmost benefit.

Of course, pursuing the answers to these questions will do no good if the knowledge does not reach those who need it. It is vital that once credible information is available, it is disseminated quickly and widely so that it can inform the decisions of practitioners and policymakers. The Journal's electronic format ensures that it is accessible to all of OJJDP’s stakeholders—from rural Alaska to inner city Baltimore and beyond.

The advent of this journal has afforded us the opportunity to reflect back on OJJDP’s history as well as contemplate our future. Looking ahead, we have developed three goals that find their roots in our authorizing mandate: 1) set a research agenda for OJJDP that is scientifically rigorous, timely, and promises maximum impact to the field; 2) seek out opportunities to partner with other research offices and organizations, within the Department, across Federal government, and with private partners; and 3) disseminate relevant research findings widely using the latest tools and resources to increase accessibility. We believe this Journal is a means to help achieve these goals.

We hope you share in our excitement about the Journal of Juvenile Justice and join us in looking forward to the many issues to come.

Jeff Slowikowski
Acting Administrator
OJJDP

Brecht Donoghue
Research Coordinator
OJJDP
Parents Anonymous® Outcome Evaluation: Promising Findings for Child Maltreatment Reduction

Margaret L. Polinsky, Lisa Pion-Berlin, and Tanya Long
Parents Anonymous® Inc., Claremont, California
Angela M. Wolf
National Council on Crime and Delinquency, Oakland, California

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We are grateful to all of the Parents Anonymous® parents, group facilitators, and staff who made this study possible.

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KEY WORDS: Child abuse and neglect prevention, national evaluation, Parents Anonymous®, child abuse risk and protective factors

ABSTRACT

This article describes the findings of a national evaluation of Parents Anonymous® group participants conducted by the National Council on Crime and Delinquency (NCCD) from 2004-2007 (National Council on Crime and Delinquency, 2007) and funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP). The study sample included 206 parents new to Parents Anonymous®, representing 54 Parents Anonymous® groups in 19 states. The study contributes to research on child maltreatment prevention by assessing whether participation in Parents Anonymous® is associated with changes in child maltreatment outcomes and in risk and protective factors. After attending Parents Anonymous® mutual support group meetings, parents with a wide range of demographic and background characteristics and needs indicated statistically significant reductions in risk factors for child abuse and neglect. The study demonstrated that Parents Anonymous® is a promising program for the reduction of child maltreatment.

Introduction

Child maltreatment affects 10.6 children per 1,000 in the United States annually (U.S. Department of Health and Human Services, 2008), indicating a serious public health problem. There are often immediate consequences from child maltreatment, but research in the neurobiological, behavioral, and social sciences indicates that these early childhood experiences also affect long-term brain development and increase vulnerability to multiple mental and physical health problems (Center on the Developing Child at Harvard University, 2010; National Center for Injury Prevention and Control, 2010; Felitti et al., 1998). Given the magnitude and impact of child maltreatment on the
health and well-being of children, the need for prevention is clear.

Founded in 1969, Parents Anonymous® Inc. has become an international network of accredited and affiliated organizations that apply the Parents Anonymous® model in more than 400 groups for adults, children, and youth. Groups for adults in a parenting role are ongoing, free of charge, and held weekly in a non-stigmatized community setting (e.g., in a church or community center). Parents find out about a group from community resources or other group participants. Often, but not always, parents discuss group expectations with the Group Facilitator before attending for the first time. Groups are open to anyone in a parenting role. Parents can come as often and whenever they wish—the group is there for them every week. The Parent Group Leader—a parent from the group—opens each group with a welcoming statement that emphasizes confidentiality and lets participants know that the Group Facilitator is a mandated reporter. The group then decides what they want to talk about that week. Parents Anonymous® Inc. network database reports indicate that the most frequently discussed topics in fiscal year 2010 were parenting skills, discipline, parent/child relationships, and communication, consistent with previous years (Parents Anonymous® Inc., 2010). There are no eligibility requirements, attendance requirements, or fees for Parents Anonymous® group participants. This model was established at the inception of Parents Anonymous® and was in place during the NCCD evaluation.

