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EXPLORING THE VALIDITY OF MULTI CAUSAL MODELS IN PROBLEM ANALYSIS: THE CASE OF CHILD ABUSE

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ABSTRACT

The purpose of the study reported here was to assess the validity of a multi-causal view of child abuse as it is manifested in children's institutions. The analytical model utilized underlines the powerful role that norms play in creating differential predispositions to violence, that pressures and structural position play in creating differential chances of violence among people with different predispositions and that a sense of injustice plays as a dynamic through which violence is generated.

This ex post facto study utilized role playing techniques to examine voluntary harm doing in a purposive sample of 100 direct caregivers in 42 living units in 15 children's homes for the dependent, neglected and disturbed. The dependent variable was level of justified force. Data was collected on 20 background and organizational variables.

Several variables were moderately associated with level of force. More force was espoused when respondents were older, had less education, were married, had "live in" schedules, were reared in smaller towns, had less participation in decision making, worked where residents were managed in more organization centered ways and experienced higher amounts of felt injustice.

A larger structure of understanding was developed by determining how strong the association was between all of the variables taken together and level of force. A multiple correlation of .63 was obtained at the .01 level of significance.

Some implications for preventing and managing the use of force by caregivers are suggested.

INTRODUCTION

Since the early 1960's, a substantial effort has been made to develop policies for dealing with the social problems, old and new, which confront our nation. Currently, however, the period of rapid policy development has given way to intense national concern about whether the programs that these policies have made possible are achieving worthwhile results.

One implication of this trend is that social workers, along with other human service professionals, must place more emphasis on the effectiveness of the

particular programs or methods they propose. But several fundamental questions need to be asked. What methods for developing effective programs and interventions do social workers espouse? How do social workers go about developing effective practice theory? Is social science theory likely to be useful in these efforts to alleviate and prevent social problems?

Some social workers question the extent to which it is possible to apply the theories of science such as sociology directly to a practice setting. They suggest that social workers need to develop a practice theory which, while based on social science, is produced by practitioners for practitioners (Loewenberg, 1974). For example, Shirley Cooper (1977) reported that she and a colleague attempted to develop theory in this way. In the process of developing generalizations about crisis practice, she wished to reveal the clinical process at work in theory building.

William Reid (1977) argues that when it comes to developing effective practice theory, social work's problem does not relate to any particular helping method, but to its approach to developing methods. He argues further that social work knowledge must be wedded to specific social problems if its benefits are to be fully realized. He says that social work needs theories about social problems more than it needs theories about personality and learning. He proposes that social work create models of practice that are problem specific and capable of being tested.

A third approach to developing effective practice theory assumes that only when policies and programs are based on a conception of society which reflects reality will efforts to deal with social problems be effective. When one's concept of society markedly differs from reality, policies and programs are more likely to fail (Kunkel, 1975). Segalman (1976) argues that unrecognized models of society are implicit in all practitioners' interventions. These models of society are derived in his view from various social science perspectives on society. For Segalman, it is important to understand that the societal model utilized, whether implicit or explicit, sets the stage for alternative interventions and also sets up a series of definitions which are decisive for the social work task. Segalman concludes: "To ignore social theory considerations is equivalent to making the nature of social work an object of random chance or an object of incomprehensible forces." However, many social workers can be expected to be impatient with this admonition because action implications are not immediate and clear. This impatience has the advantage of keeping the profession down to earth, but the disadvantage is that social workers do not see their activities in sufficient depth to distinguish the trivial from the significant in what they do (Otis, 1967).

Lack of clarity about the sources and dynamics of social problems is seen by David Gil (1975) as an obstacle to developing effective policies and programs for dealing with them. Several types of obstacles stand in the way of current efforts to develop a valid understanding of social problems:

1. Social problems are viewed as isolated, fragmented phenomena rather than as consequences of the societal context.
2. Causation of social problems is sought along single dimensions.
3. By assuming individual factors to be the causal agents, attention is diverted away from likely sources in the social fabric.
4. Social problems are defined narrowly in descriptive rather than analytic terms.

Gil suggests the use of two related analytic concepts for studying the nature of social problems. These concepts are "levels of manifestation" and "causal dimensions." The former concept refers to the agents and the settings in which the social problem occurs. The latter concept refers to the forces that underlie the occurrence of the problem. The interaction of several causal dimensions is seen as resulting in the occurrence of the problem.

Martin and Fitzpatrick (1964) propose a similar approach to dealing with delinquency that utilizes social science theory as a conceptual tool to formulate an integrated theory of the problem.

