EXAMINING PARENTING OUTCOMES OF CHILDHOOD SEXUAL ABUSE SURVIVORS UTILIZING OBSERVATION AND SELF-REPORT METHODS

Amanda C. Kallstrom-Fuqua, B.A., M.S.

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2004

APPROVED:

Patricia L. Kaminski, Major Professor
Shane Koch, Committee Member
Paul Lambert, Committee Member
Judy McConnell, Committee Member
Lawrence J. Schneider, Counseling Psychology Program Co-director
Linda L. Marshall, Chair of the Department of Psychology
Sandra L. Terrell, Dean of the Robert B. Toulouse School of Graduate Studies

Childhood sexual abuse (CSA) is associated with negative outcomes in adulthood, including difficulty in relationships. Research has posited CSA may lead to insecure attachment in survivors, which may be the vehicle by which dysfunctional parent-child relationships develop. The purpose of the proposed study was to examine differences in parenting outcomes between CSA and non-CSA mothers utilizing both observational and self-report methods and to examine the unique impact of CSA on parenting attitudes.

Abuse status was determined by scores on the Sexual Abuse subscale of the Childhood Trauma Questionnaire (CTQ), with the CSA group comprised of mothers scoring in the moderate to severe range. Mothers self-reported parenting attitudes on the Parent-Parental Acceptance Rejection Questionnaire/Control (P-PARQ/Control) and the Adult Adolescent Parenting Inventory-2 (AAPI-2), while parental depression was assessed with the revised Beck Depression Inventory (BDI-2). Parenting behaviors were observed by coding the Parent-Child Interaction Assessment (PCIA).

Hypotheses were not supported until child gender was considered as a third variable. Results of MANCOVA analyses indicated CSA mothers, but not comparison mothers, exhibited significantly poorer limit-setting skills ($\eta^2 = .21$) with male children compared to female children, but did not self-report these differences. Although not statistically significant, small but potentially meaningful effect sizes were found when the
self-reports of CSA mothers were compared to their observed behaviors. Specifically, CSA mothers displayed increased levels of physical nurturance ($\eta^2 = .11$) and role reversal ($\eta^2 = .08$) with male children compared to female children, but again, did not self-report these differences. Finally, CSA mothers, but not comparison mothers tended to self-report greater beliefs in corporal punishment with male children compared to females ($\eta^2 = .08$).

Secondary findings revealed parental depression was the only unique predictor of parental nurturance, attitude toward corporal punishment, and role reversal. Findings confirm the importance of third variables, including child gender and parental depression. Theoretical and clinical implications are discussed, as well as limitations and future research directions.
ACKNOWLEDGEMENTS

I would like to thank Dr. Patricia “Trish” Kaminski for her support, guidance, understanding of my passion for the area of childhood sexual abuse, flexibility, and enthusiasm throughout this research project. Her wisdom and confidence in my abilities were inspiring and crucial in helping me to complete this project. I also want to express my deepest appreciation for the efforts of the PCIA Research Team in helping me develop the ideas and research design evident in this project. Particularly, I would like to thank Margaret King for going above and beyond in helping me to complete the necessary coding required for my data analyses and also for improving the project with her ideas and suggestions. Also, thank you to Sarah, Michelle, Corrine, and Ben, whose guidance and support enabled me to complete this endeavor. I would also like to recognize Shane Koch, Paul Lambert, and Judy McConnell, whose ideas and feedback strengthened the study.

Above all, I would like to thank my family who has been so supportive throughout the completion of this project and throughout my schooling. Without your words of encouragement, confidence, patience, faith, and love, I would have been unable to achieve my educational goals. Mom, Dad, Chris, Michael, and Bee Bee, I am what I am because of you. Thank you.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>V</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>VIII</td>
</tr>
</tbody>
</table>

Chapter

1. **INTRODUCTION**
   - Defining Childhood Sexual Abuse
   - Prevalence of CSA
   - Sequelae of CSA
   - Attachment Theory and CSA
   - Parenting Outcomes in CSA Survivors
   - Statement of Problem
   - Preliminary Hypothesis
   - Primary Hypotheses
   - Secondary Hypothesis
   - Exploratory Hypothesis

