

ABSTRACT

Title: THE RELATIONSHIP BETWEEN COUPLE
PSYCHOLOGICAL AGGRESSION AND
PARENTING BEHAVIOR

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Family Science

This study examined the relationship between received couple psychological aggression and use of authoritative, authoritarian, and permissive parenting practices. Previous research examining couple aggression and parenting ignored *psychological* aggression and *fathering*, and found depression to be a mediator of the relationship. The current study aimed to determine the relationship between received psychological aggression and parenting (compared by gender), and to identify whether the relationship between received aggression and parenting is mediated by depression. Secondary analyses were conducted on pre-treatment data collected from couples seeking therapy at the Center for Healthy Families at University of Maryland, College Park. Results revealed a significant relationship between received aggression and authoritarian parenting for fathers, but not for permissive or authoritative behaviors. No relationship was found between mothers' received aggression and any parenting dimension. Depression partially influenced the relationship between received aggression and authoritarian parenting for both mothers and fathers, but not permissive or authoritative parenting.

THE RELATIONSHIP BETWEEN COUPLE PSYCHOLOGICAL AGGRESSION
AND PARENTING BEHAVIORS

By

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Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Science
2012

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Acknowledgements

I am grateful to have had a lot of support and guidance throughout this process, and would like to thank the following people for their valuable contributions to this project:

Norm- I could never thank you enough for all of your guidance throughout this process. I was always so amazed by how brilliant of a researcher you are, and how you always had a way to manage every problem that arose. On top of that, it was comforting to know that your door was always open to answer questions and provide support. I really appreciate all of the time that you spent working with me throughout the past year on this thesis.

Carol and Kevin- Thank you both for your helpful feedback and time that you put into working with me on this project. I really valued your helpful insight and encouraging words.

The Couples and Family Therapy Cohort of 2012- Thank you all for the collaborative environment that we created, always offering a listening ear, and in general being amazing friends. It has been such blessing to have shared the past two years with each of you.

My mother, Gina, and grandmother, Roberta- Thank you for never failing to provide me with much needed support and comfort. You offered never ending attention when I needed to vent, loved me unconditionally and always believed in me. I don't know what I'd do without you.

Sherry- Over the past two years, you have never failed to offer me encouragement and laughs whenever I was getting too overwhelmed. You are so special to me; thank you for being you.

Joe- Thank you so much for your patience and positivity throughout this process. You provided me with endless words of encouragement and at times, welcome distractions. I am so lucky to have you in my life.

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Chapter 1: Introduction

Statement of the Problem

There is a substantial body of research indicating that aggressive behavior between spouses is associated with a variety of negative aspects of functioning in the individual partners (e.g., depression, anxiety), partners' satisfaction with their couple relationship, certain aspects of parenting, and children's psychological functioning (e.g., internalizing and externalizing behaviors) (Huang, Wang & Warrenner, 2010; Levendosky & Graham-Bermann, 2001; Levendosky, Leahy, Bogat, Davidson & von Eye, 2006; Linville et al., 2010; O'Campo, Caughy & Nettles, 2010). Huang et al. (2010) found a significant positive relationship between physical marital violence and adolescent problem behaviors. However, Levendosky and Graham-Bermann (2001) argue that conceptual models that focus on a *direct* relationship between aggression in parents' relationships and behavior problems in their children (e.g., a modeling effect) are insufficient to account for possible *mediating variables* that may affect that association. Consequently, some research has examined mediating variables linking parental marital aggression and child functioning, with implications for designing appropriate and effective clinical interventions.

Many studies have investigated parenting behavior as a *mediator* of the relationship between partner aggression and child behavior problems, based on the idea that violence in the parents' couple relationship has a negative effect on parents' interactions with their children, which in turn leads to child behavior problems. Thus, the compromised parenting behavior is the more proximal influence on child functioning. Research findings have suggested that certain parenting behaviors, such as greater harsh

parenting and less parental warmth and support, mediate the relationship between couple violence and poor child functioning (Erel & Burman, 1995; Huang et al., 2010; Katz, 1996; Levendosky et al., 2006; Robinson, 2004).

A second conceptual model that has been proposed and tested to some degree is that positive parenting is a *moderator* of the relationship between partner violence and negative child outcomes. For example, researchers have found that parental warmth and support toward children serve as a buffer to protect children from the stressful environment of an aggressive relationship between the parents (O'Campo et al., 2010). When parental support is higher, the association between level of couple violence and child behavior problems is weaker than when parental support is lower. Whereas the mediation model has treatment implications that focus on reducing effects of couple violence on negative parenting behavior, the moderation model points to the importance of increasing positive, supportive parenting.

With the knowledge of the effect that marital violence has on parenting, which in turn affects child behavioral outcomes, it is important to fully understand the process by which partner aggression is related to parenting. Therefore, the direct effect of partner violence on parenting needs to be examined further to better understand the relationship. Currently, the majority of research has examined only physical aggression, ignoring psychologically aggressive behavior between parents as a risk factor for problematic parenting and poor child functioning. Although a variety of definitions of psychological aggression have been offered in the literature, four major dimensions have been supported by factor analyses: denigrating a partner, engaging in hostile withdrawal, use of threatening or otherwise intimidating behavior, and restricting the other person's

activities and access to resources, resulting in social isolation (O’Leary & Maiuro, 2001). Most often, when psychological aggression has been studied, it has been combined with physical aggression rather than examined separately. Levendosky and Graham-Bermann (2001) stated that their research was unique in that it included couples’ psychological aggression. However, they assessed psychological aggression as a lower level of aggressive behavior on a single continuum in which physical aggression was defined as more severe; they did not assess psychologically aggressive behavior separately and analyze its association with parenting behavior and child functioning.

O’Leary and Woodin’s (2009) review of the research on psychological aggression concluded that approximately 75% of men and 80% of women in representative community samples engaged in at least some psychological aggression against their partners, and close to 95% of men and women in clinic samples were psychologically aggressive toward their partners. Because the prevalence of psychological aggression is so high, it is necessary to separate psychological from physical aggression to determine its potentially unique effect on parenting and child outcomes.

Furthermore, research examining the effects of partner aggression on parenting has focused primarily on *maternal* parenting. With the focus on physical aggression, it has been typical that studies have focused on the mother as the abused member of the couple, and fathers typically have been ignored as recipients of partner aggression. Levendosky and Graham-Bermann (2001) explain that the inclusion of fathers in their study would have been “risky because they may not be willing to have their family examined if they have knowledge of the nature of the study or the questions about family violence” (p. 187). This stance by the researchers is representative of the traditional view

that men are the primary initiators of aggression in couple relationships and that research and clinical practice that uncovers partner aggression may place women at risk for retaliatory violence from their male partners. Therefore, research on partner aggression and parenting typically has focused on the father as the aggressor and has assessed his level of aggression by asking the mother about it.

Fox and Benson (2004) compared parenting behaviors of partner-abusive and non-abusive fathers, finding little difference between *positive* forms of parenting by fathers who are abusive to their wives and those who are not, in regard to time spent with their children, assisting children with homework, having serious conversations with their children, and consulting their children in important decisions. However, Fox and Benson (2004) also found that a man's violence toward his partner had a strong positive association with the degree to which he used *harsh parenting* (defined by hitting and yelling) with his children, even when controlling for socio-demographic characteristics.

Although Fox and Benson (2004) attended to the parenting of these fathers, they did not look at parenting techniques of fathers in relation to the extent that the fathers are the *recipients* of aggressive acts from their spouses/partners, only in relation to the degree to which fathers enact abusive behavior toward their partners. The primary focus on maternal parenting within families characterized by aggressive couple relationships ignores the impact that receiving aggressive behavior may have on fathers' parenting behavior. Because fathers and mothers are more likely to receive psychological aggression from their partners than physically violence (Jose & O'Leary, 2009), and research has shown that psychological aggression in couple relationships is commonly bi-directional (Cascardi, Langhinrichsen & Vivian, 1992; Snow, 2002; Vickerman &

Margolin, 2008), it is important to examine the degree to which receiving psychological partner aggression is associated with negative parenting behavior among fathers.

Therefore, if research is expanded to include an analysis of psychological aggression between parents, the association between fathers receiving aggressive behavior and in turn parenting in negative ways could be examined. The present study was designed to address this gap in knowledge by assessing the degrees of psychological partner aggression experienced by mothers and by fathers and examining their associations with mothers' and fathers' parenting behavior.

Furthermore, in order to fully understand the process by which partner aggression affects parenting, potential mediators of the relationship must be examined. Depression is highly prevalent in abused women; in fact, one study found that 52% of women experiencing intimate partner violence (IPV) scored 20 or above on the Beck Depression Inventory (a score of 14 or above is considered clinically depressed) (Cascardi & O'Leary, 1992). Fathers who have experienced IPV also were found to have elevated levels of depression (Cascardi et al., 1992).

Considering the prevalence of depression in those who have experienced partner aggression, it is important to look at the relationship between depression and parenting. There is a body of research indicating that parental depression is associated with more negative parenting. Turney (2011) found that depressed mothers engage in less positive interactions with their children and are more likely to neglect and harshly discipline their children. Furthermore, within the context of partner aggression and parenting, research has consistently found that depression is a significant mediator of the relationship between *physical* partner aggression and parenting practices (Cascardi & O'Leary, 1992;

Cooper, 2002; Grahmann-Bermann, 1996; Huang et al., 2010; Levendosky, 2010; Lapiere, 2010; Levendosky et al., 2010; Rea & Rossman, 2005). Rea and Rossman (2005) found that depressed parents seem to lack energy to care for their children, leading to ineffective parenting. Although the previously listed studies focus on physical abuse, Renner (2009) found that depression symptoms mediate the relationship between psychological aggression received by women and their parenting stress. Whereas the existing research shows that depression is a common problem for women who have been subjected to partner violence, and that depression is related to more negative parenting practices, there is a lack of research examining a possible mediation process in which partner psychological aggression is associated with depression in the recipient, which in turn is associated with more negative parenting.

Purpose

Prior research has identified aspects of parenting behavior as a mediator of the relationship between parents' intimate partner violence experiences and their children's behavior problems (e.g., difficulties in social relationships, poor mental health, bullying), underscoring the importance of parenting in the health and wellbeing of children (Huang et al., 2010; Levendosky & Graham-Bermann, 2001; Linville et al., 2010; O'Campo et al., 2010). In addition, Gewirtz, DeGarmo, and Medhanie (2011) found that positive parenting, such as showing warmth and support, significantly enhances a child's ability to adjust to aggression in the parents' couple relationship. Therefore, parental support and warmth acted as a moderator of the relationship between couple aggression and child behavior problems. Because partner aggression affects parenting, which in turn affects child well-being, there is a need for knowledge about processes through which partner

aggression affects parenting. This could help in the design of treatments to reduce negative effects of partner aggression within the family. Prior research has found that partner aggression can have a direct effect on a parent's ability to engage in effective and constructive parenting behavior (Erel & Burman, 1995; Huang et al., 2010; Katz, 1996; Levendosky et al., 2006; Robinson, 2004), although the research has focused on mothers' parenting and has largely ignored that of fathers. This process has been labeled "spillover," in which the "effect experienced or expressed in one relationship system can be transferred or carried over to another relationship system" (Cox, Pailey, & Harter, 2001, p. 250). The spillover hypothesis explains the process by which the stress that a recipient of partner aggression experiences in the marital relationship affects interactions within the parent-child relationship. Research on the effect of partner physical aggression on parenting has supported the spillover hypothesis, indicating that stress in the marital relationship resulting from such violence can negatively affect parenting behaviors, and in turn the children (Cooper, 2002; Cox et al., 2001; Erel & Burman, 1995; Huang et al., 2010; Katz & Gottman, 1996; Levendosky et al., 2006). For example, being subjected to partner physical aggression increases an individual's risk for depression, which in turn may lead to more negative parenting behavior (Cooper, 2002; Cox et al., 2001; Huang et al., 2010; Levendosky et al., 2006).