In summary, some analysts believe that effective programs and methods can be developed only through analysis of the clinical process. We, however, argue that effective programs and methods should begin with a research based theory of the social problem which has been formulated in holistic terms.

The purpose of this paper is to report the results of a study which aimed at developing a comprehensive view of the sources and dynamics of one social problem, namely child abuse as it is manifested in child welfare institutions.

PURPOSE OF EMPIRICAL RESEARCH

The writer undertook an empirical study of the attitudes of direct caregivers in children's homes toward the use of physical force on children. This study utilized a view of institutional maltreatment that was multi-causal in character. The study aimed at shedding some light on the sources and dynamics of child maltreatment, and at providing a foundation for developing approaches to the prevention and control of physical abuse at the institutional level. It also aimed at examining the validity of a conceptual model of child abuse proposed by William Goode (1973).

THEORETICAL BACKGROUND

Many writers view the problem of child abuse from a clinical perspective and conceive of it essentially in terms of personality dynamics. Those holding this view of the problem assert that parental inadequacy and the experience by perpetrators of having been abused as children themselves are the fundamental

causal factors accounting for the occurrence of child abuse (Jayaratne, 1977). Other writers (Zigler, 1976) assert that the single most important determinant of child abuse is the willingness of adults to inflict corporal punishment on children in the name of discipline. These contrasting views regarding the source and dynamics of child abuse constitute an important theoretical issue that this research addressed.

A theoretical analysis of violence between intimates (Goode, 1973) was used as a framework for this study. This model assumes three basic factors: the powerful role that societal norms play in creating differential predispositions to violence; the role that structural position and social pressures play in creating differential chances of violence among people with different characteristics; and the role that a sense of injustice plays as a dynamic through which violence is generated.

Cultural Context

The cultural factors which account for varying predispositions to use of force in caregiving are societal norms. Available demographic analysis suggests that societal norms or status variables which are characteristic of certain violence prone groups. These factors constitute the cultural context within which force use occurs.

Organizational Context

The social structural context identified by Goode was represented in this study by two features of organizational life, centralization and resident management practices. Existing studies provide considerable evidence linking these two organizational factors with the behavior of direct care staff in residential facilities (Goffman, 1961; Street, et al., 1966; Polsky, 1968; Krause, 1974).

Social Psychological Context

Interaction between intimates, in this case between caregivers and children, was viewed in an exchange perspective. The sense of injustice experienced by the direct caregiver in relation to children was the dynamic through which force use is generated. Feelings of distress associated with this sense of injustice are seen as exerting a direct influence on the level of force used. Feelings of injustice emerge when what caregivers get in a particular exchange is not viewed by them as roughly proportional to what they have given (Goode, 1971).

Another view of the nature of this subjective distress is described by Berry (1975) in her study of the daily experiences of direct caregivers in children's homes:

Caregivers commonly describe two states in themselves which seem to be related; one is a sense of being steadily drained of positive feelings; the second state is a sense of being filled to bursting point with ill feeling which accumulates as time passes.

Sense of injustice as a product of exchange can also be defined in terms of a symbolic interaction perspective. Singleman (1972) proposes convergences between symbolic interaction and exchange theory in four major areas: (1) both orientations assume the operation of constructive mental processes when individuals act toward their environments; (2) exchange theory implies processes akin to Mead's "self" and "generalized other" in the sense that interaction in exchange requires persons to imaginatively assume the roles of others and view themselves in terms of the conceptions of others; (3) in both perspectives institutional modes of behavior are viewed as emerging from constructed individual sets "fitted" to one another; (4) in both perspectives social dynamics are conceived as arising out of contradiction between micro and macro processes and from inherent tendencies in social organization toward conflict and change.

The advantage of formulating exchange as symbolic interaction lies chiefly in its potential for explaining the dynamics of behavior which could be viewed by outside observers as "irrational" and contradictory to the self interest of actors. Such behaviors can be conceived as subjectively meaningful within the context of an actor's definitions and interpretations.

Justified Level of Force

Goode viewed violence between intimates in its various forms as action that is preceded by a sense of injustice and followed by rationalizations. Such action was represented in this study by an attitude-justified level of force. The definition and measurement of this attitude were derived from a study by Blumenthal, et al, (1972). They studied the attitudes of American men toward the use of force, and assessed the extent to which certain social characteristics, values and beliefs of the respondents explain the attitudes of men toward use of force.

Several assumptions that are drawn from organizational theory underlie the relationships predicted between factors derived from this model.