2. **METHOD**
   - Participants
   - Measures
   - Procedure

3. **RESULTS**
   - Demographic Comparisons
   - Data Preparation
   - Preliminary and Primary Hypotheses Results
   - Secondary Hypothesis Results
   - Exploratory Hypothesis
   - Exploratory Analyses Considering Child Gender and Parental Depression
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Descriptive Statistics and Comparisons for Educational Level, Ethnicity,</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Marital Status, Number of Caregivers, Treatment History, and Parenting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Class Attendance for Parents in the CSA and Comparison Groups</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Descriptive Statistics and Comparisons for Age and Income of Parents in the</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>CSA and Comparison Groups</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Descriptive Statistics and Comparisons for Independent and Dependent</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Variables of Parents in the CSA and Non-CSA Groups</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Descriptive Statistics for Independent and Dependent Variables of Parents</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>in the Entire Sample</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Intercorrelations Among Hierarchical Regression Variables</td>
<td>78</td>
</tr>
<tr>
<td>6.</td>
<td>Means and Standard Deviations for Parental Nurturance as a Function of</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Abuse Status and Reporter</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Multivariate Analysis of Covariance for Levels of Parental Nurturance as</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>a Function of Abuse Status and Reporter</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Means and Standard Deviations for Parental Role Reversal as a Function of</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Abuse Status, Child Developmental Level, and Reporter</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Multivariate Analysis of Covariance for Abuse Status, Child Developmental</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Level, and Reporter on Levels of Parental Role Reversal</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Means and Standard Deviations for Parental Limit-Setting/Inconsistency as</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>a Function of Abuse Status and Reporter</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Multivariate Analysis of Covariance for Levels of Parental Limit-Setting/</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Inconsistency as a Function of Abuse Status and Reporter</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Means and Standard Deviations for Parental Physical Control/Corporal</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Punishment as a Function of Abuse Status and Reporter</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Multivariate Analysis of Covariance for Levels of Parental Physical</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>Control/Corporal Punishment as a Function of Abuse Status and Reporter</td>
<td></td>
</tr>
</tbody>
</table>
14. Means and Standard Deviations for Observed Levels of Overprotectiveness as a Function of Abuse Status. 87
15. ANCOVA Results for Observed Levels of Overprotectiveness as a Function of Abuse Status. 88
16. Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Nurturance as Measured by the P-PARQ-Warmth. 89
17. Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Limit-Setting as Measured by the P-PARQ-Control. 90
18. Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Attitude Toward Corporal Punishment as Measured by the AAPI-CP. 91
19. Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Role Reversal as Measured by the AAPI-RR. 92
20. Means and Standard Deviations for Children’s Internalizing and Externalizing Behavior as a Function of Parental Abuse Status. 93
21. ANCOVA results for Child Internalizing and Externalizing Behavior as a Function of Parental Abuse Status. 94
22. Means and Standard Deviations for Parental Nurturance as a Function of Abuse Status, Child Gender, and Reporter. 95
23. Multivariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Nurturance. 96
24. Means and Standard Deviations for Parental Role Reversal as a Function of Abuse Status, Child Gender, and Reporter. 97
25. Multivariate and Univariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Role Reversal. 98
26. Means and Standard Deviations for Parental Inconsistency/Limit-Setting as a Function of Abuse Status, Child Gender, and Reporter. 100
27. Multivariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Inconsistency/Limit-Setting. 101
28. Means and Standard Deviations for Parental Physical Control/Corporal Punishment as a Function of Abuse Status, Child Gender, and Reporter.  ................................................................. 102

29. Multivariate and Univariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Physical Control/Corporal Punishment. ................................................................. 103

30. Means and Standard Deviations for Observed Levels of Overprotectiveness as a Function of Abuse Status and Child Gender.  ......................................................... 105

31. ANCOVA Results for Observed Levels of Overprotectiveness as a Function of Abuse Status and Child Gender. ................................................................. 106
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Interaction Between Abuse Status, Child Gender, and Reporter on Parental Nurturance</td>
<td>70</td>
</tr>
<tr>
<td>2.</td>
<td>Interaction Between Abuse Status, Child Gender, and Reporter on Parental Inconsistency/Limit-setting</td>
<td>71</td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

Childhood sexual abuse (CSA) is a pervasive problem that puts victims at risk for severe emotional outcomes (Finkelhor & Browne, 1985). Individuals who experience CSA have been found to have poorer outcomes in adulthood related to their physical, emotional, and relational functioning (DiLillo, 2001; Kendall-Tackett, Williams, & Finkelhor, 1993; Oddone-Paolucci, Genuis, & Violato, 2001). Although adult and sexual relationships are often the focus of past literature, the parent-child relationship may have significant contribution to the perpetuation of abuse or the cycle of poor outcome related to CSA (Cross, 2001). There is theoretical and empirical support for the notion that CSA may lead to an insecure attachment style, which then has an effect on the parent-child relationship (Alexander, 1992). Compared to other outcomes of CSA, there is a relative deficit in the amount of research that examines the effects on parenting outcome (Banyard, 1997). Further, most of the existing literature has relied on self-report to ascertain parenting outcome, which has been cited as a limitation of the research in this area (DiLillo, 2001). The proposed study will attempt to determine the effects of CSA on parenting outcome (i.e., nurturance, role reversal, limit-setting, physical discipline, and overprotectiveness) utilizing both, self-report and observational methods.

Defining Childhood Sexual Abuse

Although definitions may vary some from study to study, the most accepted definition of CSA stems from the National Center on Child Abuse and Neglect, which defines CSA as:
Contact and interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is five years older than the victim or when the perpetrator is in a position of power or control over another (Roth, 1978, p. 2).