However, the current literature examining the relationship between partner aggression and parenting behavior focuses almost exclusively on physical violence (Erel & Burman, Fox & Benson, 2004; 1995; Huang et al., 2010; Katz, 1996; Levendosky et al., 2006; Robinson, 2004). There is a need for research looking at the relationship between psychological aggression and parenting, considering the high prevalence of

psychological aggression in couple relationships and its negative effects on individuals' well-being (O'Campo et al., 2010). Approximately 97% of couples report experiencing at least one form of psychological aggression at some point within the past 4 months (Taft et al., 2006; Teitelman et al., 2011), and approximately 20% of those couples experience psychological aggression on an ongoing basis (O'Campo et al, 2010; Teitelman et al.,2011). Consequently, the purpose of the present study was to determine the association between psychological aggression in the couple relationship and parenting behaviors. Although current literature on psychological aggression often uses other terms (e.g., emotional abuse, verbal abuse, verbal aggression), for purposes of the current study the term "psychological aggression" will be used. The present researcher used O'Leary and Maiuro's (2001) definition of psychological aggression, which focuses on four dimensions: (1) denigrating a partner (attacking his or her self-esteem), (2) engaging in hostile withdrawal, a form of passive aggression (e.g., refusing to talk to one's partner), (3) use of threatening or otherwise intimidating behavior (e.g., threats of abandonment), and (4) restricting the other person's activities and access to resources, resulting in social isolation (e.g., harassing a partner to the point that he or she ends a phone call with a friend).

Although a variety of factors may mediate or moderate the relationship between receiving psychological partner aggression and engaging in negative or ineffective parenting behavior, the present study focused on depression as a potential mediator, as prior research has found it to significantly contribute to the relationship between couple satisfaction and parenting styles (Huang et al., 2010; Levendosky & Graham-Bermann, 2001; Linville et al., 2010; O'Campo et al., 2010). Whereas previous studies have looked

at depression as a mediator between couple *satisfaction* and parenting, the current study focused on depression as a mediator between the amount of *psychological* aggression that an individual receives from his or her partner and the degrees to which the individual engages in positive and negative forms of parenting practices, which were defined in terms of the authoritarian, authoritative, and permissive parenting styles identified by Baumrind (1971). The mediating factor of depression reflects a form of psychological harm that may result from receiving psychological aggression, which may in turn detract from effective parenting behavior (O'Campo et al., 2010; Levendosky & Graham-Bermann, 2001; Levendosky et al., 2006).

In addition, as noted earlier, most research on negative effects of partner aggression has focused on women as the victims. However, psychologically aggressive behavior in couple relationships commonly is bi-directional (Cascardi et al., 1992; Swan & Snow, 2002; Vickerman & Margolin, 2008), and investigations of effects of couples' psychological aggression on parenting should examine effects on fathers' parenting as well. Therefore, the present study investigated both mothers' and fathers' parenting behavior as a function of the degree to which each parent *receives* psychologically aggressive behavior from the other.

Thus, the aims of this study were:

- 1- To determine the relationship between amount of psychological aggression received and parenting behavior, for mothers and for fathers, and to compare the degree of that relationship by gender of the parent.
- 2- To identify whether the relationship between received psychological aggression and parenting behavior is mediated by depression, for mothers and for fathers.

Chapter 2: Literature Review

Researchers have consistently found a significant relationship between partner aggression and parenting behaviors (Erel & Burman, 1995; Huang et al., 2010; Katz, 1996; Levendosky et al., 2006; Robinson, 2004). However, there are contradictory hypotheses regarding the process that accounts for this relationship. In the one hand, the “compensatory hypothesis” suggests that parents try to make up for the closeness and love that they are not receiving from their partner by focusing attention on their children. This hypothesis suggests that abused parents become enmeshed and too psychologically reactive to their children, causing them to be overly lenient in discipline (Cox et al., 2001; Robinson, 2004). However, this hypothesis has not been supported by research, because of the consistent finding that marital violence leads to a *lower* level of parental warmth and support toward their children (Katz, 1996; Levendosky et al., 2006; Robinson, 2004).

On the other hand, the “spillover hypothesis” suggests that parents transfer the stress experienced in their marital relationship to the relationship with their children, negatively affecting the parent-child relationship. The majority of research regarding the relationship between partner aggression and parenting behaviors supports the spillover process, with findings that abused parents exhibit decreased attention and warmth toward children, as well as harsh parenting behaviors (Cooper, 2002; Erel & Burman, 1995; Huang et al., 2010; Katz, 1996; Levendosky et al.; Robinson, 2004). Specifically, Erel and Burman (1995) conducted a meta-analysis of published studies regarding the effect of the quality of the marital relationship (i.e., marital satisfaction, marital conflict, and aggression) on parenting, finding consistent support for the spillover hypothesis. Therefore, Erel and Burman (1995) concluded that better quality in the marital relationship yields better

functioning in the parent-child relationship. Furthermore, Levendosky et al. (2006) conducted a longitudinal study of women who were victims of partner violence, in which interviewers coded mothers' parental behaviors at year one and year three. They found that current couple violence was related to less observed maternal warmth and sensitivity to children, whereas past couple violence was not. This supports the spillover hypothesis by showing that once marital aggression is no longer present it will cease to "spill over" to the parent-child relationship.

Similarly, Casanueva et al. (2008) conducted a study involving home observations of parenting behavior by women who had previously experienced partner physical violence but were no longer receiving it. The women had significantly better parenting scores than those currently experiencing violence (i.e., they exhibited more positive parenting behaviors such as warmth toward their children than harsh parenting behaviors such as shouting), supporting the diminished presence of the spillover effect. Furthermore, in Renner's (2009) longitudinal study, reports of greater couple psychological aggression were related to less parental warmth at assessment point one (at the time of abuse), whereas the level of physical partner aggression was not, the latter finding being inconsistent with other "spillover" findings. Thus, it is possible that the psychological and physical aggression received by parents have different effects on parental warmth. It is also important to note that in Renner's (2009) study neither psychological nor physical aggression at assessment point one was related to less parental warmth at assessment point two (12 months after the occurrence of partner aggression).

Thus, there is considerable evidence that partner aggression influences both positive and negative forms of parenting behavior. The following sections provide a more detailed

review of the existing evidence for links between partner aggression and the negative and positive parenting.

Relationship Between Partner Aggression and Negative Parenting Behaviors

The effect of partner aggression on negative parenting behaviors has been examined in a number of studies. Although Huang et al.'s (2010) longitudinal study found no relationship between marital violence at year one and positive parenting behaviors at year three, they did find a significant relationship between marital violence at year 1 and negative parenting, defined by self-disclosure of spanking, at year 3. Furthermore, Cooper (2002) examined how partner violence is related to negative parenting behaviors such as coercion, rejection, and neglect. Cooper measured mothers' reports of partner physical aggression they received and reports of their parenting behavior at three different time periods (1991, 1997, and 1999), and had a comparison group of non-battered women. All three categories of coercion, neglect, and rejection were measured using self-report items (with a 5-point Likert response scale), and parenting scores were an average of mother-reported and daughter-reported behaviors in each category. Coercion, defined as humiliating, controlling, and punitive behavior, was found to have a significant relationship with both past and present maternal aggression victimization. Similarly, rejection, defined as behaviors that fail to recognize the child's need for independence, and that criticize and demean the daughter, was significantly correlated with both past and present partner physical violence. Finally, both past and present partner violence were also related to neglect, defined as failing to monitor or provide for the child's basic needs, and a lack of involvement with the child. Results of the study also showed that victimized mothers were more overprotective than non-victimized mothers,

meaning that they established highly rigid boundaries around their daughters. This form of overprotection was measured by averaging the scores of mother's and daughter's reports of restrictions on the daughter's independence enacted by the mother, which were significantly higher among the mothers who received partner aggression than among the non-victimized mothers (Cooper, 2002).

A study by Rea and Rossman (2005) looked deeper into the meaning of why partner physical aggression affects parenting by comparing parenting behaviors (permissive, authoritarian, and authoritative) across three groups: non-battered mothers, sheltered battered mothers (women who had fled from their abusive partner to a shelter), and community battered mothers (women still living with their abusive partners) who had children ages 7-12. The results indicated that parenting was generally similar for sheltered-battered mothers and non-battered mothers. However, there were differences between non-battered and both battered groups that should be mentioned. Both community battered and sheltered battered women were more directive and authoritarian with their children than non-battered women were, suggesting that there is a relationship between receiving partner aggression and engaging in authoritarian parenting. Interestingly, both the community battered and sheltered battered women were also both significantly more likely than non-battered women to use permissive parenting techniques. The higher levels of both permissive and authoritarian parenting suggest that women who experience partner physical violence are more likely to be *inconsistent* in parenting, possibly due to added stress that they are experiencing. Furthermore, compared to both other groups, community battered mothers were significantly less likely to use authoritative parenting (which emphasizes firm yet supportive and non-aggressive

control). Rea and Rossman (2005) suggest that this could be because women who are still living with their abusive partner are unable to mobilize their resources to focus their attention on their children, due to their living in fear of their partners. Also, community battered mothers were significantly more likely to use corporal punishment than both other groups (Rea & Rossman, 2005).

Relationship Between Partner Aggression and Positive Parenting Behaviors

One important positive aspect of parenting that has been examined in the context of partner aggression and parenting is parental warmth. Prior studies have found that positive parenting behaviors can serve as a buffer against negative outcomes for children who witness violence between their parents (Graham-Bermann, Gruber et al., 2009). Graham-Bermann et al.'s study looked at positive (i.e., resiliency) and negative (i.e., depression) outcomes in children who had witnessed incidents of partner aggression, using a cluster analysis to group children into different groups based on their scores on measures of psychopathology (Child Depression Inventory and the Child Behavior Checklist) and competence (General Self-Worth and Social Competence). Children were categorized into four groups: resilient, struggling, depressed only, and severe problems. Compared with the other three groups, the resilient children were described as scoring the highest on measures of self-worth and lowest on measures of depression, internalizing behaviors (i.e., withdrawal, anxiety, somatic complaints, depression), and externalizing problem behaviors (i.e., delinquency, aggression). One factor that differentiated the "resilient" group of children from the others was the level of parental warmth that they received from their mother (the parent who had been victimized). Children in the "resilient" group received a significantly greater level of maternal warmth. Thus, if a

child is subjected to physical aggression in his or her parents' relationship, the presence of warmth from their mother may serve as a buffer that protects them from the negative outcomes associated with exposure to violence. It is uncertain how paternal warmth would affect the child's responses to exposure to aggression in their parents' relationship, as it was not measured in that study.

Even though positive parenting behaviors may serve as a buffer for children witnessing partner physical aggression, studies also have found that members of couples experiencing conflict and partner violence exhibit less positive parenting behavior toward their children. For example, Robinson (2004) interviewed a population of children ages 4 to 9 and their parents, finding that the frequency of positive parenting behaviors (as ranked by a clinician) such as warmth and support is negatively related to parents' self-reported level of marital conflict. Furthermore, as described earlier, Cooper (2002) studied mother-daughter relationships among physically battered mothers through self-report surveys and found that the mothers may neglect to provide emotional support for their daughters. Similarly, Levendosky et al. (2006) found that physically abused mothers show less warmth and sensitivity to their infant children. As previously mentioned, the lower level of positive parenting behaviors can be explained through "the spillover effect," in which parents who are victimized by partner aggression exhibit decreased attention and warmth toward children due to the depletion of their energy and emotional availability for parenting.

In contrast to those findings linking receipt of abuse and low positive parenting, Huang et al.'s (2010) previously described longitudinal study assessed positive parenting behaviors between physically abused mothers and their first grade children through

parent-child interviews with clinicians, who used a coding scale to rate parenting quality. Marital violence was rated at year one and parenting was rated at year three. They found no association between marital violence and level of positive parenting, possibly because the study was longitudinal and if marital violence decreased that might account for the lack of a lasting effect on positive parenting. As noted earlier, previous studies have shown that once the aggression in the couple relationship stops, the spillover effect no longer occurs (Levendosky et al., 2006; Rea & Rossman, 2005; Renner, 2009).

Thus, although it is encouraging that positive parenting behavior such as expressed warmth can buffer negative effects that of couple aggression on child psychological functioning, the presence of partner aggression decreases such positive parenting. Consequently, partner aggression seems to have two pathways to negative impacts on children, a direct effect on increasing negative parenting behavior and an indirect effect by reducing the degree to which parents exhibit positive parenting behaviors that can buffer effects of negative parenting.

A Need for Research on Psychological Aggression and Parenting Behavior

Although all of the previously discussed studies measure partner aggression, they all examined *physical* violence. There is a significant lack of research on the association between being a victim of psychological partner abuse and parenting behavior. One study that did include psychological aggression included it within a single dimension of aggressive behavior, as lower in severity than physical aggression (O'Campo et al., 2010). Although psychological aggression is often overlooked, it is extremely prevalent. Whereas 12% of the couples had experienced at least one form of physical aggression, 97% of couples had experienced at least one form of psychological aggression (Taft et

al., 2006). Therefore, although the large majority of studies examining the relationship between partner aggression and parenting have ignored psychological aggression, it is important to examine this form of partner aggression due to its high rate of prevalence and potential negative effects on parenting (Heyman & Schlee, 1997; Taft et al., 2006).