1. All social systems require a minimum degree of control and order if they are to survive. Force is one of several types of resources that can be used to achieve desired ends.
2. Those who control service organizations make a distinction between the wishes and the interests of their clients. A divisiveness exists between clients and organizations which sometimes results in hostility and conflict.

3. Service organizations must develop mechanisms to cope with the self-activating behavior of clients in order to insure that change activities are not rendered ineffective.

Children's homes were viewed as force-based social structures, and use of force was seen as a legitimate resource available to caregivers.

METHODOLOGY

This study utilized an explanatory survey design to test the relationship between a number of social factors and attitudes of direct caregivers toward use of physical force on children.

A purposive sample of 100 direct caregivers in children's homes for dependent, neglected and disturbed children was obtained. These homes are located in central and southwestern Ohio. Control for size (large-small) and sponsorship (public-private) was achieved by selecting 25 respondents from each of the four categories formed when size and sponsorship are related.

The instrument was a self-administered questionnaire consisting of five parts: Part I contained questions about the institution; Part II contained questions on the social demographic characteristics of the direct caregivers; Part III contained questions about how to deal with several hypothetical child care situations presented through verbal descriptions and graphic depictions; Part IV contained questions about participation in decision-making; Part V contained questions about actual patterns of care in the living unit.

Centralization in decision-making was measured by use of a scale developed by Aiken and Hage (1968). It consisted of two subscales: staff participation in organization decision-making and staff control over their immediate work environment.

The extent to which resident management practices are institution or resident-oriented was measured by a scale developed by King and Raynes (1968).

Felt injustice was measured by asking respondents how much resentment they would be likely to feel if they were the caregivers in the hypothetical situations. Responses were made on a five point scale from "none" to a "great deal."

The five hypothetical child care situations which were presented to all respondents were varied in terms of the amounts of challenge presented by the child's behavior in each. The effects of age and sex of the children were controlled by including only boys under 14 in the situations and caregivers of boys under 14 in the sample. The respondents were asked to indicate how often they would take each of six possible actions. One of these possible actions was, "Take no physical action at all." A force level index was derived for each respondent on a continuum from 1-12.

Analysis of Data

In this study our primary interest was in discovering which of a considerable number of factors were related to justified level of force. To ascertain the degree of relationship between these factors, correlation coefficients were obtained. In order to ascertain the unique influence of each factor on level of force and to ascertain as well, the influence of all factors taken in combination on level of force, multiple regression techniques were utilized.

Summary of Findings

We were, first of all, interested in determining the strength of associations between a number of factors in the conceptual model and level of force. A number of these factors, as expected, were found to have a moderate to strong degree of association with level of force. (See Table 1.)

Levels of force selected by respondents to deal with the challenging child care situations could be expected to rise when caregivers are older, have less education, are or have been married, were reared in smaller communities, or experience more injustice distress. Other factors have to do with resident management practice and participation in decision-making within the institution. It was found that the multiple correlation coefficient obtained for all factors for the whole sample taken together and level of force was $R=.63$ ($p<.01$). (See Table 2.)

A multiple correlation coefficient $R=.70$ ($p<.05$) was obtained for all factors taken together, and level of force, for the subgroup of the sample having education levels above high school.

Three causal contexts were developed and described as background factors, organizational factors, and interpersonal factors. The individual and combined effects of each causal context on level of force was then determined. (See Table 3.)

The extent of societal support for force use was reflected in the strong degree of association between all factors taken together and level of force ($R=.63$). A substantial proportion of the influence of background factors was expressed by organizational factors ($R=.55$), and their influence was expressed by injustice distress ($R=.41$) and then expressed as attitudes toward use of force.

IMPLICATIONS FOR SOCIAL PROBLEM ANALYSIS

In order to assess the validity of the conceptual model of institutional abuse used in this study, we will examine the results in terms of the following two basic questions:

1. Are the findings essentially congruent with predictions?

The likelihood that higher levels of force will be justified increases when direct caregivers experience higher degrees of injustice distress (drained of positive feeling), work in living units that are organization centered, participate little in decision-making, and when the caregivers tend to be older and were reared in smaller communities. These findings occurred essentially as expected.

In addition, the degree of association between these several factors and level of force ($R=.63$) and the level of significance obtained ($<.01$) confirmed our premise that utilization of a multi-causal model would yield strong and significant results. The even stronger associations obtained for those with higher levels of education ($R=.70$) suggest that the factors in our model reflect more closely the dynamics operating in the instance of the better educated than they did for the sample as a whole.