This standing definition excludes consensual sexual activity between peers with less than five years age difference, regardless of age of the child.

In general, definitions of CSA contain two elements - sexual activities involving a child and an “abusive condition” (Finkelhor, 1994). Sexual activities involving a child refer to activities intended for sexual stimulation. These activities are categorized as contact sexual abuse (e.g., touching of the sexual portions of the child’s body, the child’s touching the sexual portions of the perpetrator’s body) and non-contact sexual abuse (e.g., exhibitionism, voyeurism) (Finkelhor, 1994). Abusive conditions exist when the offender has a large age or maturational advantage over the child, is in a position of authority or a care-taking role, and/or uses force or trickery to carry out the sexual interaction. All of these conditions indicate an unequal power relationship and violate consensuality (Finkelhor, 1994).

Prevalence of CSA

Vogeltanz et al. (1999) found prevalence rates ranging from 21.4% to 32.1% when a more inclusive definition of child sexual abuse was used and rates ranging from 15.4% to 26.1% when a less inclusive definition of child sexual abuse was used. In another study, which utilized random digit dialing sampling, a rate of 27% was obtained (Finkelhor, Hotaling, Lewis, & Smith, 1990). Wyatt, Loeb, Solis, and Carmona (1999)
utilized stratified probability sampling and found that 34% of women reported at least one incident of CSA before the age of 18. Other studies have found lower prevalence figures (Essock-Vitale & McGuire, 1985; Springs & Friedrich, 1992). Despite differences in definitions and samples, Finkelhor (1994) noted most investigators found that one in five adult women experienced CSA. The most common prevalence estimates among female samples range from 21% (Vogeltanz et al., 1999) to 27% (Finkelhor et al., 1990).

Sequelae of CSA

Physical Effects

One line of research has examined the physical or physiological effects of CSA on survivors. Dysregulated cortisol and catecholamine levels were found in sexually abused children when compared to children without a history of CSA (DeBellis, Chrousos et al., 1994; DeBellis, Lefter, Trickett, & Putnam, 1994). Cortisol and catecholamines are indices of physiological arousal or a stress response (Bernard & Krupat, 1994). Further, the abnormal levels of cortisol and catecholamines were similar to the psychobiology of adults with Post-Traumatic Stress Disorder (PTSD; DeBellis et al., 1994). Consistent with these findings, Bremner et al. (1997) found that adult CSA survivors, all of whom had abuse-related PTSD, had significantly smaller hippocampal volume compared to matched controls. It is possible that dysregulated cortisol and catecholamine levels cause damage to the hippocampus, which is involved in the formation of memories and memories play a key role in the PTSD diagnosis. Finally, it also appears that during early and middle childhood, CSA survivors suffer from enuresis significantly more than non-CSA children (Trickett & Schellenbach, 1998; White, Halpin, Strom, & Santilli, 1988).
CSA survivors are also significantly more likely to report somatic and physical complaints compared to persons who do not have abuse in their history (Greenwald, Leitenberg, Cado, & Tarran, 1990; Kendall-Tackett et al., 1993; Toomey, Hernandez, Gittelman, & Hulka, 1993; Walker, Katon, Hansom, & Harrop-Griffiths, 1992; White et al., 1988). Physical complaints often associated with CSA include headaches, stomach pain, asthma, bladder infections, and chronic abdominal pain (Cunningham, Pearce, & Pearce, 1988; Morrison, 1989; Springs & Friedrich, 1992; Walker, Katon, & Harrop-Griffiths, 1988). There is also a high incidence of chronic pelvic pain reported among sexual abuse survivors (Toomey et al., 1993; Walker, Katon, Neraas, & Jemelka, 1992).

**Psychological Effects**

Child and adolescent CSA survivors tend to exhibit significantly higher levels of post-traumatic fear, anxiety, and concentration problems than their non-abused peers (Conte & Schuerman, 1987). In fact, CSA children and adults are more likely to have PTSD than their non-abused counterparts (Famularo, Kinscherff, & Fenton, 1992; Oddone-Paolucci et al., 2001; Tyler, 2002). PTSD involves prolonged symptoms following a traumatic event (i.e., CSA) that include re-experiencing the traumatic event, avoidance of thoughts and/or feelings reminiscent of the event, reduced emotional responsiveness or detachment, and increased arousal, anxiety, and guilt (Comer, 1995). A meta-analysis by Kendall-Tackett et al. (1993) revealed that differences between CSA and control groups were found for fear, nightmares, and general PTSD in all the studies they included in which such a comparison was made. In addition to PTSD, CSA survivors have a five times greater chance of being diagnosed with at least one anxiety disorder, including generalized anxiety disorder, phobias, panic disorder,
and/or obsessive compulsive disorder than non-abused people (Saunders, Villeponteaux, & Lipovsky, 1992; Stein, Golding, & Siegel, 1988).