Numerous studies of Parents Anonymous® attribute its effectiveness in preventing child maltreatment to its model that incorporates the four principles and 13 group standards described in the Best Practices for Parents Anonymous® Groups manual: mutual support (help is reciprocal in that parents give and receive support from each other), parent leadership (parents recognize and take responsibility for their problems, develop their own solutions, and serve as role models for other parents), shared leadership (parents and staff build successful partnerships to share responsibility, expertise, and leadership roles), and personal growth (parents experience change through exploring their feelings, identifying their options, and acting on their decisions) (Parents Anonymous® Inc., 2008). Unlike other parenting programs that are strictly didactic or purely self-help, Parents Anonymous® groups are ongoing (there is no specific dosage), open to anyone in a parenting role (there are no eligibility criteria), and operated in shared leadership jointly led by a trained Parent Group Leader and Group Facilitator (Rafael & Pion-Berlin, 2000). A central precept of Parents Anonymous® is the belief that parents are in the best position to help other parents and, in so doing, also help themselves (Reissman & Carroll, 1995).

Studies of Parents Anonymous® groups, although varied in their methodology (e.g., cross-sectional, longitudinal, observational, case review, or comparison), have consistently found reductions in risk factors such as parent physical and verbal abuse of children, and increases in protective factors such as coping abilities, knowledge of child development, problem-solving abilities, self-esteem, social support, and parent and child resiliency (Alexander, 1980; Behavior Associates, 1976; Blizinsky, 1982; Borman & Lieber, 1984; Cohn, 1979; Hunka, O'Toole, & O'Toole, 1985; Lieber & Baker, 1977; National Council on Crime and Delinquency, 2007; Nix, 1980; Powell, 1979, 1981; Savells & Bash, 1979). However, although more than 800,000 families are referred to parenting programs annually (Barth et al., 2005), few rigorous studies have been conducted and relatively little is known about the effectiveness of any parenting program on preventing child maltreatment (Daro & McCurdy, 1994; Kaminski, Valle, Filene & Boyle, 2008; Mikton & Butchart, 2009).

The NCCD evaluation of parents new to Parents Anonymous® groups took place from 2004-2007, was comprehensive in nature and included standardized measures of risk and protective
factors, as well as child maltreatment outcomes. The study was unique in its inclusion of previously unstudied risk factors in relation to parent support groups, including substance abuse, mental health problems, family functioning, and domestic violence. Although understanding and responding to these risk factors has become fundamental in designing, implementing, and evaluating parenting programs (Barth, 2009), this was not the case when this study was designed in 2001. The NCCD evaluation also included more commonly studied areas such as social support, family functioning, and parenting skills (Daró & McCurdy, 1994; Dukewich, Borkowski & Whitman, 1996; Horton, 2003; Mash, Johnston & Kovitz, 1983; Reid, Kavanagh & Baldwin, 1987).

METHODS

Study Design

This study was informed by a year-long NCCD process evaluation, which helped to define research goals and objectives, develop data collection instruments, and facilitate sampling (National Council on Crime and Delinquency, 2002). The outcome study reported on here utilized a longitudinal design wherein parents new to Parents Anonymous® groups were recruited and followed for six months with structured interviews at baseline, one month, and six months.

Before study recruitment began, the evaluators conducted a stratified random sampling of the 230 open Parents Anonymous® groups in the U.S., based on geographic location and organizational size. The selected groups were then notified and the Group Facilitator for each group was trained in procedures for recruiting parents who were new to their Parents Anonymous® group. Parent recruitment and interviewing occurred from 2004-2006. Study eligibility requirements were that parents must be at least 18 years old, living with at least one child younger than 18, and had not attended more than five Parents Anonymous® group meetings prior to recruitment. The first interview occurred as soon as possible after the parent’s first Parents Anonymous® meeting and included re-establishing eligibility, an informed consent process, and a one-hour structured interview. The second interview was one month after the first; the third interview was six months after the first. Each interview was the same as the previous one and included a mix of quantitative and qualitative questions. The interviews were conducted by trained interviewers using a Computer Assisted Telephone Interviewing (CATI) system. Parents were compensated with $50, $75, and $100, respectively, for baseline, one-month, and six-month interviews. Confidentiality was assured through the assignment of identification numbers and the storing of contact information in a password-protected computer file accessible to research team members only.