2. Are the ways in which the several causal contexts interact consistent with predictions?

A substantial (but not total) proportion of the influence exerted by background factors seemed to be expressed by organizational factors. A substantial proportion (but not total) of influence exerted by organizational factors was expressed in terms of social psychological factors, and then expressed as levels of justified force. This overlap between contexts is most readily interpreted as a causal sequence in which social psychological factors, for example, are viewed as developing out of circumstances measured by organizational factors.

IMPLICATIONS FOR PLANNING AND MANAGEMENT

What implications for planning and management are to be drawn from the general finding that knowledge of the age, organizational characteristics and inequity distress of caregivers can improve, by 40%, our prediction of level of force? What implications do these results have for increasing the likelihood that physical force as a resource in caregiving will be used minimally? Furthermore, what implications do the results have for improving the general quality of residential group care?

The extent of societal support for force use was reflected in the strong degree of association between the background variables taken in combination and level of force ($R=.580$). The extent to which respondents could be expected to enter a caregiving situation with a readiness to respond forcefully was reflected in the unique contribution of age and early community size of the respondents to explaining variance in level of force. A substantial proportion of variance explained by background variables seemed to be mediated by organizational variable ($R=.554$) and these in turn were mediated by felt injustice ($R=.412$).

As noted above, our data indicated that those who were reared in smaller towns and those who were older were more predisposed to use force on children. The Supreme Court decision in support of state laws that authorized corporal

punishment in public schools is reflective of this general tendency in our society to support force use, as found in our data.

Lower espoused levels of force by younger caregivers could be interpreted as an effect of uncertainty in their roles, of having come to maturity in a period of "permissiveness" and anti-war feeling, and of having higher levels of education. The higher force levels of older caregivers can be interpreted as an effect of their having come to maturity at an earlier period when use of force was widely supported in the society as a normal means in caregiving. Thirty-five percent of the respondents were under 25 and thirty-eight percent were over 45. Another 41% were in their present jobs under one year and 38% were in their present jobs over four years. In addition, those who were younger tended to stay in their jobs for shorter periods of time ($r=.56$). This data suggests that one segment of the children's home field may be attracting older caregivers. However, since the younger caregivers remain for shorter periods, the question should be posed as to whether the younger caregivers would espouse higher levels of force were they to continue in their jobs beyond four years.

Other studies of direct caregivers (Krause, 1974; Raynes, 1975) concluded that background variables were not significantly related to the caregiver behavior measured. In view of these findings the fact that older respondents tended to justify higher levels of force, stands out as exceptional in this study. It would be desirable, therefore, to establish a minimum educational qualification. High school completion would change the age distribution of caregivers in the field in the direction of the younger categories.

Lower centralization of decision-making and resident centered management practices were found to contribute to lower levels of force. An implication of this finding is that efforts to increase caregivers' participation in decision-making, along with efforts to individualize children's care, will lower the amount of force likely to be used.

Based on our findings about the influence of inequity distress on level of force, we suggest that caregiving may flow less from generosity and according to need, and more on the basis of feelings resulting from fairness in the exchange between the caregiver and children. It should be recalled that respondents were given the opportunity to indicate how often they would take each of six actions to deal with a given child care situation. One alternative was to take no physical action at all. Respondents could have chosen to do nothing or break off with the child. That respondents chose physical actions suggests they did not perceive other alternatives as viable, given the situation as they experienced it.

Our data suggests that caregivers also deal with their inequity distress by leaving their jobs. The likelihood that respondents under age 34 would be in their jobs for less than four years was very high. Our presumption in the case of younger caregivers is that inequity distress is a factor in their shorter periods of tenure. The influence of this distress on younger caregivers was illustrated by one respondent who reported that she was completely drained and would be

leaving the home in three months. The expectation that she soon would be leaving her position, after just one year on the job, seemed to enable her to make it through her shifts.

The interrelation of these factors in the case of older caregivers is exemplified in an anecdote reported by another respondent:

An older caregiver with over four years tenure and contrary to a home rule, used considerable force to control a boy in his living unit. He took the boy to the Superintendent and said, 'Support me in what I did; if you do not, the boy is yours, I'm leaving.'

Some practical implications of our findings include, but are not limited to, the following:

1. Steps should be taken to deprivatize the living unit so caregivers do not feel they are "masters of their own house," especially if one caregiver is present on a 24 hour "live in" schedule.
2. Deployment of caregivers should be planned so that more staff are in the living unit during peak hours. Caregiver "back up" should be provided at all times.
3. To counter feelings of being drained, or "burned out," an equivalent of the military "rest and rehabilitation" procedures should be considered.