Browne and Finkelhor (1986) noted that depression is one of the symptoms most commonly reported among victims of CSA. A number of studies have documented greater depressive symptomatology among CSA survivors compared to those who have not experienced CSA (Briere & Runtz, 1987; Finkelhor, 1986; Jumper, 1995; Lipovsky, Saunders, & Murphy, 1989; Oddone-Paolucci et al., 2001; Tyler, 2002). Adults with a CSA history have as much as a four-time greater life risk for major depression than do individuals without an abuse history (Stein et al., 1988). Possibly as a result of the depression, attempted suicide and suicidal ideation are more common occurrences among victims of CSA compared to people without CSA in their history (Beitchman et al., 1992; Briere & Elliott, 1994; Oddone-Paolucci et al., 2001; Tyler, 2002).

Dissociation is also an occurrence that tends to distinguish victims of CSA from non-victims (Kendall-Tackett et al., 1993; Trickett & Schellenbach, 1998; Walker, Katon, Neraas, et al., 1992). It is hypothesized that dissociation serves as a coping mechanism during the actual abusive act, allowing the victim to “escape” the pain and negative sexual experience. The dissociation may later become a learned response beyond the survivor’s control (Briere & Runtz, 1987).

There is also evidence of increased rates of eating disorders among women who have been sexually abused (DeGroot & Rodin, 1999; Kashubeck-West & Mintz, 2001). Some authors have suggested that CSA is more specifically related to symptoms of bulimia, a disorder characterized by binging and purging, rather than anorexia (Briere & Elliott, 1994; Steiger & Zanko, 1990). Briere and Elliott (1994) suggested that bulimia
reduces tension by its self-soothing components that involve a literal “filling” of perceived emptiness and a distraction from non-food related concerns.

There also appears to be a relationship between CSA and substance use and abuse (Briere & Elliott, 1994; Trickett & Schellenbach, 1998; Tyler, 2002). It appears that CSA survivors, whether children or adults, tend to engage in increased substance use compared to those without a history of CSA (Kolko, Moser, & Weldy, 1990; Walker, Katon, Hansom et al., 1992). Jarvis, Copeland, and Walton (1998) found that women with a history of child sexual abuse reported an earlier age of first intoxication and earlier use of inhalants than those persons without abuse in their history. Similar to dissociation, Jarvis et al. (1998) suggested that substance abuse might be used as a means of “escape” from the pain or trauma of the abuse.

Cognitive Effects

Research also suggests that CSA survivors tend to manifest cognitive distortions about themselves, others, the world, and the future (Liem, O’Toole, & James, 1992). A variety of studies document self-blame in victims of CSA (e.g., Conte & Schuerman, 1987; Gold, 1986; Oates, Forest, & Peacock, 1985). It is believed that most victims initially react to the abuse with passivity, perhaps due to fear of physical abuse, ignorance, feelings for the perpetrator, threats to the family, fear of the mother finding out (when the father is the perpetrator), and/or economic dependence on the perpetrator (Russell, 1986). This passivity may eventually be the cause for the common feeling of self-blame and guilt that sexual abuse victims endure (Cahill, Llewelyn, & Pearson, 1991; Jehu, 1989).

The act of sexual abuse can disrupt a person’s belief in a “just” or benevolent
world and sense of security (Briere & Elliott, 1994). Belief in a benevolent world suggests the belief that the world is a good place and misfortune is relatively uncommon and does not happen to “good” people. Further, belief in the benevolence of people indicates the belief that people are generally kind and helpful (Janoff-Bulman, 1989). However, it appears trauma survivors, including rape and incest victims, perceive the world and others as more malevolent compared to nonvictims, which suggests basic assumptions are negatively altered (Janoff-Bulman, 1989).

CSA survivors also tend to experience chronic self-perceptions of helplessness (Conte & Schuerman, 1987; Liem, O'Toole, & James, 1996; Oates et al., 1985). Perceptions of helplessness are thought to result from the fact that the sexual abuse occurred when the victim was unable to defend and protect him/herself against the abuser (Briere & Elliott, 1994). The consequence of this type of thinking is that the victim may generalize these feelings of helplessness to a variety of life circumstances.

Many of these cognitive sets also persist into adulthood and contribute to long-term psychological effects (Briere & Elliott, 1994). Wyatt and Newcomb (1990) found that internal attributions, such as self-blame for the abuse, predicted negative effects of the abuse. Peters and Range (1996) found that high self-blamers were more depressed and suicidal than low self-blamers.

Relational Effects

One of the most commonly studied outcomes of CSA is sexualized behavior, which is often considered the most characteristic indicator of CSA in children (Kendall-Tackett et al., 1993; Tyler, 2002). In a review, Kendall-Tackett et al. (1993) found that of eight studies investigating sexualized behaviors in sexually abused versus non-abused
children, all of them resulted in a difference between the two groups in inappropriate sexual behaviors. Sexualized behavior may include sexualized play with dolls, inserting objects into one’s genitalia, excessive or public masturbation, seductive behavior, requesting sexual stimulation from others, and age-inappropriate sexual knowledge (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991).