Measures

Sixteen study measures chosen for their association with child maltreatment were administered at each interview. Each measure assessed an indicator of potential child maltreatment (e.g., parenting distress or rigidity, psychological or physical aggression toward children), a risk factor (e.g., life stress, parenting stress, domestic violence, substance abuse), or a protective factor (e.g., good quality of life, social support, parenting competency, non-violent discipline, good family functioning). Each measure was based on published scales with proven reliability and validity in child maltreatment research. See Table 1 for a description of these measures.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Distress</td>
<td>Personal adjustment problems that can increase likelihood of child abuse.</td>
<td>Child Abuse Potential Inventory (Milner, 1986)</td>
</tr>
<tr>
<td>Parenting Rigidity</td>
<td>An attitude that children need strict rules and &quot;should be seen but not heard&quot;; parents with high parenting rigidity are more likely to aggressively enforce those rules in ways that may be abusive.</td>
<td></td>
</tr>
<tr>
<td>Psychological Aggression toward Children; Physical Aggression toward Children</td>
<td>The frequencies of threatened or active aggression toward one's children; these are not necessarily measures of abuse but, rather, measures of a tendency toward aggression and potential maltreatment.</td>
<td>Parent-Child Conflict Tactics Scale (Straus, Hamby, Finkelhor, Moore, &amp; Runyan, 1998)</td>
</tr>
</tbody>
</table>

**Measures of Risk Factors**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Stress</td>
<td>A measure of general, not parenting-specific, life stress.</td>
<td>Life Stress Scale (Kanner, Coyne, Schaefer, &amp; Lazarus, 1981)</td>
</tr>
<tr>
<td>Parenting Stress</td>
<td>The Total Stress scale from the Parenting Stress Index-Short Form was used, which measures the stress a parent is feeling specifically regarding parenting and interactions with their child.</td>
<td>Parenting Stress Index-Short Form (Abidin, 1995)</td>
</tr>
<tr>
<td>Emotional Violence between Intimate Partners; Physical Violence between Intimate Partners</td>
<td>Subscales used to measure the frequency of psychological and physical attacks between participants and their partners in the last month; these scales were only completed by parents who reported having an intimate partner in the month prior to the interview.</td>
<td>Conflict Tactics Scale (Straus, 1995)</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Extent of problems related to alcohol use.</td>
<td>Short Michigan Alcoholism Screening Test (Selzer, Vinokur, &amp; VanRooijen, 1975)</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>Extent of problems related to drug use.</td>
<td>Drug Abuse Screening Test (Skinner, 1982)</td>
</tr>
</tbody>
</table>

**Measures of Protective Factors**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>One's level of satisfaction with aspects of life, such as personal safety, family responsibilities, independence, and health.</td>
<td>Quality of Life Scale (Andrews and Withey, 1976)</td>
</tr>
<tr>
<td>Social Support — Emotional and Instrumental (Concrete); Social Support - General</td>
<td>How much the people closest to the parent provide emotional and concrete support (e.g., love, encouragement, food, clothing, transportation); How much people are generally available when needed to preclude feelings of isolation or loneliness.</td>
<td>Norbeck Social Support Questionnaire (Norbeck, Lindsey, &amp; Carri, 1981)</td>
</tr>
<tr>
<td>Parenting Sense of Competence</td>
<td>One's confidence and satisfaction with issues of parenting and child behavior.</td>
<td>Parenting Sense of Competence (Gibaud-Wallson &amp; Wandersman, 1978)</td>
</tr>
<tr>
<td>Nonviolent Discipline Tactics</td>
<td>The frequency of use of &quot;positive parenting&quot; techniques considered to be alternatives to corporal punishment.</td>
<td>Parent-Child Conflict Tactics Scale (Straus, Hamby, Finkelhor, Moore, &amp; Runyan, 1998)</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>The extent of communication, support, and closeness among family members.</td>
<td>McMaster Family Assessment Device (Epstein, Baldwin, &amp; Bishop, 1983)</td>
</tr>
</tbody>
</table>
Data Analysis