Furthermore, when looking at the relationship between partner aggression and parenting behavior longitudinally, Renner's (2009) study found that psychological abuse was actually *more* influential over time than physical abuse. Renner found that parents who experienced physical aggression from a partner during the past 12 months but were no longer experiencing aggression were no longer experiencing significantly greater parenting stress than those who had not experienced partner aggression. However, even a year after experiencing psychological aggression parents still experienced elevated parenting stress. These results suggest that psychological abuse may have a longer lasting effect on women's level of parenting stress. Renner (2009) calls for additional research to look at effects of psychological abuse, as well as co-occurring psychopathology symptoms (e.g., depression) experienced by parents who are victims of partner aggression. In addition, the research only examined effects of partner aggression on mothers' parenting, so there is a need for studies investigating whether similar effects occur regarding parenting behavior of fathers who are victims of partner aggression.

Therefore, the current study's focus on psychological aggression addressed such partner behavior experienced by both mothers and fathers. Studies have indicated that men and women commonly experience similar levels of psychological aggression in their couple relationships (Heyman & Schlee, 1997; Swam & Snow, 2002; Vickerman & Margolin, 2008). Furthermore, previous research has shown that psychological

aggression tends to be bi-directional, in that it is likely that if one member of a couple is receiving psychological aggression, he or she is also being psychologically aggressive toward the partner (Cascardi et al.1992; Jose & O’Leary, 2009; Swam & Snow, 2002; Vickerman & Margolin, 2008). In fact, Cascardi et al. (1992) found that in a clinical sample (of which 71% of couples reported abuse), 86% of reported aggression was reciprocal between husbands and wives. Considering the prevalence of psychological aggression directed toward men by women, it is necessary to study the effect on fathering of receiving psychological aggression.

Gender, Psychological Aggression, and Parenting Behavior

Although research has shown no gender difference in degree of psychological aggression enacted by members of couple relationships, the present study examined the association between partner aggression and both genders’ parenting behavior. The majority of prior studies have not examined fathers when analyzing partner violence. Some have explained this as a risk to women’s safety if the father was aware of the purpose of the study (Levendosky & Grahamm, 2001). One study (Fox & Benson, 2004) did focus on the relationship between partner aggression and fathers’ parenting behavior, but the fathers were only examined within the role of aggressor. Fathers who also abused their children (55%) were excluded from the study because the researchers believed that their responses would skew the results, although that decision itself may have skewed the study’s findings by restricting the range of negative parenting behavior. Results of the study indicated no difference between partner-abusive fathers and those who were not partner-abusive in terms of time spent with their children, time spent with children in family contexts, or the types of child-focused activities in which they participated.

Furthermore, there were no significant differences between the father groups in the probability of their consulting their children regarding decisions affecting the child and in their frequency of taking the child's opinion into consideration when making decisions. However, it seems likely that the exclusion of fathers who were aggressive toward their children reduced the potential group differences in positive and negative effective parenting behavior. Fox and Benson (2004) did find some parenting differences between partner-abusive fathers and non-abusive fathers. Harsh punishment (hitting, slapping, yelling, threatening to remove privileges) was ranked on a scale from one to five (1 point for frequent report of threatening to remove privileges/yelling, 2 for any report of hitting/slapping). Partner-abusive fathers were significantly more likely to use yelling or use the rewarding of privileges for good behavior to convince their child to do something. In addition, abusive fathers were significantly more likely to use harsh punishment than were non-partner-violent fathers.

Although there has been a lack of research comparing parenting between partner-abused mothers and fathers, due to the absence of research on fathers, some relevant research in associated areas has been conducted on marital conflict, relationship satisfaction and parenting that has included analyses for both genders. Erel and Burman's (1995) meta-analysis examining the relationship between marital quality and parenting found evidence that gender moderates the relationship between marital quality and parenting, such that both fathers' and mothers' parenting behaviors are affected by marital conflict, but fathers are affected more. The authors hypothesized that this could be due to fathers being less socialized in the caregiving role and therefore needing more support from their partner. In addition, findings by Kachadourian, Eiden, and Leonard

(2009) also supported the spillover effect, in that marital dissatisfaction was associated with less warm and sensitive parenting for both mothers and fathers. Kachadourian et al. suggested that the negative mood and stress created by dissatisfaction in the marriage results in inconsistent discipline strategies and ineffective parenting. Furthermore, Katz (1996) found that marital hostility was significantly correlated with negative parenting techniques such as higher father intrusiveness and lower father involvement. Katz hypothesized that parents who have become angry and demoralized from their relationship may be less psychologically available to their children. Whereas the previous studies have examined the effect of general marital satisfaction and conflict on parents, the present study focused on the association between receipt of psychological aggression and both mothers' and fathers' parenting behavior.

Relationship between Psychological Aggression and Depression

The existing literature indicates that conceptual models looking only directly at the impact of partner aggression on parenting are missing key information about relationship's dynamics. An ecological model including the mediating variable of depression has been proposed to explain the partner abuse-parenting relationship (Levendosky & Grahmann- Bermann, 2001; Levendosky et al., 2010). Depression is highly prevalent in physically abused women; one study found that 52% of a clinical sample of women experiencing partner violence scored 20 or above on the Beck Depression Inventory (for which a score of 14 or above is considered clinically depressed) that assesses severity of depression symptoms. However, this clinical sample may be skewed, as the women were all experiencing a significant level of physical abuse (i.e., 31% of the sample required surgery or had received concussions as a result of

abuse). Therefore, the results may be less significant in a sample of people receiving more moderate aggression (Cascardi & O'Leary, 1992). Additionally, Huang et al.'s (2010) longitudinal study found that partner violence received at year 1 had a direct effect on maternal depression at year 3.

Research studies have found that intimate partner psychological aggression predicts depression symptoms (Kelly et al., 2009; Mechani et al., 2008; Teitelman et al., 2011; Vaeth et al., 2010). Vaeth et al. (2010) looked at depression in both members of the couple in the context of domestic violence. The study was a random probability sample with a response rate of 85%. The researchers examined the relationship between depression and domestic violence (including physical, sexual, and psychological forms). Depression was measured using the CES-D (Center for Epidemiologic Studies Scale of Depression), which is a 20-item self-report measure of depressive symptoms during the past week. Aggression was measured using the CTS-2 (Conflict Tactics Scale - Revised). Psychological aggression was separated into minor (i.e., shouting or insulting) and severe (i.e., accused partner of being a lousy lover, destroying belongings) levels. The results indicated that depression rates were highest in couples involved in physical or sexual abuse, next highest in those with severe psychological aggression, and lowest in those engaging in minor psychological aggression. Severe psychological aggression predicted high depression symptoms for both the victimized partner and the abuser. For men, the odds of depression did not vary significantly between male-to-female or female-to-male aggression. This suggests that men are equally likely to be depressed if they are the perpetrator of abuse or if they are the victim of abuse. However, women are more likely to be depressed if they are the abuser than if they are the person being abused.

Compared to women not exhibiting aggression, women who psychologically abused their partners were twice as likely to have depression symptoms. Furthermore, women who were severely psychologically or physically aggressive to their partners were five times more likely to be depressed than women in non-aggressive relationships. Vaeth et al. (2010) suggested that these gender-related findings may be due to conflicting role expectations, where women are socially expected to be nurturing (i.e., perceiving oneself as aggressive is distressing for women who believe that they should behave in a more pro-social manner).

Several studies have examined the relationship between depression and partner aggression with a focus on particular groups of women; however they all yielded the same result, that intimate partner violence (IPV) predicts depression. Teitelman et al. (2011) looked at IPV in African American and Hispanic teenage girls aged 15-19. They measured depression using the CES-D 20-item self-report scale of depression and measured aggression using the CADRI (Conflict in Adolescent Dating Relationships Inventory), which is an 18-item self-report scale assessing different forms of aggression enacted over the past year by their partner. Results indicated that 29% of the participants experienced physical violence from their partner, and 97% of women experienced psychological abuse. Of the women experiencing psychological abuse, 75% of them reported “seldom” occurrences of psychological abuse, whereas 22% experienced psychological abuse often. Psychological abuse was significantly related to depression, whereas physical abuse was not. Teitelman et al. (2011) proposed that this could be due to the fact that psychological abuse was more likely to occur on an on-going basis (22% of this sample), whereas only 1 member of their sample experienced physical abuse

consistently. Furthermore, several other studies using self-report measures of both psychological abuse and depression have yielded similar results, finding a significant relationship between psychological abuse and depression in women (Hamdan-Mansour et al., 2011; Kelly, Warner, Trahan, & Miscavage, 2009; Wong, Tiwari, Fong, Humphreys, & Bullock, 2011).

Furthermore, Mechanic, Weaver, and Resick (2008) found that even after controlling for the level of physical partner aggression received, psychological aggression was still a significant predictor of depression among women. In fact, when the psychological aggression variables were entered into the multiple regression equation first in the study's analyses, physical partner violence variables were no longer significantly related to depression. The authors hypothesize that "taunting and degrading" behavior may exacerbate depression through its eroding effect on self-esteem and self-worth (Mechanic et al., 2008).

However, the research regarding depression in recipients of partner aggression most often has involved samples of only females. In addition to the previously listed study that looked at both partners (Vaeth et al., 2010), one study (Cascardi et al., 1992) did look at this relationship in a male sample, finding that male recipients of physical partner aggression had elevated depression symptoms. The present study adds to the limited knowledge regarding the associations among partner aggression, depression, and parenting behavior for men.

Relationship Between Depression and Parenting

Outside of the arena of partner aggression, maternal depression generally has been found to be related to impairments in mothers' parenting (Turney, 2011). In conjunction

with the spillover effect, Turney found that depressed mothers are more likely to neglect their children and harshly discipline their children. Also, depressed mothers engage in fewer positive interactions with their children. However, the Turney (2011) study did not allow clear inferences about causality between depression and parenting because even though it was a longitudinal study not many mothers changed their status of being depressed or non-depressed. Rea and Rossman (2005) found that depressed parents are more disengaged, have a flat affect, and seem to lack the energy and resources to properly care for their children, leading to ineffective parenting. In contrast, a study conducted by Gewirtz et al. (2011), found that parenting and depression levels were not associated. The study also did not find an indirect effect between parental depression and child internalizing behaviors. However, because the sample size of the study was fairly small (35 parent-child dyads), there was limited statistical power to detect the effects of maternal mental health on parenting and child behaviors. Letourneau, Salmani, and Duffet (2010) found that mothers who were depressed were less likely to use consistent parenting techniques with their children. Lapierre (2010) found similar results through use of in-person interviews, in which mothers revealed that their levels of depression increased after they were physically abused by their partners, disabling their abilities to be in control and consistent with their parenting.

Depression as a Potential Mediator of Psychological Partner Aggression and Parenting

Although there has been a fair amount of research about depression as a mediator between *physical* aggression and parenting, (Cascardi & O’Leary, 1992; Cooper, 2002; Grahmann-Bermann, 1996; Huang et al., 2010; Levendosky et al., 2010; Rea & Rossman, 2005) there is still little known about depression as a potential mediator between

psychological aggression and parenting. The majority of research within this area has focused on parents who are undergoing physical abuse, but Renner's (2009) study revealed similar results for those subjected to psychological partner abuse. Results showed that depression symptoms were found to mediate the relationship between psychological abuse received by women and their parenting stress. Although Renner points out that women who are psychologically abused are more likely to be depressed, those who are not depressed in spite of psychological abuse seem able to manage their parenting stress. Therefore, an absence of depression in the presence of psychological aggression may be expected to reduce the relationship between partner abuse and problems in parenting behavior.

Although Renner's study did look at the relationships among psychological aggression, depression, and parenting, it did not examine this relationship for fathers (only for mothers), or for parenting practices (the study instead looked at parenting stress). Currently, there has been no research that has examined parenting practices of fathers who are victims of psychological abuse, nor has there been research looking at the relationship between psychological aggression and parenting *practices* when mediated by depression. The current study was designed to fill both of those gaps in knowledge.

An Ecological Framework for the Present Study

Prior research looking at the relationship between partner aggression and parenting has focused on the effect of couple relationship aggression on the child, while considering parenting as a mediator (Huang et al., 2010; Levendosky & Graham-Bermann, 2001; Linville et al., 2010; O'Campo et al., 2010). In doing so, researchers in this area have used an ecological framework (Huang et al., 2010, Levendosky & Graham-

Bermann, 2001; O'Campo et al., 2011, Robinson, 2004). Huang et al. (2010) use bio-ecological theory, with the child at the center of a developmental process, being influenced by both their own biology and various environmental layers within which he or she is embedded. Within these environmental layers, violence within the parents' couple relationship will have a direct effect on the child, but also an indirect effect through an abused parent's impaired mental health, constituting a spillover effect.