Inappropriate sexual behaviors of CSA survivors also appear to persist into adolescence and adulthood. A recent review of community studies published since 1990 found strong evidence for significant relationships between CSA and sexual difficulties in teenagers and adults, especially regarding high-risk sexual activities and diminished sexual satisfaction (Fergusson & Mullen, 1999). CSA survivors tend to engage in sexual activity at a younger age and tend to have more partners than those people who have not been sexually abused (Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Goldston, Turnquist, & Knutson, 1989; Kolko et al., 1990; Wyatt, 1988). Promiscuity can also be an issue for abuse survivors. Survivors of sexual abuse are prone to episodes of frequent, short-term sexual activity with a large number of partners (Wyatt, Guthrie, & Notgrass, 1992) and have higher numbers of unsafe sexual partners (Bartoi & Kinder, 1998). Victims may feel that they can gain acceptance through sex or may sexualize relationships due to difficulty in distinguishing between affection and sex. It is also possible that indiscriminate sexual activity is the victim’s way of addressing his or her need for closeness and intimacy, both of which may have been lacking during childhood (Briere & Elliot, 1994).

Finkelhor and Browne (1985) argued the betrayal associated with CSA might result in discomfort in intimate relationships, marital problems, and vulnerability to
subsequent abuse and exploitation. Studies utilizing college student samples found sexual abuse survivors experienced significantly poorer social functioning compared to college students without a history of CSA, especially in the areas of dating, leisure, and social activities (Harter, Alexander, & Neimeyer, 1988; Jackson, Calhoun, Amick, Maddever, & Habif, 1990). CSA survivors also exhibit difficulty in couple relationships (DiLillo, 2001). This is supported by the consistent finding of increased rates of separation and divorce among community samples of CSA survivors (Finkelhor et al., 1990; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Russell, 1986). Empirical studies have found significant dissatisfaction with intimate relationships among adult CSA survivors when compared to women without a history of CSA (DiLillo & Long, 1999; Hunter, 1991; Mullen et al., 1994).

Relationship problems may be caused or exacerbated by an inability to trust, which is often found among CSA survivors (Cole & Putnam, 1992; Courtois, 1988; Mullen et al., 1994). In addition to trust issues, poor communication may also affect relational functioning (DiLillo, 2001; DiLillo & Long, 1999; Mullen et al., 1994). The secrecy often accompanying the CSA experience may interfere with the development of effective communication patterns between abuse survivors and significant others (DiLillo, 2001). Finally, relationship problems may be related to a fear of being abused, rejected, or betrayed (Maltz & Holman, 1987) or anxiety about emotional and/or physical intimacy (Bartoi & Kinder, 1998; Fleming, Mullen, Sibthrope, & Bammer, 1999).

Research also suggests that survivors are more likely to be revictimized later in life than persons without a history of abuse (see Messman & Long, 1996 for a review). Specifically, it appears clinical (Briere & Runtz, 1987, 1988) and community (Fleming et
samples of CSA survivors are at significantly increased risk for later victimization, especially by perpetrators who are known to the survivor (Cloitre, Scarvalone, & Difede, 1997; Gidycz, Hanson, & Layman, 1995). Some victims may attempt to gain some mastery or control over their past abuse experience by recreating it in the form of involvement in unhealthy and abusive relationships (Conte & Schuerman, 1989). Furthermore, research has found that male partners of CSA survivors may be less supportive and stable, when compared to the partners of non-CSA women (DiLillo, 2001). The male partners of female CSA survivors have been described as exploitative, immature, insecure, and overly dependent (Brittain & Merriam, 1988; Jehu, 1988). Conte and Schuerman (1989) hypothesized that adult survivors may see themselves as unworthy of relationships with “good” people.

Difficulty with intimacy and an impaired ability to trust and communicate can also interfere with the parent-child relationship (DiLillo, 2001). As survivors become parents, their children may be vulnerable to the negative consequences of their parents’ past abuse. It is suggested that CSA and its negative consequences may exacerbate the stresses of parenting and reduce available energy for parenting activities, thereby making the tasks of child-rearing especially challenging (Ruscio, 2001). There are also theoretical bases (i.e., attachment theory) to suggest that traumatic childhood experiences such as CSA can affect parenting and the parent-child relationship.

Attachment Theory and CSA

Alexander (1992) proposed a link between attachment and the long-term impact of CSA and delineated how attachment theory can be used to conceptualize some of the long-term effects of CSA. Specifically, she suggested the insecure attachment
relationships often associated with incest/CSA are predictive of long-term sequelae. Therefore, an attachment perspective would predict that as a result of this insecure attachment, CSA survivors might experience difficulties in their relationships with their own children (Alexander, 1992).