All analyses used Statistical Package for the Social Sciences (SPSS, Version 18), including descriptive statistics, frequency distributions, and outlier examination of all variables. There were few significant findings when regression analyses were conducted that assessed scale score change over time, and the differential influence on variability in scale score change by parent characteristics. Therefore, planned higher order analyses were not conducted and change in study measure scores was assessed in the short term (one month) and in the long term (six months) using t-tests. Most analyses included only the n=188 parents who continued to attend meetings throughout the study and completed all three interviews. The 18 parents who completed all three interviews but did not attend any meetings after the first interview were included only in the analyses of parents who continued versus parents who dropped out.

Key Findings

The Parents in the Study

The initial sample included 206 parents new to Parents Anonymous® who represented 54 Parents Anonymous® groups from 19 states. They were 91% female, 48% African American and 42% White, ranging in age from 19 to 62 years (mean = 35; SD = 9.8). Seventy-nine percent were high school graduates. The parents had an average of 2.5 children (SD = 1.39). These parents attended an average of eight meetings (SD = 8.05) during the six-month study period; some attended every week, others sporadically, consistent with the Parents Anonymous® model. Data were not collected on the number of parents attending group sessions during the recruitment phase or on the number of parents who refused to participate in the study.

At the start of the study, the parents in the sample reported a fair number of parenting-related needs, including no other adult caretaker in the home (50%), at least one child with special needs (50%), a history of physical or mental illness (50%), and a history of substance abuse (20%).

Most evaluated themselves as needing assistance with the practice of parenting. Almost 75% indicated they had sought help for their parenting issues prior to joining Parents Anonymous®. The vast majority (85%) attended Parents Anonymous® of their own accord, while 15% were mandated to attend meetings by child welfare or other authorities.

Changes Over Time

Considering only the 188 parents who attended meetings for the six months that they were in the study, Table 2 shows that these parents had a strong pattern of reduction in scores on child maltreatment outcome measures over time—at both one month and six months. Improvement was found on all four of the key child maltreatment outcomes, with statistical significance on three: parenting distress, parenting rigidity, and the use of psychological aggression when disciplining children. Also in Table 2, trends showed improvement on parent scores in every risk factor and in 50% of the protective factors. Parents indicated a statistically significant reduction in four of six risk factors measured: life stress, drug and alcohol abuse, and psychological aggression between intimate partners. Parents indicated a statistically significant improvement in one protective factor at one month: an increase in their quality of life.

Scores for Parenting Sense of Competence, non-violent discipline tactics (NVDT), and family functioning unexpectedly dropped over the course of the study when considering the entire sample of parents, and the change was statistically significant for NVDT. Possible reasons for this are noted in the Discussion.

Parents who stopped attending Parents Anonymous® meetings after the first interview showed almost no change over time compared with the strong patterns of positive change.
### Table 2. Short-Term (1 Month) and Long-Term (6 Months) Change on All Study Measures (n=188)

**Table Key:**
- ✓ = Statistically significant improvement (p < 0.05).
- + = Improvement trend without statistical significance.
- -- = Worsening (p < 0.05 for nonviolent discipline tactics only).