Furthermore, Levendosky and Graham-Bermann (2001) focus on the effects of partner aggression on the mother from an ecological standpoint, stating that conceptual models that only examine the direct pathway through which partner violence influences parenting behavior are missing key information about that relationship. Using an ecological framework to understand the effect of partner aggression on parenting expands the conceptualization of the relationship between the two variables to include other factors such as parental depression. Levendosky and Graham-Bermann (2001) expand upon the ecological framework that Belsky (1984) used to understand individual differences in parental functioning. Belsky's model of parental functioning considers three general sources of influence on parental functioning, which are 1) the parent's history and mental functioning, 2) the child's individual characteristics, and 3) contextual sources of support and stress. Belsky discussed how stress (partner aggression for the purposes of this study) affects parenting both directly and indirectly, through its effects on the parent's psychological functioning (e.g., depression).

Similar to Levendosky and Grahamm (2001), the present study used an ecological framework to predict factors that may affect parenting within the context of partner aggression. However, this study focused on forms of psychological partner aggression as

opposed to physical violence. Furthermore, the study expanded the ecological framework to include the variable of gender, which falls within the category of the parents' own histories.

Conceptual Definitions of Variables in This Study

Concept	Variable	Instrument
Received Psychological Aggression	Independent Variable	Conflict Tactics Scale, Revised; Psychological Aggression Subscale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996),
Parent's Individual Depression Symptoms	Mediating Variable	Beck Depression Inventory (BDI; Beck, Ward, Meldelson, Mock, & Erbaugh; 1961),
Parenting Practices- Levels of Authoritarian, Authoritative, and Permissive Styles	Dependent Variables	Parenting Practices Questionnaire (PPQ; Coolahan, 1997).

The *independent variable* in this study was the level of psychological aggression received by each member of heterosexual couples. For purposes of this study, received psychological aggression was defined as the amount of verbal or nonverbal (but not physical) behavior intended to belittle or hurt that is received by an individual. The *mediating variable* that was examined is each parent's degree of depression symptoms. Depression symptoms were measured based on each parent's report of his or her current symptoms of depression. Symptoms included in the definition of depression include those

involving emotion (e.g., low mood, irritability), cognition (e.g., suicidal thoughts, guilt, self-criticism, hopelessness), physiological processes (e.g., sleep disturbance, loss of appetite), and behavior (e.g., social withdrawal).

The *dependent variables* in this study were dimensions of parenting behavior. According to previous research, “further study is warranted to investigate the effects of marital violence on specific dimensions of parenting and to examine the potential variables mediating those relationships” (Huang et al., 2010, p. 1322). For the purposes of this study, parenting behaviors were defined using three of Baumrind’s (1971) parenting dimensions that are widely studied in the parenting literature: authoritative, authoritarian, and permissive parenting. Authoritative parenting involves monitoring and controlling behaviors, in combination with support, warmth and respect for the child’s point of view, authoritarian parenting is defined by control and pressure for compliance, along with physical punishment, and permissive parenting is characterized by passive behavior and a lack of control toward the child, combined with warmth (Baumrind, 1971).

Although the majority of prior studies on partner aggression and parenting have focused on more specific parenting behaviors (e.g., spanking, warmth), this study used these broader parenting categories in an attempt to better understand the relationship between partner aggression and theoretically based and well-researched dimensions of parenting. One prior study (Rea & Rossman, 2005) did examine authoritative, authoritarian, and permissive parenting as a function of women’s battering experiences. The researchers found that battered women exhibited higher levels of permissive and authoritarian parenting behavior than non-battered women. The present study expanded

the scope of study to include fathers and focused on the relationship between the amount of *psychological* abuse received and the degrees of authoritative, authoritarian, and permissive parenting styles exhibited.

Hypotheses

Prior research has shown that aggression in couple relationships affects the members' parenting behaviors. Although previous research has not focused on psychological aggression, in some cases it has been studied in combination with physical abuse factors, and the studies have found a significant relationship between being a recipient of partner aggression and engaging in problematic forms of parenting behavior (Levendosky & Graham-Bermann, 2001; O'Campo et al., 2010). These studies have supported the hypothesized spillover effect in which parents who are recipients of partner aggression carry over the stress from the aggression in the form of enacting negative parenting behaviors toward their children. However, the prior studies have examined psychological aggression as a lower level of aggressive behavior along a continuum that defines physical aggression as more severe, and therefore it is important to study the effects of psychological and physical forms of partner aggression separately, as they may have different consequences. Based on previous research, four hypotheses were tested regarding the relationship between parents' received psychological aggression and their parenting behavior. Each hypothesis was tested separately for mothers and for fathers, exploring possible gender differences in correlates of parenting behavior.

The first hypothesis was that there is a positive association between degree of psychological aggression received from one's partner and the level of one's authoritarian parenting behavior. The spillover hypothesis predicts that receiving aggression from a

partner negatively affects a parent's interactions with his or her children. This hypothesis was based on prior findings that women who receive physical aggression from a partner are more likely to exhibit anger and aggressive behavior toward their children (e.g., Levendosky et al., 2006), which is an aspect of authoritarian parenting. Rea and Rossman (2005) also found that mothers who have received physical aggression from their partner tend to use more authoritarian parenting behaviors. Prior studies have not examined this relationship among fathers, but the current study did.

The second hypothesis was that the more psychological aggression a parent receives from his or her partner, the less authoritative parenting behavior the parent exhibits toward his or her children. Research has shown that mothers who receive psychological aggression from a partner are less likely to be warm and supportive toward their children (Levendosky & Graham-Bermann, 2001; Levendosky et al., 2006; Renner, 2009; Robinson, 2004), which is an important aspect of authoritative parenting. Furthermore, authoritative parenting also includes high levels of monitoring and control, although relatively low coercion. Cooper (2002) found that mothers who were physically abused by their partners tend to use less control and monitor their children less. The studies did not examine this relationship among fathers and did not assess psychological aggression separately from physical aggression, but the current study did this.

The third hypothesis was that the more psychological aggression a parent receives from his or her partner, the more permissive his or her parenting behavior is. Rea and Rossman (2005) found that battered women scored high on measures of permissive parenting. It was hypothesized that this will also be true for psychological aggression, and for fathers as well as for mothers.

The fourth hypothesis was that the relationships between received psychological aggression and the three forms of parenting behaviors will be partially mediated by level of depression symptoms in the parent who received the partner aggression. Prior research has shown a significant relationship between marital violence victimization and depression symptoms, and that depressed mothers are more likely than non-depressed mothers to use harsh parenting behavior toward their children, suggesting that depression may be a mediating pathway between received aggression and parenting behavior (Huang et al., 2010; Levendosky & Graham-Bermann, 2001; Levendosky et al., 2006; Linville et al., 2010; O'Campo et al., 2010; Turney, 2011). Although depression has consistently been shown to be related to both marital violence and parenting behaviors, in the present study it was not expected to account for the entire association between partner aggression and parenting, because when controlling for depression, partner aggression still has been found to have a significant relationship with parenting (Huang et al., 2010; Levendosky et al.). In this study it was expected that the spillover effect of partner aggression on parenting likely involves depression symptoms in the recipient of aggression, but it also may involve other types of responses that compromise effective parenting, such as irritability and anxiety.

In addition to the above hypotheses, this study explored a *research question* regarding possible gender differences in relationships among the variables of psychological partner aggression that is received, depression, and parenting behavior. The research question was: Are there differences between mothers and fathers in the associations among partner aggression received, depression, and parenting behavior?

Chapter 3: Methodology

Method

Participants

The sample for this study consisted of 138 heterosexual couples who sought couple therapy at the University of Maryland, College Park's Center for Healthy Families and who completed a standard pre-therapy assessment. The Center for Healthy Families (CHF) is a therapy training clinic for graduate students enrolled in a nationally accredited master's degree program in couple and family therapy, and it provides clinical services for a diverse population of families, couples, and individuals in the communities surrounding the University of Maryland. The sample was 45.7% African American, 34.1% White, 10.9% Hispanic, 3.6% Asian American, and 5% other or multi-racial (See Table 3-1). There was diversity in the sample regarding the number of children living in the couples' homes, partners' education levels, income, and length of relationship (See Tables 3-2 and 3-3).

The CHF provides low cost therapy based on a sliding fee scale for families, couples and individuals. Those seeking either couple or family therapy were included in this study, as long as both members of the couple were participating in treatment and therefore completed pre-therapy assessment packets. Couples experiencing partner aggression at levels that could be considered dangerous for couple therapy were excluded from couple treatment at the CHF and therefore from this study. For the present study, only couples who are parents were included, in order to analyze parenting behaviors.

Table 3-1a: Race of Female Participants

Race	Frequency	Percent
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African American	63	45.7
White	47	34.1
Hispanic	15	10.9
Asian/Pacific Islander	5	3.6
Other/Multi-Racial	7	5

Table 3-1b: Race of Male Participants

Race	Frequency	Percent
African American	69	50
White	37	26.8
Hispanic	13	9.4
Asian/Pacific Islander	5	3.6
Other/Multi-Racial	10	7.2

Table 3-2a: Highest Level of Education for Female Participants

Highest Level of Education	Frequency	Percent
Some High School	8	5.8
High School Diploma	21	15.2
Some College	45	32.6
Associate Degree	17	12.3
Bachelor's Degree	14	10.1
Some Graduate Education	14	10.1
Master's Degree	10	7.2

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Doctoral Degree	6	4.3
Trade School	3	2.2

Table 3-2b: Highest Level of Education for Male Participants

Highest Level of Education	Frequency	Percent
Some High School	13	9.4
High School Diploma	31	22.5
Some College	34	24.6
Associate Degree	15	10.9
Bachelor's Degree	12	8.7
Some Graduate Education	11	8.0
Master's Degree	7	5.1
Doctoral Degree	11	8.0
Trade School	4	2.9

Table 3-3a: Demographic Characteristics of the Female Participants

	Mean	Median	Mode	Standard Deviation	Minimum	Maximum
Client's Age	37.43	38	39	8.652	23	82
Personal Yearly Income (in thousands of dollars)	34,859	31,500	0	28,289	0	180,000
Years Together	10.2	9	8	7	1	31
Number of Children in the	1.96	2	2	1.05	0	6

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Household						
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Table 3-3b: Demographic Characteristics of the Male Participants

	Mean	Median	Mode	Standard Deviation	Minimum	Maximum
Client's Age	40.51	39	39	8.652	18	63
Personal Yearly Income (in dollars)	46,048	41,750	0	31,280	0	180,000
Years Together	10.2	9	8	7.03	1	32
Number of Children in the Household	1.85	2	2	1.127	0	6

Procedure

This study involved secondary analyses of data previously collected through the routine pre-therapy assessment procedure of the University of Maryland's Center for Healthy Families (CHF). Clients seeking couple therapy at the CHF complete an initial intake interview over the phone, in which they answer questions about themselves and their partner, and their reasons for seeking therapy. The couples are subsequently assigned to graduate student co-therapists at a weekly staff meeting, and the assigned therapists call the couple to schedule their first assessment appointment. All of the data that were used in the current study were gathered by the CHF therapists from members of couples before they began their treatment at the clinic. Although the CHF also offers individual therapy, only those seeking couple or family therapy were included in this study, due for the need to analyze both members of the couples' responses.

During the assessment session, therapists inform clients of the procedures of the clinic, and then review a consent form that outlines confidentiality procedures as well as a fee payment agreement with clients. The couple's therapists then administer the partners a packet of self-report questionnaires. Members of the couple are separated to fill out the forms, and informed that their answers will be kept confidential. The Conflicts Tactics Scale Revised, Beck Depression Inventory and Parenting Practices Questionnaire (all described in the Measures section) that were used in this study were all part of the pre-therapy assessment packet. Although only the Conflict Tactics Scale-Revised Psychological Aggression Subscale (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996) was used for analyses in this study, the assessment also measures sexual and physical forms of partner aggression that have occurred within the past four months. Couples who reported severe physical aggression, defined as physical violence that caused serious physical harm and was appropriate for seeking medical attention (e.g., punching a partner, beating up a partner, causing a sprain, breaking a partner's bone) were excluded from conjoint couple therapy at the CHF, and therefore from this study. These exclusion criteria were considered essential because joint therapy was considered a potential risk for further damaging violence in the relationship.