Attachment theory was originally advanced by Bowlby (1969/1982), who suggested attachment is a biologically based bond with a caregiver. He introduced the concept of attachment relationships, which focus on protection or support that is solicited by the attached individual (i.e., child) and is provided by the attachment figure (i.e., parent/adult). A key component of the theory is the concept of internal working models, which represent the internalization of the attachment system/relationship. The internal working model represents the child’s expectations about her and others’ roles in relationships. Expectations about herself include her worthiness and ability to get others’ attention, while expectations about others are related to their trustworthiness, caring, and responsiveness (Sroufe & Fleeson, 1986). The internal working model includes both affective and cognitive components, which operate to determine how incoming interpersonal information is perceived, which feelings are experienced, and subsequently, mediates functioning in other important relationships (Zeanah & Zeanah, 1989).

Empirical support for Bowlby’s (1969/1982) theory was found by utilizing the familiar Ainsworth Strange Situation Paradigm, which consisted of observing 12-month old children’s responses to their mothers’ return following a brief separation (Ainsworth, Blehar, Waters, & Wall, 1978). Some children sought physical contact and greeted their mothers, others showed little preference for their mothers compared to a stranger, and
some displayed a combination of seeking contact and tantrum behavior. They also observed the mother’s behaviors, which consisted of supportive and responsive, insensitive and lack of physical contact, or inconsistent behaviors. This research led to the identification of three attachment styles - secure (i.e., supportive and responsive), avoidant (i.e., insensitive and avoidant of physical contact), and resistant (i.e., inconsistent responding and role reversal) (Ainsworth et al., 1978). Main and Solomon (1986) identified an additional insecure attachment style referred to as disorganized, which is often characterized by a caregiver with unresolved trauma (Main & Cassidy, 1988).

The internalization that takes place with the internal working model suggests attachment patterns persist into adulthood (Ainsworth, 1989). Research with adults found attachment patterns (secure, avoidant/dismissing, preoccupied/anxious/ambivalent, and fearful/unresolved) parallel to those found in children (Bartholomew & Horowitz, 1991; Main & Goldwyn, 1984). In relation to CSA, it is thought that insecure attachment resulting from CSA may persist into adulthood. Indeed, research has found that adult CSA survivors tend to report insecure attachment styles significantly more than people without a history of CSA (Alexander, 1993; Campbell, 1996; Hanley, 1996). These insecure attachment styles related to CSA could possibly affect the parent-child relationship.

Researchers have found a strong relationship between parents’ retrospective childhood attachment and their current attachment relationships with their children (Benoit, Zeanah, & Barton, 1989; Crowell & Feldman, 1988; Grossman, Fremmer-Bombik, Rudolph, & Grossman, 1988; Main & Goldwyn, 1984; Wangerin, 1994). As a
result, the internal working model, which encompasses the internalization of roles, perceptions, and affective components of relationships, is negatively affected in the CSA survivor and potentially leads to disruption in the parent-child relationship (Alexander, 1992).

Parenting Outcomes in CSA Survivors

A review by DiLillo (2001) indicated that CSA represents a risk factor for a range of interpersonal difficulties, including problems in the family of procreation. For example, Carson, Gertz, Donaldson, and Wonderlich (1990) found that adult female incest survivors perceived their current families as disengaged, controlling, conflict-ridden, and lacking in organization and emotional expressiveness when compared to a normative sample. It is sensible to conclude that CSA may also present as a risk factor for difficulties in the parental role. For example, parents who have been sexually abused may have to expend energy protecting their own ability to function effectively, which may take away from the energy required for child caregiving (Lyons-Ruth & Block, 1996).

A number of qualitative studies (i.e., case studies, interviews) have identified difficulties in the parent-child relationship among survivors of CSA, including difficulty with empathy and affect regulation (Cross, 2001; Maker & Buttenheim, 2000; Marvasti, 1991; Voth & Tutty, 1999), role reversal (Cross, 2001; O’Brien, 1998; Voth & Tutty, 1999; Wangerin, 1994), limit-setting and enforcing discipline (Cross, 2001; Gelines, 1983; Maker & Buttenheim, 2000; Wangerin, 1994), and overprotectiveness (Cross, 2001; Marvasti, 1991). Interestingly, qualitative observations further reveal that CSA survivors cognitively identify what type of parents they do and do not want to become,
but have difficulty implementing those values and beliefs in real parenting situations (Cross, 2001; Herman, 1981; O’Brien, 1998; Wangerin, 1994). Thus, CSA parents often have appropriate and positive attitudes about parenting, but are unable to apply these attitudes in actual parenting situations.

For the most part, empirical research has supported qualitative findings. Lyons-Ruth and Block (1996) observed low-income community mothers in naturalistic interactions with their infant child and found that sexual abuse severity was the strongest correlate of affective withdrawal, including less empathy and decreased nurturance. Similarly, Douglas (2000) and Campbell (1996) found that outpatient mental health CSA survivors and a mixed sample of community and outpatient CSA survivors, expressed significantly more discomfort with the intimate aspects of parenting, including affection and nurturance, when compared to women without a history of sexual abuse in the same settings. Cohen (1995) utilized the Parenting Skills Inventory and obtained similar results in clinical outpatient mothers with a history of incest. Specifically, they found significantly decreased warmth and closeness between incest mothers and their children compared to mothers without a history of incest.