LIMITATIONS OF THE STUDY

Several limitations of this study need to be made explicit in the context of our efforts to interpret its results.

First, we must note the inherent difficulty of studying what has been called "voluntary harm-doing." Laboratory researchers have found it almost impossible to induce respondents to voluntarily harm others. We utilized a role playing technique because it was shown to produce results very similar to those derived from use of deception. Employment of a surrogate measure for physical force application was also necessary. While the "attitude" we measured was defined as a predisposition to action, we did not conclude that a respondent who chose a high force level would necessarily use high force under all circumstances.

The design of the study was characterized as ex post facto. Multiple measures were obtained at one time from a single group of respondents. While multivariate analysis techniques permitted us to control for known alternatives, we had no control over unknown alternative explanations.

Our sample was purposively drawn, not randomly drawn. Therefore, our findings lack generalizability to any population other than to the 42 living units actually measured in the study. We do not purport to generalize to the 15 homes sampled since we sought participation of caregivers only of those living units which had boys in residence whose average age was 14 years and under. We were constrained in sample selection by the inability of some small public homes to participate due to their low census or staff absence at the time of data collection. Only three private homes in the general geographic area sampled did not participate.

CONCLUSION

In our society the value assigned to extrafamilial group care and to the children of poor parents has been minimal. Society too often provides such children with the illusion of caring. Rosengren's (1970) assertion about the relationship between client value and service organization performance may well explain much of the popular and professional resentment directed toward institutions.

There are points of diminishing return beyond which the values embodied in the client are so minimal as to prevent a very great organizational investment--client input, organizational input, and organizational output are at a mere subsistence level.

In summary, utilization of a research model that is multi-dimensional in scope will be of considerable assistance in improving our understanding of the sources and dynamics of the problem of child abuse. It also will help in the development of effective federal, state and local efforts to prevent and manage this phenomenon, especially the problem of institutional abuse.

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TABLE 1

LEVEL OF FORCE IN RELATION TO SOCIAL PSYCHOLOGICAL,
ORGANIZATIONAL AND BACKGROUND VARIABLES

Variable	r
Felt Injustice I	.196
Felt Injustice II	-.119*
Felt Injustice III	.129
Felt Injustice IV	.369
Felt Injustice V	.117*
Resident Management Practices	.322
Participation	.341
Hierarchy	.272
Length of time in job	.253
Length of time in prior job	.257
Work Schedule	.308
Age of Respondents	.518
Sex of Respondents	-.193
Marital Status	.414
Education of Respondents	.404
Income of Respondents	-.010
Community Size (current)	-.279
Community Size (early)	-.301

*p < .05

TABLE 2

AMOUNT OF VARIANCE IN LEVEL OF FORCE EXPLAINED BY
FELT INJUSTICE, ORGANIZATIONAL AND
BACKGROUND VARIABLES

	R	R ²	Percent Explained Variance
Felt Injustice (#4)	.369	.136	13.6
Felt Injustice (#5)	.409	.167	3.1
Felt Injustice (3#)	.411	.169	0.1
Felt Injustice (#1)	.411	.169	0.0
Felt Injustice (#2)	.412	.170	0.0
Resident Management Practices	.503	.253	8.3
Unit Participation	.553	.306	5.3
Work Schedule	.561	.315	0.9
Unit Hierarchy	.562	.316	0.1
Age	.600	.360	4.4
Marital Status	.606	.367	0.7
Community Size	.616	.380	1.3
Respondent's Education	.622	.386	0.6
Length of time on job	.627	.386	0.6
Community Size (current)	.627	.393	0.0
Father's Status	.628	.394	0.0
Time in other homes	.628	.394	0.0
Sex	.628	.394	0.0

TABLE 3
 MULTIPLE CORRELATIONS (R) BETWEEN SEVERAL SETS OF VARIABLES AND
 LEVEL OF FORCE FOR SELECTED SUB-POPULATIONS

	Total Sample (n=100)		Women (n=63)		Men (n=37)		12th grade and under (n=41)		Over 12th grade (n=59)	
	R	R	R	R	R	R	R	R	R	
Felt Injustice	.412**	.449*	.356*	.503	.499	.463*				
Participation and Hierarchy	.372**	.322*	.398	.304	.118					
Participation, Hierarchy, Resident Management Practices	.419**	.572*	.681*	.587**	.305	.355				
Organizational Variables (3) and Felt Injustice	.554**	.552*	.683	.611*	.533*					
Background Variables	.580**	.634	.788	.438	.511*					
All (in combination)	.628**			.738	.704*					

F ratio Significance: * = $p < .05$; ** $p < .01$