Measures

In order to measure the construct of psychological aggression, partners' scores on the Conflict Tactics Scale-Revised Psychological Aggression Subscale (CTS2; Straus et al., 1996), which is administered by therapists during the initial assessment procedures at the CHF, were used. The CTS2 consists of 39 pairs of self-report items that measure verbal, psychological, physical forms of partner aggression that have occurred within the

past four months. In order to assess psychological aggression, the current study only used the psychological aggression subscale, which consists of 8 pairs of self-report items, aimed to assess the level at which an individual attempts to belittle or non-physically hurt one's partner. Each pair of the items has two parts: one for aggressive acts that the respondent perpetrated and one for such acts that he or she received from the partner. For the present study, psychological aggression was measured using the average of the two partners' scores regarding how much aggressive behavior was received by a person (i.e., abuse received by partner A is the average of aggression that partner A reports receiving from partner B, and the amount of aggression that partner B says that she or he directed toward partner A). This procedure is commonly used for assessing aggression in couple relationships because it takes into account tendencies that some partners have to minimize or maximize the severity of aggression perpetrated by the self or partner. Individuals respond to the CTS2 items with an ordinal scale that has response choices ranging from "never in the past four months" to "20 or more". There is also an option for "never in the relationship." The total CTS2 Psychological Aggression Subscale score is the sum of each partner's answers, which may range from 0 to 48, in which higher scores indicate greater use of psychologically aggressive behaviors within the past four months. Prior research on the CTS2 demonstrated that the Psychological Aggression Subscale is a valid and reliable measure. Previous studies found that the subscale has a moderately high Cronbach alpha of .78 (victimization) and .75 (perpetration) (Yun, 2011). The current sample found a Cronbach alpha of .86 for females and .87 for males. Question numbers 5, 6, 25, 26, 29, 30, 35, 36, 49, 50, 65, 66, 67, 68, 69, and 70 were included on

the psychological aggression subscale of the CTS2. (See Appendix A for a copy of the measure.)

In order to measure parenting behavior, data were drawn from the partners' scores on the Parenting Practices Questionnaire (PPQ; Coolahan, 1997). This instrument is a 62-item self-report questionnaire that has three sub-scales that assess the dimensions of authoritarian, authoritative, and permissive parenting styles, which were used for analyses in this study. The authoritative parenting sub-scale consists of 27 items that assess four dimensions, including warmth, support and involvement, good natured temperament, democratic participation, and reasoning/induction. The authoritarian parenting sub-scale consists of 20 items that assess corporal punishment, directiveness, verbal hostility, and non-reasoning punitive strategies. Finally, the permissive parenting sub-scale has 15 items that assess lack of follow through, lack of parenting self-confidence, and ignoring of misbehavior (Robinson, Mandleco, & Olsen, 1995). A parent uses the Likert-type response scale to report the degree to which he or she uses a particular parenting behavior. Response choices are "never", "once in a while", "about half the time", "very often," and "always". Subscale total scores are computed, based on a response of "never" receiving a score of zero, "once in a while" a score of one, "about half the time" a score of two, "very often" a score of three, and "always" a score of 4. A total score for each subscale (authoritative, authoritarian, and permissive parenting) is calculated. The PPQ provides a separate score for each parenting style, with the higher score on each scale representing greater use of the style (Robinson et al., 1995). The PPQ has been found to be an appropriate measure to use with both mothers and fathers of 4-17 year-old children (Robinson et al., 1995). Previous studies of reliability of the PPQ have

found each subscale to have a high internal consistency, with a Cronbach alpha of .91 (authoritative), .86 (authoritarian), and .75 (permissive) (Robinson et al., 1995). The current sample revealed similar Cronbach alphas for authoritarian and authoritative subscales, with Cronbach alpha of .91 (fathers' authoritative), .74 (mothers' authoritative), .74 (fathers' authoritarian), .83 (mothers' authoritarian). However, it should be noted that the permissive subscale of the current sample had a low internal consistency, with a Cronbach alpha .5 for both mothers and fathers (See Appendix B for a copy of the measure).

Depression symptoms were measured by each parent's reports on the Beck Depression Inventory (BDI; Beck, Ward, Meldelson, Mock, & Erbaugh; 1961), with higher scores indicating higher levels of depression. A score of 14 or higher on the BDI indicates clinical depression, but the scale typically is used to assess a continuum of depression severity, and it was used in that manner in the present study. The BDI assesses 21 symptoms such as mood, pessimism, irritability, lack of satisfaction, guilt feelings, and sense of punishment. A review of psychometric properties of the BDI found it to have a high internal consistency, with a Cronbach alpha of .88 (Beck, Steer, & Garbin, 1988), demonstrating the appropriate use of all of the items on the measure to calculate a total score representing the degree of depression. The current sample had a Cronbach alpha of .89 for females and .84 for males (See Appendix C for a copy of the measure.)

Chapter IV: Results

Descriptive Findings for the Measures

Participants' mean total scores on the psychological aggression subscale of the Conflict Tactics Scale - Revised were 7.98 (SD = 6.54) for women and 7.88 (SD = 6.65) for men. The range of scores was from 0 to 29.5 for women and 0 to 28 for men. Overall, many of the couples reported relatively low levels of psychological aggression, with 9.4% of women and 10.9 % of men reporting no psychological aggression in the past 4 months, and 30.7% of women and 31.9% of men reporting 3 or less acts of psychological aggression in the past 4 months (See Tables 4-1a & b).

Each participant's scores on the three subscales of the Parenting Practices Questionnaire (PPQ) were totaled to determine their level of authoritarian, authoritative, and permissive parenting. Scores on the subscale for authoritarian parenting can range from 20-100, but for this sample the range of scores among mothers was 29-77, with a mean of 42.47 (SD = 9.40). For fathers, there was a range of 25-63, with a mean of 41.02 (SD = 8.28). The subscale for authoritative parenting had a possible range of scores from 27 to 135. For this sample, the range of scores for mothers was 68-133, with a mean of 109.08 (SD = 12.68), and the range of scores for fathers was 49-130, with a mean of 103.22 (SD = 15.11). For the permissive parenting subscale, the possible range of scores was 15-60. Mothers had a range of 22-46, with a mean of 31.6 (SD = 4.59), and fathers had a range of 19-47, with a mean of 31.1 (SD = 5.73) (See Tables 4-1a & b).

On the Beck Depression Inventory (BDI), the range of possible scores is 0-63. In the current sample, the mean for mothers was 13.12 (SD = 9.67), and the mean for fathers

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was 8.05 (SD = 6.51). Given that a score between 9 and 15 on the BDI is considered an indication of mild depression, the present sample had varying levels of depression but on average was mildly depressed (See Table 4-1a & b).

Table 4-1a: Descriptive Statistics on Measures for Females

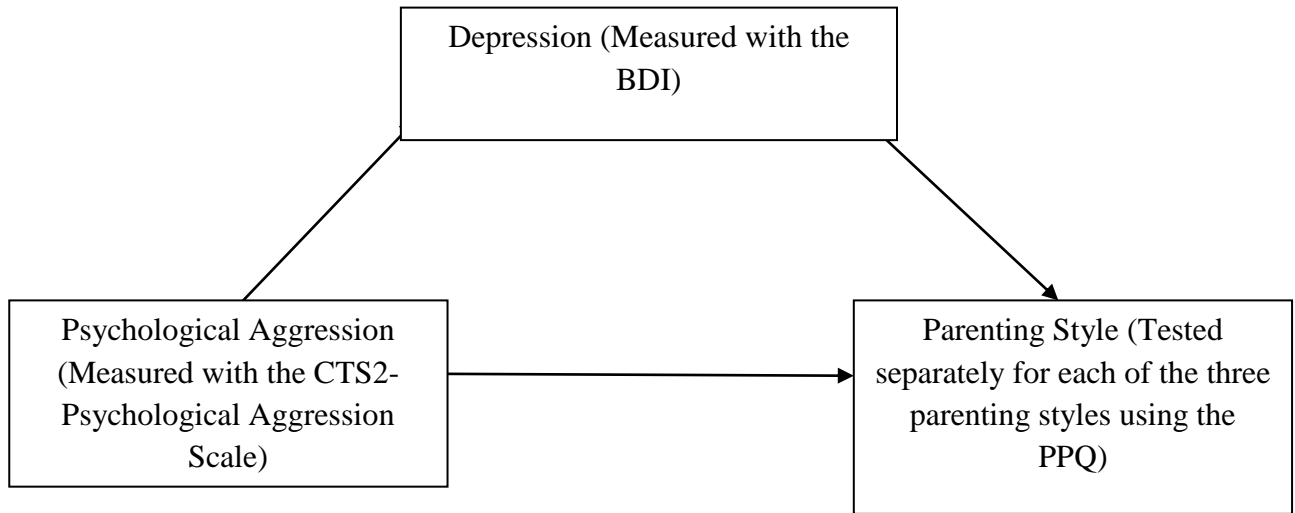
Measure	N	Minimum	Maximum	Mean	Standard Deviation
CTS-2	127	0	29.5	8.37	8.20
BDI	126	0	41	13.12	9.67
Authoritarian Subscale- PPQ	120	28	77	42.47	9.40
Authoritative Subscale- PPQ	131	68	143.00	109.08	12.68
Permissive Subscale- PPQ	131	22	46	31.60	4.59

Table 4-1b: Descriptive Statistics on Measures for Males

Measure	N	Minimum	Maximum	Mean	Standard Deviation
CTS-2	127	0	28	7.88	6.65
BDI	133	0	31	8.04	6.51
Authoritarian Subscale-PPQ	127	25	63	41.02	8.28
Authoritative Subscale- PPQ	129	49	130	103.22	15.12
Permissive Subscale- PPQ	127	19	47	31.11	5.74

Tests of Hypotheses and Research Question:

Figure IV: 1



The following are the descriptions and results of the statistical analyses used to test the hypotheses. Pearson correlations and partial correlations were employed to test each hypothesis. Each hypothesis is re-stated, and then the results are described.

Hypothesis 1:

There is a positive association between the degree of psychological aggression received from one's partner and the level of one's authoritarian parenting behavior.

Pearson correlations were used to determine the direction and strength of the association between psychological aggression and authoritarian parenting practices, separately for mothers and fathers. The tests were one-tailed because the hypothesis was directional. The correlation between mothers' received psychological aggression and their PPQ-Authoritarian subscale scores was not significant ($r = .138, p = .074$). However, there was a significant relationship between fathers' received psychological aggression and their PPQ-Authoritarian subscale scores ($r = .226, p = .007$). Thus, the

results supported the hypothesis for fathers, but not for mothers, although the finding for mothers was a trend ($< .10$). For fathers, the higher the level of psychological aggression received, the higher the level of authoritarian parenting practices that they reported using (see Tables 4.2 a & b).

Hypothesis 2:

The more psychological aggression a parent receives from his or her partner, the less authoritative parenting behavior the parent exhibits toward his or her children.

Pearson correlations were used to determine the direction and strength of the relationship between psychological aggression and authoritative parenting practices, separately for mothers and fathers. The tests were one-tailed because the hypothesis was directional. There was no significant relationship between psychological aggression and authoritative parenting either for mothers ($r = .079, p = .196$), or fathers ($r = -.099, p = .140$). The results did not support the hypothesis (see Tables 4.2 a & b).

Hypothesis 3:

The more psychological aggression a parent receives from his or her partner, the more permissive his or her parenting behavior is.

Pearson correlations were used to determine the direction and strength of the association between psychological aggression and permissive parenting practices, separately for mothers and fathers. The tests were one-tailed because the hypothesis was directional. There was no significant relationship between psychological aggression and permissive parenting for either mothers ($r = .083, p = .181$), or fathers ($r = .105, p = .140$). The results did not support the hypothesis (see Table 4.2 a & b).

Table 4.2a: Relationship between Mothers' Received Aggression and Their Parenting Styles

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Parenting Style	Correlation with Received Aggression	<i>p</i>
Authoritarian	.138	.074
Authoritative	.079	.196
Permissive	.083	.181

Note: 1-tailed tests.

Table 4.2b: Relationship between Fathers' Received Aggression and Their Parenting Styles

Parenting Style	Correlation with Received Aggression	<i>p</i>
Authoritarian	.226**	.007
Authoritative	.105	.124
Permissive	-.099	.140

Note: 1-tailed tests.

Hypothesis 4:

The relationships between received psychological aggression and the three forms of parenting behaviors are partially mediated by depression in the parent who received the partner aggression.