<table>
<thead>
<tr>
<th>Child Maltreatment Outcomes</th>
<th>All Parents (n=188)</th>
<th>Parents at &quot;Highest Risk&quot;n=188</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short Term</td>
<td>Long Term</td>
</tr>
<tr>
<td>Parenting Distress</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parenting Rigidity</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Psychological Aggression Toward Children</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical Aggression Toward Children</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td><strong>Risk Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Stress</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parental Stress</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Intimate Partner Emotional Violence</td>
<td>+</td>
<td>✓</td>
</tr>
<tr>
<td>Intimate Partner Physical Violence</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>+</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Protective Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>✓</td>
<td>+</td>
</tr>
<tr>
<td>Social Support – Emotional and Instrumentalb</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Social Support – General</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Parenting Sense of Competence</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Nonviolent Discipline Tactics</td>
<td>--</td>
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</tr>
<tr>
<td>Family Functioning</td>
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</tr>
</tbody>
</table>

a Parents who scored in highest 25% of Child Maltreatment Outcomes and Risk Factors measures and in lowest 25% of Protective Factors measures at baseline.

b Scores for Emotional and Instrumental Social Support were combined during the analysis.
showed by the group who continued attending Parents Anonymous® throughout the study period. Overall, parents who attended meetings over six months showed statistically significant improvement on eight of the 16 measures, including parenting distress, parenting rigidity, psychological aggression toward children, life stress, intimate partner emotional violence, alcohol abuse, drug abuse, and quality of life. In contrast, parents who stopped attending meetings after the first interview indicated significant change at six months on just one measure, a reduction in life stress.

When the parents with the highest risk of child maltreatment at the start of the study were analyzed separately from the overall sample, improvement was found on every measure (see Table 2). These separate analyses showed that parents with particularly severe needs (the 25% with the highest child maltreatment outcomes and risk factors scores and the lowest protective factors scores at the first interview) showed statistically significant improvement in all areas. This was true at both one month and six months, with the sole exception of parenting rigidity at one month.

Forty-eight parents (23%) indicated having a Child Protective Services (CPS) allegation against them at some time prior to the first interview. The charges were substantiated for 21%, dropped for 72%, and still pending for 6%. Eight parents (4%) reported having a CPS allegation made against them during the course of the study; two were substantiated, and one was still pending. Too few parents reported CPS contact during the course of the study, especially with substantiated allegations, to justify statistical analysis of this subgroup.

Changes Analyzed by Demographic and Background Information

Table 3 shows that when parents were grouped by their demographic and other characteristics and analyzed separately, all showed statistically significant improvement on at least one study measure, and most showed such improvement on several measures. Groups that showed the most improvement across measures included women, high school graduates, African Americans, parents with other child caregivers in the home, parents with no history of physical or mental illness, parents with a CPS history, and parents not mandated to attend the group. Conversely, men, parents with less than a high school education, Whites, parents without another caregiver in the home, parents with no CPS history, and parents mandated to attend the program showed improvement on the fewest scales. However, looking at the Table, it should be noted that for Ethnic Background (African American, White) and History of Illness (History, No History), the difference in the numbers of measures that showed improvement was only one; for all other categories, the difference in the numbers of measures that showed improvement was greater, ranging from two to six.
Table 3. Changes by Parent Demographic and Background Information
Change (p < .05) on Study Measures by Selected Parent Characteristics (n = 188)

Table Key:

✓ = Statistically significant improvement (p < .05) in the short and/or long term.

✗ = Statistically significant worsening (p < .05) in the short and/or long term.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Gender</th>
<th>Education</th>
<th>Ethnic Background</th>
<th>Other child Caregiver in the Home</th>
<th>Physical or Mental Illness History</th>
<th>History of CPS Allegations</th>
<th>Mandated Attendance</th>
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<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Less than HS</td>
<td>Grad HS</td>
<td>African American</td>
<td>White</td>
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<td>✓</td>
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<td>✓</td>
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</table>

# of Measures with Improvement (p < .05): 9 3 1 7 6 5 9 5 4 5 7 5 2 7

Discussion

Despite the many needs reported by the parents in the study, average initial scores on the study measures did not indicate a particularly high risk of child maltreatment. For instance, at the start of the study, the parents as a whole reported little abusive behavior toward their children. On the scales for psychological and physical aggression toward children, the average scores indicated the vast majority of parents used such tactics less than once a month, if at all. The average scores on the risk and protective factors measured were similarly “healthy.”