However, DiLillo, Tremblay, and Peterson (2000) did not find differences between abused and non-abused parents in nurturance, while Marcenko, Kemp and Larson (2000) found increased empathy in CSA survivors when compared to physical abuse survivors and no abuse parents. Possible explanations for these contrary findings are the sample and methodology. DiLillo et al. (2000) utilized a clinical sample of women, all of who participated in a parenting program for at-risk parents, while Marcenko et al.’s (2000) sample was comprised only of low-income African American
women. It is possible that nurturance has a different meaning in different cultures, which suggests that research in this area should account for ethnicity as a possible third variable. Further, both studies utilized measures that assess attitudes and expectations (Adult-Adolescent Parenting Inventory (AAPI) and Parent Opinion Questionnaire (POQ)) towards children in general and not specific behaviors. This is consistent with the qualitative finding that CSA parents do not differ in their attitudes towards certain parenting aspects, but do differ in actual parenting behaviors.

In addition, Cole and Woolger (1989) compared incest survivors to women who were abused by unrelated men and found no differences in their attitudes regarding nurturance. This suggests the type of sexual abuse (incest versus extrafamilial) does not affect attitudes regarding nurturance.

Therefore, empirical research generally supports the qualitative finding that, while CSA survivors have similar attitudes compared to non-abused parents, they display significantly lower levels of nurturance and empathy when compared to non-abused parents, especially when measured via observation or self-report of actual behaviors (versus attitudes toward nurturance). However, levels of nurturance and empathy may differ by ethnicity, which suggests this factor should be considered as a third variable in future research.

One of the most consistent findings regarding parenting outcomes of CSA survivors involves the concept of role reversal. Role reversal suggests a permeable boundary between parent and child, whereby the parent seeks out the child to meet her needs, typically emotional needs such as nurturance (Burkett, 1991). In this sense, the parent engages in a childlike dependence on her own child, while expecting the child to
fulfill the adult role (Burkett, 1991).

Ruscio (2001) utilized the Parenting Attitudes Questionnaire with a clinical sample to examine self-reported parental attitudes towards role reversal and found that parental CSA was not a significant predictor of role reversal. Marcenko et al. (2000) found that CSA parents had significantly better attitudes regarding role reversal than did physical abuse survivors and a control group. The use of a clinical, solely African American sample may account for this interesting finding. However, studies that employed actual observation of the parent-child interaction found strong evidence of role reversal (Burkett, 1991; Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985).

In a well-constructed study, Burkett (1991) observed a mixed sample of clinical and community parents with a history of incest engaged in structured verbal tasks with their 5 to 10 year old children and coded responses using the Structural Analysis of Social Behavior (SASB). Participants were matched by participation in therapy and single parenthood. Results suggested that mothers with a history of incest were more self-focused than child-focused, relied more on their children for emotional caretaking, and significantly more often referred to their children as a close friend or primary companion, when compared to non-incest parents. Sroufe et al. (1985) found similar results by observing low-income community mothers interact with their infant children as part of a longitudinal study. Interestingly, Sroufe et al. also found that mothers who engaged in role reversal with their infant sons, tended to display increased hostility towards their daughters, which suggests the possibility of differences in parent behavior depending on child gender. Alexander, Teti, and Alexander (2000) contributed further by assessing the effect of role reversal in CSA survivors independent of other trauma.
They inquired about role reversal behaviors in a community sample of mothers and found that role reversal was significantly more common in CSA survivors who were unsatisfied with their current intimate relationship, compared to CSA survivors reporting a satisfactory relationship or women without a history of abuse. Further, the effects of role reversal were independent of a history of physical abuse, parental alcoholism, or child gender. Again, the phenomena emerged whereby CSA survivors reported similar attitudes regarding parenting outcome compared to non-CSA survivors, but engaged in different behaviors during real parenting situations. Also, the results of Alexander et al. (2000) and Marcenko et al. (2000) uphold the importance of accounting for third variables (e.g., marital status, ethnicity) in this type of research.

Difficulties with structure and limit-setting have also been empirically supported among parents with a history of CSA. Studies utilizing self-report of actual parenting behaviors (Parenting Dimensions Inventory (PDI) and Parenting Practices Questionnaire (PPQ)) found that CSA survivors were characterized by less parental consistency, increased permissiveness, and poor limit-setting compared to non-CSA parents (Campbell, 1996; Ruscio, 2001). Cohen (1995) utilized a similar methodology and found similar results in a group of incest survivors. Utilizing a community sample, Cole, Woolger, Power, and Smith (1992) compared survivors of incest and paternal alcoholism with survivors of paternal alcoholism only and a control group. They found that the incest survivor group reported less consistency than the other two groups, suggesting this outcome is not accounted for by the experience of paternal alcoholism alone. However, these differences do not emerge when examining parental attitudes toward limit-setting. For example, McNeill (1999) assessed parental attitudes toward
limit-setting utilizing the Parent-Child Relationship Inventory (PCRI) and did not find any differences between CSA parents and a normative group on this parenting behavior. These findings lend support for the trend of CSA parents to have similar attitudes as non-CSA parents regarding parenting behaviors, but for differences between the groups to emerge when actual parenting behaviors are assessed.