This hypothesis was tested with a partial correlation between psychological aggression and parenting practices, controlling for the parent's depression. First Pearson correlations were computed between received psychological aggression and depression, as well as between depression and level of each parenting style. Finally, a partial correlation was computed between psychological aggression and each parenting style while controlling for depression. The predictor variable was psychological abuse, measured with the CTS-2, and the mediating variable was depression, measured using the BDI. A variable can, "function as a mediator to the extent that it accounts for the relation between the predictor and the criterion", and the mediator speaks to "how and why such

effects (between the predictor and criterion variables) occur” (Baron & Kenny, 1999, p. 1176). In order to be considered a full mediator variable, certain conditions must be met: (a) variations in the independent variable (couple relationship psychological aggression) must account for variations in the mediator (depression), (b) variations in the mediator (depression) significantly account for variations in the criterion variable (parenting style) and (c) when controlling for the previous two paths (couple relationship psychological aggression on depression, and depression on parenting style), the independent variable (psychological aggression) is no longer significantly related to the dependent variable (parenting style). Because the relationship between psychological aggression in the couple relationship was still expected to be significantly related to parenting style when controlling for depression, criterion c would not be met, and therefore, depression was only expected to be a partial mediator of the relationship. The criterion variables were the three different parenting styles, authoritarian, authoritative, and permissive parenting, measured using the PPQ.

It is important to note that the previous Pearson correlations only indicated a significant association between received aggression and parenting for the authoritarian style. Thus, for the authoritative and permissive styles there was no association for depression to mediate. However, this investigator still conducted the partial correlation analyses for all three parenting styles, because the investigator was interested in exploring how controlling for depression might affect the relationships between received aggression and parenting.

The partial correlations were conducted separately for mothers and for fathers. When controlling for depression, there was a significant ($p = .023$) partial correlation of

.193 between fathers' received psychological aggression and their use of authoritarian parenting. The relationship between received aggression and authoritarian parenting was somewhat lower and has a lower significance level when controlling for depression, although the association remains significant, indicating that the relationship is partially mediated by fathers' depression symptoms. Therefore hypothesis 4 is supported in the case of authoritarian parenting for fathers (see Table 4.3 a).

It is interesting to note that whereas the association between mothers' received aggression and their level of authoritarian parenting behavior reached the level of a non-significant trend ($p = .074$), when mothers' depression was controlled, the relationship between psychological aggression received by mothers and their authoritarian parenting was .193, with a significance level of .029. Therefore, when controlling for depression, the relationship between received psychological aggression and authoritarian parenting practices actually becomes stronger (see Table 4-3b). None of the other partial correlations reached significance.

Table 4-3a:

Partial Correlations between Mothers' Received Aggression and Their Parenting Styles When Controlling For Depression

Parenting Style	Partial Correlation with Received Aggression	p
Authoritarian	.193**	.029
Authoritative	.079	.220
Permissive	.008	.467

Note: tests were 1-tailed.

Table 4-3b:

Partial Correlations between Fathers' Received Aggression and Their Parenting Styles When Controlling For Depression

Parenting Style	Partial Correlation with Received Aggression	p
Authoritarian	.193**	.023

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Authoritative	-.044	.327
Permissive	-.088	.184

Note: tests were 1-tailed.

Research Question

In addition to the above hypotheses, this study explored the following *research question: Are there differences between mothers and fathers in the associations among partner aggression received, depression, and parenting behavior?*

In order to test this research question, separate analyses were conducted for men and for women throughout the data analyses. Because there was no significant relationship found for either gender between psychological aggression received and permissive or authoritative parenting, there was no gender difference found for those variables. However, for the relationship between psychological aggression and authoritarian parenting, when depression was not controlled, only fathers showed a significant relationship between psychological aggression and authoritarian parenting. Although there is a difference in that received aggression is significantly related to authoritarian parenting for fathers but not for mothers, it should be noted that when a test for the difference between two correlations test was computed, the difference was not significant ($z = .75, p = .23$). Therefore, received psychological aggression is significantly related to fathers' authoritarian parenting behaviors, but not to mothers' authoritarian parenting. However, there *is no significant difference* between genders in the relationship between received aggression and any form of parenting.

When depression was controlled, the partial correlations between received aggression and authoritarian parenting were .193 and significant for both mothers and fathers. Controlling for gender had the opposite effect for mothers and fathers, making

the relationship between psychological aggression and authoritarian parenting weaker for fathers, but stronger for mothers (see Table 4-4a).

Furthermore, although this study was not primarily focused on the relationship between depression and parenting, the analyses revealed significant relationships between depression and each of the parenting dimensions for fathers: $r = -.149$ ($p = .048$) for authoritative parenting, $r = .211$ ($p = .010$) for authoritarian parenting, and $r = .319$ ($p < .001$) for permissive parenting. For females, there were no significant relationships between *any of the parenting dimensions* and depression. Therefore, there seems to be a gender difference in the relationship between depression and parenting, in that father's depression significantly relates to each type of parenting style, whereas mother's depression does not (see Table 4-4b). However, this gender difference was only statistically *significant* for permissive parenting behaviors ($z = -1.7$, $p = .044$). There was not a significant difference between the correlations for mothers and fathers for either authoritarian ($z = -0.12$, $p = .125$) or authoritative ($z = 1.37$, $p = .085$) parenting behaviors.

Table 4-4a:

Relationship between Mothers' Depression and Parenting Styles:

Parenting Style	Correlation with Depression Level	p
Authoritarian	.072	.228
Authoritative	.015	.435
Permissive	.123	.091

Note: tests were 1-tailed.

Table 4-4b:

Relationship between Fathers' Depression and Parenting Styles:

Parenting Style	Correlation with Depression Level	p
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Authoritarian	.211	.010
Authoritative	-.149	.048
Permissive	.319	.000

Note: tests were 1-tailed.

Chapter V: Discussion

This study was undertaken in an attempt to better understand the relationship between experienced intimate partner psychological aggression and the partners' parenting styles. Knowledge about the relationship between psychological aggression and parenting is important due to the fact that previous research indicated that physical aggression has a negative effect on mothering, but the effect of psychological aggression on fathering has been ignored. This study was conducted to enlighten clinicians and researchers about the implications that negative intimate partner interactions may have for parenting styles, and possibly in turn for the well-being of the couple's children. It was expected that higher levels of psychological aggression would be associated with more negative parenting behavior, such as higher levels of authoritarian and permissive parenting, as well as lower levels of authoritative parenting.

Summary of Findings

Table 5-1 summarizes the findings regarding the study's hypotheses.

Table 5-1: Findings Regarding the Hypotheses

Hypothesis	Men	Women
1. There will be a positive association between degree of psychological aggression received from one's partner and the level of one's authoritarian parenting behavior.	Supported	Not Supported
2. The more psychological aggression a parent receives from his or her partner, the less authoritative parenting behavior the parent will exhibit toward his or her children.	Not Supported	Not Supported
3. The more psychological aggression a parent receives from his or her partner, the more permissive his or her parenting behavior will be.	Not Supported	Not Supported
4. The relationships between received psychological	Supported,	Partially

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aggression and the three forms of parenting behaviors will be partially mediated by depression in the parent who received the partner aggression.	for authoritarian parenting	supported, such that controlling for depression makes the relationship between received aggression and authoritarian parenting significant
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The first hypothesis, that there would be a positive association between degree of psychological aggression received from one's partner and the level of one's authoritarian parenting behavior, was supported for fathers but not for mothers. These results suggest that when a father is subjected to psychological aggression from his partner, he tends to be more authoritarian in his parenting, meaning he uses harsh punishments and little negotiation, a finding that is consistent with the "spillover" hypothesis that conflict and distress in the couple relationship affects the quality of parents' relationships with their children. Because the data for this study were cross-sectional, it is important to be cautious in making causal inferences regarding any of the findings (e.g., that received partner aggression leads to more authoritarian parenting), but the present results at least suggest that negative interactions in the two different family subsystems (couple and parent-child) commonly co-exist.

The finding that the amount of psychological partner aggression received by mothers is not significantly associated with mothers' levels of authoritarian parenting behavior is counter to the spillover hypothesis. Thus, at least in the areas of family

interaction assessed in the present study, for mothers the negativity in one of their family relationships (the marriage) is independent of how they interact with their children.

However, when mothers' levels of depression symptoms were controlled, the amount of psychological partner aggression that mothers received *was* significantly associated with their authoritarian parenting behavior. This may indicate that for women depression symptoms can mask the association between distress resulting from aggression in the couple relationship and mothers' use of authoritarian parenting.

The second hypothesis, that the more psychological aggression a parent receives from his or her partner, the less authoritative parenting behavior the parent exhibits toward his or her children, was not supported for either mothers or fathers. Authoritative parenting has been defined as holding high expectations for children, with clear rules, while also being nurturing and supportive. The results of this study suggest that the degrees of authoritative parenting behaviors that mothers and fathers use are independent of their personal experiences with psychological partner aggression within their couple relationships.

The third hypothesis, which stated that the more psychological aggression a parent receives from his or her partner, the more permissive his or her parenting behavior is, also was not supported by the results. Permissive parenting has been defined as being nurturing for one's children, but lacking rules and structure. The results of this study suggest that the amounts of psychological aggression that parents receive from their partners are unrelated to their use of permissive parenting. Thus, taking the three types of parenting into account, the findings indicated that receiving psychological aggression in one's couple relationship is associated with individuals' use of the aggressive form of

parenting (authoritarian) but not the two forms that are non-aggressive (authoritative and permissive).

Hypothesis four predicted a mediating effect of depression in the associations that were hypothesized between receiving psychological partner aggression and engaging in degrees of the three forms of parenting behavior. Although no mediation relationship was found for permissive or authoritative parenting for fathers or mothers, the results supported this hypothesis for fathers' use of authoritarian parenting. When controlling for depression, the relationship between received psychological aggression and authoritarian fathering became somewhat weaker, with the original Pearson correlation being .226 between received psychological aggression and degree of authoritarian parenting, but the partial correlation being .193 when controlling for fathers' level of depression symptoms. This finding indicates a tendency toward support for the hypothesis that depression would *partially* mediate the relationship between received aggression and authoritarian parenting, such that the relationship between authoritarian parenting and received psychological aggression was smaller but still significant when controlling for depression. However, this difference indicating mediation was minimal and not significant.

The test of hypothesis four for mothers yielded an unexpected and interesting result, in that whereas the relationship between received partner psychological aggression and authoritarian parenting was not significant for the Pearson correlation ($r = .138$, $p = .074$), when the level of mothers' depression symptoms was controlled for, the partial correlation between psychological aggression received by mothers and their authoritarian parenting was .193, with a significance level of .029. Therefore, when controlling for

depression, the relationship between received psychological aggression and authoritative parenting practices actually became stronger. When holding depression constant, a higher level of psychological aggression significantly predicts greater use of authoritarian parenting (strict rules and harsh punishment).

Exploration of Gender Differences in Associations among Received Psychological Aggression, Depression Symptoms, and Parenting Behavior

In addition to testing the specific hypotheses, this study also explored a *research question* that examined whether there are differences between mothers and fathers in the associations among partner aggression received, depression, and parenting behavior. There were no gender differences in the associations found between psychological aggression received and permissive or authoritative parenting. However, there was a gender difference for the relationship between received psychological aggression and authoritarian parenting, such that only fathers showed a significant relationship. These results suggest that fathers who experienced more psychological partner aggression would have a tendency to use more harsh punishments with their children and have strict rules, whereas there is no relationship between the amount of aggression received and authoritarian parenting behaviors enacted for mothers. As noted above, when level of depression symptoms was controlled, the association between received psychological aggression and authoritarian parenting tended to decrease among fathers but increase among mothers. Thus, depression appears to have opposite effects on the “spillover” process between received aggression and authoritarian parenting for fathers and mothers. Whereas the effect of depression for fathers tends to fit the standard criteria used to identify mediation (*weakening* the association between received aggression and

authoritarian parenting), the *enhancing* effect of controlling for depression among mothers suggests that among mothers the association between depression symptoms and received aggression and/or authoritarian parenting tends to mask a relationship between received aggression and harsh parenting. Depression was not a mediator in the traditional sense between received psychological aggression and authoritarian parenting among mothers, but it did affect that relationship in an important way.

There also was evidence of a gender difference in the relationship between level of depression symptoms and parenting styles, in that there was a significant correlation between depression and all three parenting dimensions for fathers but *no* significant correlation between depression and any of the three parenting dimensions for mothers. Among fathers the level of depression was significantly associated with less authoritative parenting behavior, as well as more authoritarian *and* permissive parenting, whereas mothers' depression was not significantly related to any of the parenting dimensions. However, the correlation test showed that this difference was only *significant* for permissive parenting, meaning that when depressed, fathers are significantly more likely to use permissive parenting behaviors than mothers who are depressed. Although the other parenting dimensions did not show a *significant* difference, it should still be noted that depression in fathers was significantly related to each parenting dimension, whereas depression in mothers was not related to any.