The protective factors measured in the study did not show much statistically significant improvement for the parents as a whole or for most subgroups of parents. Several factors may explain why there was little change in the protective factors measured. The major possibility is that high “healthy” scores at baseline indicated these parents already had a strong foundation of protective factors and thus did not have much room for improvement. Furthermore, protective factor scales generally attempt to measure underlying attitudes and perspectives that are reasonably expected to change only over longer periods of time. Risk factor scales, in contrast, typically attempt to measure mood or specific behavioral change, such as stress or certain parenting techniques—constructs more likely to change in a matter of weeks or a few months.

The findings that continuing parents did better than those who did not continue in Parents Anonymous® cannot be explained by pre-study differences; the group that continued and the one that did not were not statistically different on any demographics, background characteristics, or study measures at the start of the study. This may indicate that the improvements demonstrated over time were related to the Parents Anonymous® intervention.

When considering the analysis of the “most severe” parents only, it is important to note that these findings indicate that some positive impacts may have been hidden in the analysis of the overall sample. For example, the separate analysis revealed that those parents most likely to use physical aggression toward their children at the start of the study showed statistically significant improvement on that scale, although the sample overall did not. Similar phenomena were found for parental stress, physical and emotional domestic violence, drug abuse, quality of life, nonviolent discipline tactics, parenting sense of competence, and family functioning. Since the sample included only parents new to Parents Anonymous®, the “most severe” parents may have been in a particular crisis at the time of the first interview, which may have lessened over time with or without intervention. But it is equally possible the crisis would continue or that new crises would develop, especially over a six-month period. The consistency of the findings of improvement across the various study measures for these parents implies that Parents Anonymous® attendance is related to the reduced risk of maltreatment in parents most in need of help.

Explanations for decreases in NVDT, Parenting Sense of Competence (PSOC) and Family Functioning (FF) scores are multifaceted. The complex etiology of child abuse speaks both to the difficulty in assessing the effects of interventions as well as the difficulty in measuring and interpreting parental behavior. This study operationalized NVDT, PSOC, and FF as protective factors. For NVDT, it was theorized that positive parenting techniques would supplant unhealthy, aggressive forms of discipline. If that were borne out, scores on NVDT would be expected to rise over time, not show a statistically significant decrease. However, it can also be theorized that, as risk and protective factors improve and a family begins to function in a healthier way, the need for any discipline, aggressive or not, would be reduced. This alternative explanation is supported by the authors of the scale on which the measure was based (Straus, et al., 1998). They reported that parents use a variety
of strategies to address discipline issues and found that nonviolent tactics were correlated with more aggressive tactics. The actual findings in the current study went both ways: NVDT scores dropped overall, but rose for those parents who used them the least at the start of the study. Parents may have reduced the time they spent disciplining overall, while parents who did not have positive parenting techniques as part of their approach to discipline seem to have learned how to incorporate them through their Parents Anonymous® attendance.

For PSOC and FF, the decreases in scores were not statistically significant but some explanation may be possible. For instance, it could be that Parents Anonymous® attendance by one parent, but not the whole family, increased tension and decreased healthy functioning until that parent could engage the other family members in new ways of thinking and behaving. It could also be that the parent did not become aware of better parenting and family functioning approaches until after some time in the group, resulting in initially inflated PSOC and FF scores, followed by decreased scores later.

The inclusion of previously unstudied risk factors in relation to parent support groups provided surprising findings, including decreases in drug use, alcohol use, and psychological aggression among intimate partners. Previous investigations have not studied the association of these types of changes with attendance at parent support groups (Barth, 2009; Daro & McCurdy, 2007).

The evaluation literature includes many studies in which interventions produced immediate impacts that did not necessarily last over a longer period (DeGarmo, Patterson & Forgatch, 2004). The one- and six-month intervals studied here are not adequate follow-up periods to identify all possible effects of the intervention or how effects change over time. Nevertheless, as reported above, these Parents Anonymous® parents demonstrated significant improvement at both intervals. Furthermore, parents showed both one- and six-month improvement on five measures, indicating initial one-month effects were sustained or improved upon over the six-month study period.