Understanding the Results within the Context of Previous Literature

Previous research found that partner aggression can have a direct effect on a parent's ability to parent (Erel & Burman, 1995; Huang et al. 2010; Katz, 1996; Levendosky et al., 2006; Robinson, 2004), although the research focused on mothers'

parenting, ignoring fathering almost completely, as well as focused almost exclusively on physical aggression. This process, consistent with the ecological theory of family functioning, has been labeled “spillover,” in which the “effect experienced or expressed in one relationship system can be transferred or carried over to another relationship system” (Cox, Pailey, & Harter, 2001, p. 250). The intent of this study was to determine if the spillover effect also applied to psychological aggression, as well as to fathering. To begin with psychological aggression, it seems that the only parenting dimension affected by received psychological aggression was authoritarian parenting. In the frame of the spillover hypothesis, this would suggest that the psychological aggression received by a parent within the couple relationship would have an effect on the parent-child relationship as well, causing a parent to use harsher punishments and more strict and non-negotiable rules. This study’s finding suggests that the spillover exclusively involved aggression in one family subsystem being associated with aggression in another family subsystem. The spillover did not generalize to victimized parents also using less positive authoritative parenting practices or more permissive parenting techniques (both of which are *non-aggressive* approaches). Although previous literature did find a relationship between receiving partner aggression and engaging in both authoritative and permissive parenting styles (Rea & Rossman, 2005), and this study did not, it is possible that *psychological* partner aggression does not have the same impact on parenting as does *physical* aggression, as the Rea and Rossman study looked at a sample of “shelter-battered women” who sought refuge from their severely physically abusive husbands. The present sample was derived from an outpatient couple and family therapy clinic that screens out battering cases from conjoint therapy. Even though prior research has

indicated that psychological partner aggression has many comparable negative effects on victims as physical aggression does, this study suggests that the effects on authoritative and permissive forms of parenting may be minimal. There is prior empirical evidence that levels of positive and negative behavior in couple and family relationships are fairly independent of each other (Epstein & Baucom, 2002), so it is possible that as long as the partner psychological aggression is not too traumatizing, it may have little effect on positive forms of parenting behavior.

The other intent of this study was to attend to previously ignored fathering behaviors, when previous literature had almost exclusively focused on the relationship between partner aggression and mothering. Results of this study showed that received psychological partner aggression actually had a greater association with parenting behavior for fathers than it had for mothers, at least with the direct relationships demonstrated by the original Pearson correlations. For mothers a relationship between received aggression and authoritarian parenting only became significant when controlling for mothers' depression symptoms. Although previous literature had not looked at a gender difference in the effect of partner aggression on parenting, Erel and Burman's (1995) meta-analysis examining the relationship between *marital quality* and parenting found evidence that the relationship is moderated by gender, such that both fathers' and mothers' parenting behaviors are affected by marital conflict, *but fathers are affected more*. The authors hypothesized that this could be due to males being less socialized in the care-giving role and therefore being in need of more support from their partner. This explanation could also account for the findings of the present study, in that received psychological aggression more negatively affects fathers than mothers. It may also

explain why fathers' depression level was significantly associated with each of the three forms of their parenting behavior, but mothers' depression was unrelated to their parenting (within the larger context of this being a clinic sample in which members of couples reported relatively low mean levels of physical aggression and depression).

Furthermore, looking specifically at the mediating effect of depression, depression seems to shape the spillover differently by gender. For men, when depression is reduced, they use less authoritarian parenting behaviors. This suggests that the depression agitates the effects of psychological aggression, causing a father who is depressed to be more affected by aggression. However, for mothers, when their depression is controlled for, they use more authoritarian behaviors. This may suggest that when undergoing psychological aggression the depression causes mothers to disconnect, but once they are able to manage their depression, they are more responsive to the psychological aggression they are undergoing, and therefore act out with more authoritarian parenting.

Limitations of the Study

This study was limited in several ways. First, the data utilized in this study were gathered from a clinic sample. It is unknown whether the relationships observed would also be seen in non-clinical couples. Further, couples who reported a high level of physical aggression were excluded from the study due to the dangers involved in being treated together in couple therapy. Couples were also excluded as participants if they reported via their telephone intake interview that there was a current threat of suicide, or homicide, or if they reported that there was a current untreated issue with drug or alcohol

use. Also, this sample was fairly small ($n = 138$ couples), so it may be that with a larger sample there would have been greater statistical power for detecting effects.

Second, this study was cross-sectional, and one must be cautious not to make assumptions about causal directions when examining associations found among the variables. Thus, the association between greater received partner psychological aggression and greater use of authoritarian parenting approaches may not be due to received aggression leading to the harsh parenting. There is the possibility of the relationship being the other direction, meaning that authoritarian parenting could actually be causing more aggression in the couple relationship. Also, there is the possibility of a third variable, such as individual characteristics, causing both aggression in the couple relationship *and* authoritarian parenting. All of these uncertainties are due to the correlational design of this study, and result in the inability to make causal conclusions.

Third, there are several limitations associated with the self-report measures used to assess the study's variables. All of the assessments used for the purposes of this study involved self-report. It is possible that clients presented biased responses for a variety of reasons, such as social-desirability bias, which causes a participant to present oneself in a favorable light. This could involve reporting more acceptable and favorable parenting practices, less conflict in the couple relationship, and less severe depression symptoms. Therefore, reliance on self-report assessment methods of data collection may underestimate the degrees of negative functioning actually present in the sample.

Also, in the current study the Beck Depression Inventory (Beck et al., 1961) was the only measure used to assess depression symptoms. Previous research has found that there is a gender difference in the experience of depression; several researchers noted that

measures of depression tend to capture primarily the female experience of depression. For example, Boughton and Street (2007) state that the questions used in their study to assess depression may reflect too narrow a definition of depression, failing to include symptoms often associated with depression in men, such as excessive alcohol use and anger. It may be important to broaden the depression measures used in studies such as the present one, to ensure that both genders' experiences of depression are measured.

Furthermore, the current study used the psychological aggression subscale of the Conflict Tactics Scale - Revised (CTS2; Straus et al., 1996), because there was an insufficient sized sample of couples in the study who completed the clinic's more extensive measure of psychological aggression, the Multidimensional Measure of Emotional Abuse (MMEA, Murphy & Hoover, 2001) as well as the parenting measure. The CTS2 psychological aggression subscale has only 8 questions (as opposed to 28 on the MMEA) and therefore can detect a limited amount of variability in psychological aggression. Therefore, a broader measure of psychological aggression may be able to better assess a range of psychological aggression, providing a more sensitive measure that may help detect effects in the study. In addition, the sample used in this study reflects a generally low level of psychological aggression. The scale has a possible range of 0-48 but the range of scores in this sample was 0-29.5, with a mean score of 8.37 for women and 7.88 for men. This reflects a low level of psychological aggression, which may be the cause of the inability to find significant relationships for most of the hypotheses, as well as the low magnitudes of the correlations that were significant.

Finally, although previous reviews have found a moderately high internal consistency for the permissive subscale of the PPQ, with a Cronbach alpha of .75

(Robinson et al., 1995), the current sample's internal consistency was low, with a Cronbach alpha of .50 for both males and females. This low internal consistency shows a low reliability for this measure, and therefore should be considered a limitation of this study. This could be the cause of the inability to find many significant relationships with the permissive parenting dimension. Future studies should consider using another measure to better understand the dimension of permissive parenting.

Recommendations for Future Research

To begin, future research on the relationships among partner aggression, depression, and parenting behavior would benefit from the use of broader assessment materials. Another scale of depression that attends more to male expressions of depression would be beneficial in capturing a full range of depression in participants and provide a better test of gender differences. Furthermore, a more extensive scale of psychological aggression, such as Murphy and Hoover's (2001) 28-item self-report Multidimensional Measure of Emotional Abuse would provide more comprehensive assessment of psychological aggression. Considering the low variability and low level of aggression found in the current sample, future studies would greatly benefit from a scale that could both detect more difference between individuals. This would allow for future researchers to investigate the relationship between psychological aggression and parenting more comprehensively. In addition, it would be important to replicate the study with a non-clinical and larger sample, in order to create more generalizability for the study's findings. Specifically, a non-clinical sample may allow for the inclusion of couples who have higher levels of aggression in their relationship, as those engaging in dangerous levels of aggression were excluded from this study. This would also allow for

a sample that may include couples who abuse substances, or who are suicidal, as they were excluded from this study due to danger of seeing these couples in therapy.

This study included analyses that tested models separately for mothers and fathers, which is somewhat contrived, as psychological aggression has been proven to be bi-directional (Cascardi et al., 1992; Snow, 2002; Vickerman & Margolin, 2008), and therefore the amount of psychological aggression one receives from a partner is not independent of the psychological aggression that one directs toward the partner. In the future more complex models involving both parents' received psychological aggression and both partners' parenting behaviors could be tested using data analysis approaches such as structural equation modeling, which take into account the non-independence of data from members of a couple. This would lead to the ability to look at different factors of interaction within the relationship, such as bi-directionality in couples versus one-sided aggression, and the effect of each individuals' parenting styles on one another.

Finally, it would be interesting to look at outcome data regarding the functioning of children who are exposed to psychological aggression in their parents' couple relationships. Previous research showed a relationship between physical abuse received by a parent and the child's outcome behaviors (Huang et al. 2010; Levendosky & Graham-Bermann, 2001; Levendosky et al., 2006; Linville et al., 2010; O'Campo et al., 2010). However, psychological aggression has been almost completely ignored in such investigations, aside from being included in a continuum of aggression, and therefore child outcomes associated with couple psychological aggression have not been analyzed. The present study revealed that there is a relationship between authoritarian fathering and received psychological aggression, so it would be interesting to look at the effect that this

process has on children over the course of their adult lives. Future research could also look at the direct effect of psychological couple aggression on children, with a mediation variable of parenting behavior.

Clinical Implications

Results of the current study suggest that although fathers have been generally ignored in the context of intimate partner aggression, they may actually be influenced more by partner aggression than mothers are. Although this study found no significant direct relationships between psychological aggression received and forms of mothering behavior, the results did show a significant relationship between fathers' received psychological aggression and their fathering behaviors, such that the more psychological aggression a father receives, the more authoritarian parenting behaviors he tends to use. Therefore, clinicians should be cognizant of this relationship, and possibly even use this information in the form of psycho-education with their clients.

Furthermore, depression was related to parenting in several ways. First, depression partially mediated the relationship between fathers' received aggression and their authoritarian parenting, weakening that relationship. In addition, when mothers' depression was controlled statistically, the association between received partner aggression and mothers' authoritarian parenting was significant. Among fathers, depression also was significantly correlated with each of the parenting dimensions. Therefore, clinicians should be aware of the impact that depression may have on their male clients. Working to decrease a father's depression may not only be helpful for the client, but also for his children. Clinicians also may use psycho-education regarding parenting strategies with their clients who are fathers experiencing psychological

aggression and depression, in order to attempt to ameliorate the potentially harmful impact of depression and received psychological aggression on fathers, and possibly in turn reduce negative effects on their children.

The present results regarding the mediating effect of depression on the association between mothers' received psychological aggression and their authoritarian parenting behavior have interesting implications for clinicians. There was no significant direct relationship between received psychological aggression and mothers' authoritarian parenting, but when depression level was controlled there *was* a significant relationship between psychological aggression and mothers' authoritarian parenting behaviors. This suggests that received psychological aggression has the potential to affect mothering behavior, but that mothers' depression symptoms (e.g., sadness, hopelessness, self-criticism, withdrawal) in response to partner aggression may mask or overpower effects on their parenting. This may mean that when an abused mother is able to reduce her depression (perhaps through individual therapy), she may respond more to further partner psychological aggression through more authoritarian parenting behavior. Although this finding is only suggestive, clinicians may want to keep it in mind when working with mothers in psychologically aggressive couple relationships who begin to manage their depression.

Conclusion

Despite the current study's limitations, the relationships found among received psychological aggression, parenting, and the mediating effect of depression provide important knowledge for researchers and clinicians who focus on psychological aggression and parenting. This study has expanded the understanding of aggression and

parenting to include the impact of *psychological aggression*, as well as the impact of aggression and depression on *fathers*. Although the impact of aggression on fathers has been ignored previously, the results of this study clearly show that they should not be overlooked in the future, as fathers may actually be affected more by their mental health and status of their relationship than are mothers. Future research should continue to look at the impact of psychological aggression on parenting, and be expanded to understand the impact on child outcomes.

Appendix A: Conflict Tactics Questionnaire

Revised - For Couples Within Families Only

CTS2

Gender: _____ Date of Birth: _____ Therapist Code _____ Family Code _____

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things **IN THE PAST 4 MONTHS**, and how many times your partner did them in the **IN THE PAST 4 MONTHS**. If you or your partner did not do one of these things in the past 4 months, but it happened before that, circle "0".

How often did this happen?

0 = Not in the past 4 months, but it did happen before

1 = Once in the past 4 months

2 = Twice in the past 4 months

3 = 3-5 times in the past 4 months

4 = 6-10 times in the past 4 months

5 = 11-20 times in the past 4 months

6 = More than 20 times in the past 4 months

9 = This has never happened

	Never
1. I showed my partner I cared even though we disagreed	0 1 2 3 4 5 6 9
2. My partner showed care for me even though we disagreed	0 1 2 3 4 5 6 9
3. I explained my side of a disagreement to my partner	0 1 2 3 4 5 6 9
4. My partner explained his/her side of a disagreement to me	0 1 2 3 4 5 6 9
5. I insulted or swore at my partner	0 1 2 3 4 5 6 9
6. My partner did this to me	0 1 2 3 4 5 6 9
7. I threw something at my partner that could hurt him/her	0 1 2 3 4 5 6 9
8. My partner did this to me	0 1 2 3 4 5 6 9
9. I twisted my partner's arm or hair	0 1 2 3 4 5 6 9
10. My partner did this to me	0 1 2 3 4 5 6 9
11. I had a sprain, bruise, or small cut because of a fight with my partner	0 1 2 3 4 5 6 9
12. My partner had a sprain, bruise, or small cut because of a fight with me	0 1 2 3 4 5 6 9
13. I showed respect for my partner's feelings about an issue	0 1 2 3 4 5 6 9
14. My partner showed respect for my feelings about an issue	0 1 2 3 4 5 6 9
15. I made my partner have sex without a condom	0 1 2 3 4 5 6 9
16. My partner did this to me	0 1 2 3 4 5 6 9
17. I pushed or shoved my partner	0 1 2 3 4 5 6 9
18. My partner did this to me	0 1 2 3 4 5 6 9
19. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex	0 1 2 3 4 5 6 9
20. My partner did this to me	0 1 2 3 4 5 6 9
21. I used a knife or gun on my partner	0 1 2 3 4 5 6 9
22. My partner did this to me	0 1 2 3 4 5 6 9
23. I passed out from being hit on the head by my partner in a	0 1 2 3 4 5 6 9

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fight with me	0 1 2 3 4 5 6 9
24. My partner passed out from being hit on the head in a fight with me	
25. I called my partner fat or ugly	0 1 2 3 4 5 6 9
26. My partner called me fat or ugly	0 1 2 3 4 5 6 9
27. I punched or hit my partner with something that could hurt	0 1 2 3 4 5 6 9
28. My partner did this to me	0 1 2 3 4 5 6 9
29. I destroyed something belonging to my partner	0 1 2 3 4 5 6 9
30. My partner did this to me	0 1 2 3 4 5 6 9
31. I went to a doctor because of a fight with my partner	0 1 2 3 4 5 6 9
32. My partner went to a doctor because of a fight with me	0 1 2 3 4 5 6 9

How often did this happen?

0 = Not in the past 4 months, but it did happen before

1 = Once in the past 4 months

2 = Twice in the past 4 months

3 = 3-5 times in the past 4 months

Never

4 = 6-10 times in the past 4 months

5 = 11-20 times in the past 4 months

6 = More than 20 times in the past 4 months

9 = This has never happened

33. I choked my partner	0 1 2 3 4 5 6 9
34. My partner did this to me	0 1 2 3 4 5 6 9
35. I shouted or yelled at my partner	0 1 2 3 4 5 6 9
36. My partner did this to me	0 1 2 3 4 5 6 9
37. I slammed my partner against a wall	0 1 2 3 4 5 6 9
38. My partner did this to me	0 1 2 3 4 5 6 9
39. I said I was sure we could work out a problem	0 1 2 3 4 5 6 9
40. My partner was sure we could work it out	0 1 2 3 4 5 6 9
41. I needed to see a doctor because of a fight with my partner, but I didn't	0 1 2 3 4 5 6 9
42. My partner needed to see a doctor because of a fight with me, but didn't	
43. I beat up my partner	0 1 2 3 4 5 6 9
44. My partner did this to me	0 1 2 3 4 5 6 9
45. I grabbed my partner	0 1 2 3 4 5 6 9
46. My partner did this to me	0 1 2 3 4 5 6 9
47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	0 1 2 3 4 5 6 9
48. My partner did this to me	0 1 2 3 4 5 6 9
49. I stomped out of the room or house or yard during a disagreement	0 1 2 3 4 5 6 9
50. My partner did this to me	0 1 2 3 4 5 6 9
51. I insisted on sex when my partner did not want to (but did not use physical force)	0 1 2 3 4 5 6 9
52. My partner did this to me	0 1 2 3 4 5 6 9
53. I slapped my partner	0 1 2 3 4 5 6 9
54. My partner did this to me	0 1 2 3 4 5 6 9
55. I had a broken bone from a fight with my partner	0 1 2 3 4 5 6 9

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56. My partner had a broken bone from a fight with me	0	1	2	3	4	5	6	9
57. I used threats to make my partner have oral or anal sex	0	1	2	3	4	5	6	9
58. My partner did this to me	0	1	2	3	4	5	6	9
59. I suggested a compromise to a disagreement	0	1	2	3	4	5	6	9
60. My partner did this to me	0	1	2	3	4	5	6	9
61. I burned or scalded my partner on purpose	0	1	2	3	4	5	6	9
62. My partner did this to me	0	1	2	3	4	5	6	9
63. I insisted my partner have oral or anal sex (but did not use physical force)	0	1	2	3	4	5	6	9
64. My partner did this to me	0	1	2	3	4	5	6	9
65. I accused my partner of being a lousy lover	0	1	2	3	4	5	6	9
66. My partner accused me of this	0	1	2	3	4	5	6	9
67. I did something to spite my partner	0	1	2	3	4	5	6	9
68. My partner did this to me	0	1	2	3	4	5	6	9
69. I threatened to hit or throw something at my partner	0	1	2	3	4	5	6	9
70. My partner did this to me	0	1	2	3	4	5	6	9
71. I felt physical pain that still hurt the next day because of a fight with my partner	0	1	2	3	4	5	6	9
72. My partner still felt physical pain the next day because of a fight we had	0	1	2	3	4	5	6	9
73. I kicked my partner	0	1	2	3	4	5	6	9
74. My partner did this to me	0	1	2	3	4	5	6	9
75. I used threats to make my partner have sex	0	1	2	3	4	5	6	9
76. My partner did this to me	0	1	2	3	4	5	6	9
77. I agreed to try a solution to a disagreement my partner suggested	0	1	2	3	4	5	6	9
78. My partner agreed to try a solution I suggested	0	1	2	3	4	5	6	9

CTS-R.Rev.08/1/11

Appendix B: Parenting Practices Questionnaire

PPQ

Gender: _____ Date of Birth: _____ Therapist Code: _____ Family Code: _____

Directions: This questionnaire is about your parenting practices. Think about what you usually do as a parent in the raising of your child or children and select the response that best indicates how often you usually do the following things: (If you have one child, respond as you usually do to that child in general.)

1. Never 2. Once in a while 3. About half of the time 4. Very often 5. Always

- _____ 1. I encourage my children to talk about their troubles.
- _____ 2. I guide my children by punishment more than by reason.
- _____ 3. I know the names of my children's friends.
- _____ 4. I find it difficult to discipline my children.
- _____ 5. I give praise when my children are good.
- _____ 6. I spank when my children are disobedient.
- _____ 7. I joke and play with my children.
- _____ 8. I don't scold or criticize even when my children act against my wishes.
- _____ 9. I show sympathy when my children are hurt or frustrated.
- _____ 10. I punish by taking privileges away from my children with little if any explanation.
- _____ 11. I spoil my children.
- _____ 12. I give comfort and understanding when my children are upset.
- _____ 13. I yell or shout when my children misbehave.
- _____ 14. I am easy going and relaxed with my children.
- _____ 15. I allow my children to annoy someone else.
- _____ 16. I tell my children my expectations regarding behavior before they engage in an activity.
- _____ 17. I scold and criticize to make my children improve.
- _____ 18. I show patience with my children.
- _____ 19. I grab my children when they are disobedient.
- _____ 20. I state punishments to my children, but I do not actually do them.
- _____ 21. I am responsive to my children's feelings or needs.
- _____ 22. I allow my children to help make family rules.
- _____ 23. I argue with my children.
- _____ 24. I appear confident about my parenting abilities.
- _____ 25. I give my children reasons why rules should be obeyed.
- _____ 26. I appear to be more concerned with my own feelings than with my children's feelings.
- _____ 27. I tell my children that we appreciate what they try to accomplish.
- _____ 28. I punish by putting my children off somewhere alone with little if any explanation.

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- _____ 29. I help my children to understand the effects of behavior by encouraging them to talk about the consequences of their own actions.
- _____ 30. I am afraid that disciplining my children for misbehavior will cause them not to like me.
- _____ 31. I take my children's desires into account before asking them to do something.
- _____ 32. I explode in anger towards my children.
- _____ 33. I am aware of problems or concerns about my children in school.

--OVER PLEASE--

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1. Never **2. Once in a while** **3. About half of the time** **4. Very often** **5.**
Always

- _____ 34. I threaten my children with punishment more often than I actually give it.
- _____ 35. I express affection by hugging, kissing, and holding my children.
- _____ 36. I ignore my children's misbehavior.
- _____ 37. I use physical punishment as a way of disciplining my children.
- _____ 38. I carry out discipline after my children misbehave.
- _____ 39. I apologize to my children when making a mistake in parenting.
- _____ 40. I tell my children what to do.
- _____ 41. I give into my children when they cause a commotion about something.
- _____ 42. I talk it over and reason with my children when they misbehave.
- _____ 43. I slap my children when they misbehave.
- _____ 44. I disagree with my children.
- _____ 45. I allow my children to interrupt others.
- _____ 46. I have warm and intimate times together with my children.
- _____ 47. When two children are fighting, I discipline the children first and ask questions later.
- _____ 48. I encourage my children to freely express themselves.
- _____ 49. I bribe my children with rewards to get them to do what I want.
- _____ 50. I scold or criticize when my children's behavior doesn't meet my expectations.
- _____ 51. I show respect for my children's opinions by encouraging them to express them.
- _____ 52. I set strict well-established rules for my children.
- _____ 53. I explain to my children how I feel about their good and bad behavior.
- _____ 54. I use threats as punishment with little or no justification.
- _____ 55. I take into account my children's preferences in making plans for the family.
- _____ 56. When my children ask why they have to conform, I state: "Because I said so" or, "I am your parent and I want you to."
- _____ 57. I appear unsure about how to solve my children's misbehavior.
- _____ 58. I explain the consequences of my children's behavior.
- _____ 59. I demand that my children do things.
- _____ 60. When my children misbehave, I channel their behavior into a more acceptable activity.
- _____ 61. I shove my children when they are disobedient.
- _____ 62. I emphasize the reasons for rules.

Appendix C: Beck Depression Inventory

BDI

Gender: _____ Date of Birth: _____ Therapist Code _____ Family Code _____

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the **PAST WEEK, INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

1. 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel that the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all the time.
6. 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7. 0 I don't feel I am worse than anybody else.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.

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3 I would kill myself if I had the chance.

--OVER PLEASE--

BDI 08/1/11

10. 0 I don't cry any more than usual.
 - 1 I cry more than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now than I have ever been.
 - 1 I get annoyed or irritated more easily than I used to.
 - 2 I feel irritated all the time now.
 - 3 I don't get irritated at all by the things that used to irritate me.
12. 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decision than before.
 - 3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.
15. 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.
16. 0 I can sleep as well as usual.
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired more doing almost anything.
 - 3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.

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19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.
I am purposely trying to lose weight. Yes ____ No ____
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches, pains, an upset stomach or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

BDI 8/1/11

Appendix D: IRB Approval Letter



DATE: February 24, 2012

TO: Katelyn Duffy

FROM: University of Maryland College Park (UMCP) IRB

PROJECT TITLE: [312487-1] The Relationship between Couple Psychological Aggression and Parenting Behavior

REFERENCE #:

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: February 24, 2012

REVIEW CATEGORY: Exemption category # 4

Thank you for your submission of New Project materials for this project. The University of Maryland College Park (UMCP) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the IRB Office at 301-405-4212 or irb@umd.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Maryland College Park (UMCP) IRB's records.

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