In Their Own Words: Qualitative Self-Report

The parent responses to the open-ended interview questions indicated a perception of strong positive change, supporting the quantitative findings. When asked to describe how attending Parents Anonymous® meetings had affected their lives, parents said they were convinced Parents Anonymous® affected them in positive ways, reducing risk factors and increasing protective factors in relation to child maltreatment. They described increasing their parenting skills and confidence, increasing their social support network and even increasing their self-esteem. With regard to the social support of other parents, 72% said they valued the social aspect of the meetings and 53% said they valued the shared sense of purpose—camaraderie, support, and sense of community—they had with the other parents. Seventy-nine percent liked their Parents Anonymous® group because they could talk about problems and 85% valued sharing advice with other parents (see Table 4). Parenting-related problem solving, an understanding of child development, communication skills, and developing patience were the most commonly expressed improvements these parents felt their Parents Anonymous® experience had given them. Also, more than three-quarters of these parents said they had formed relationships with other participants and almost all of the respondents said they spent time with group members outside of meetings. At the final interview, almost all (96%) indicated they planned to continue attending meetings.
Study Strengths and Limitations

The study methodology had several strengths not present in previous studies of parent support groups (and, in fact, were primary reasons that the study was funded by OJJDP): the use of a national sample from randomly selected groups representing a wide range of United States geographical areas, measures based on published standardized scales, the inclusion of risk factors not commonly associated with studies of parent support groups, and methods informed by a prior process evaluation.

A limitation of the study was the lack of experimental design—participation was voluntary, allowing for the possibility that parents who volunteered might have been more trusting and thus more likely to benefit from group attendance, whereas non-volunteers may have been more guarded and not as likely to benefit from a group approach. Also, a major threat to the internal validity of a time series design is history; that is, the possibility that other unknown factors besides Parents Anonymous® participation may have contributed to the study findings. However, although the evaluation literature includes many studies in which interventions produced immediate impacts that did not necessarily last, these parents demonstrated significant improvement at both follow-up time points, indicating that the initial one-month impacts were sustained or improved upon over the six-month study period (DeGarmo, Patterson & Forgatch, 2004). In addition, the study would have benefited from a larger sample size and a longer timeframe.

Conclusions

The broad-based approach to family strengthening offered by Parents Anonymous® appeared to have allowed the parents in the sample to
address their most pressing needs while providing a safety net, buffering the impact of the process of change across other factors. Parents Anonymous® seems to allow parents with differing backgrounds and differing needs to address and solve their particular issues. Further, with 96% of the interviewees reporting they planned to continue attending, Parents Anonymous® enjoys a loyal and enthusiastic following.

The study sought to answer the question: Does Parents Anonymous® work to reduce the risk of child maltreatment and, if so, for all parents or for some more than others? The results of this evaluation show that parents were positively affected in a variety of important ways by their experience with Parents Anonymous®. After attending Parents Anonymous® meetings, parents indicated a statistically significant reduction of the following risk factors for child abuse and neglect:

- potential for child maltreatment;
- psychological aggression toward their children;
- experience of life stress;
- intimate partner emotional violence; and
- drug and alcohol abuse.

Further findings, although not statistically significant, showed trends for reduced physical aggression toward children, reduced physical violence between intimate partners, less parental stress, and increased social support. Importantly, the parents with the most pressing needs at the beginning of the study showed statistically significant improvement on all of the measures at six months. The study revealed improvement in child maltreatment outcomes in parents with a wide variety of demographic characteristics, background characteristics, and needs.

In summary, this study shows that Parents Anonymous® is a promising program for reducing child maltreatment.

About the Authors

Margaret L. Polinsky M.S.W., Ph.D., is director of research and evaluation, Parents Anonymous® Inc. As a social work researcher, Dr. Polinsky has conducted numerous social science research and evaluation studies over the last 30 years. As director of research and evaluation with Parents Anonymous® Inc., she has studied parent leadership, family strengthening, and child welfare.

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References