There also appear to be differences between CSA and non-CSA parents regarding discipline. However, there is some inconsistency in the literature regarding the use of discipline among CSA survivors, possibly due to the presence of third variables, definition of CSA, and/or type of sample and methodology employed in the study. For example, two separate studies utilizing the same sample of low-income women and same methodology yielded different results. Banyard (1997) investigated the discipline practices of mothers by utilizing a child version of the Conflict Tactics Scale (CTS). Results of a hierarchical multiple regression indicated that a history of CSA was uniquely associated with increased use of physically violent punishment (e.g., “threw something at the child,” “pushed or shoved,” “slapped, kicked, bit or hit with fist,” “beat,” “used a knife or gun”), even after accounting for histories of physical abuse and neglect. However, Zuravin and Fontanella (1999) found a history of CSA did not account for additional variance in implementation of physically violent punishment, beyond that of other types of childhood abuse (e.g., physical abuse). The major difference between the two studies was the definition of CSA, with the latter employing a less specific definition (i.e., unwanted sexual contact prior to 14) relative to the former (i.e., unwanted fondling or intercourse before the age of 18). It is possible Banyard’s (1997) definition captured more severe abuse compared to a more vague definition of
“unwanted sexual contact,” which accounts for the significant findings. Consistent with this possibility, McCullough (1994) utilized a vague definition of CSA (“Were you touched in an uncomfortable way or had other unwanted sexual contact while you were growing up?”) and did not find a relationship between sexual abuse history and child physical abuse potential (p. 33).

DiLillo et al. (2000) utilized a clinical sample and defined CSA in a specific way similar to Banyard (1997). Results indicated CSA parents endorsed a significantly higher physical abuse potential than non-CSA parents, even after controlling for a physical abuse history. It is possible differences in physical punishment between CSA and non-CSA groups emerge when more severe forms of CSA are assessed, as was done in the Banyard (1997) and DiLillo et al. (2000) studies.

In contrast to Banyard (1997) and DiLillo et al. (2000), Hanley (1996) found that, compared to parents without a history of incest, incest parents endorsed significantly lower rates of proposed punishment in response to vignettes. The different findings may be accounted for by the failure to account for possible third variables (i.e., history of physical abuse) and the use of a community sample. Overall, it appears likely there are differences in discipline and physical punishment between CSA and non-CSA parents, but the existing results are not clear and need to be further examined.

Also related to the regulation of behavior, it appears CSA parents differ from non-CSA parents in levels of overprotectiveness. Burke (1998) interviewed CSA survivors with the Family Experiences Questionnaire and found severity of CSA to be associated with higher levels of overprotectiveness. Similarly, incest survivors have self-reported significantly greater degrees of overprotectiveness compared to a control group (Cohen,
Burke (1998) suggested that women who experience relatively severe CSA might have an increased perception of an unsafe or unjust world, which is consistent with Janoff-Bulman's (1989) findings. To date, there do not appear to be any observational studies examining overprotective behaviors in the parent-child relationship of mothers who are CSA survivors.

Statement of Problem

Research has supported that CSA is associated with negative outcomes in adulthood, (for a review, see Kendall-Tackett, Williams, & Finkelhor, 1993; Oddone-Paolucci et al., 2001), including physical, psychological, cognitive, and relational difficulties. Attachment research has posited that CSA may lead to insecure attachment in survivors, which may be the vehicle by which dysfunctional relationships in adulthood develop (Alexander, 1992). One particular concern is the parent-child relationship. Past research has identified some concern in the areas of empathy and nurturance (Campbell, 1996; Cohen, 1995; Douglas, 2000; Lyons-Ruth & Block, 1996), role reversal (Burkett, 1991; Sroufe et al., 1985), and the regulation of behavior (i.e., limit-setting, discipline, overprotectiveness) (Banyard, 1997; Burke, 1998; Campbell, 1996; Cohen, 1995; Cole et al., 1992; Ruscio, 2001). Unfortunately, there is a paucity of literature examining the effects of CSA on parenting outcomes (Banyard, 1997). Also, DiLillo (2001) identified many methodological limitations with the existing literature in this area, including consistent failure to account for third variables, reliance on self-report measures to assess outcome variables, inadequate definitions of CSA, including dichotomous classification, and unrepresentative sampling techniques. The primary purpose of this study was to examine differences in parenting outcomes between CSA
parents and non-CSA parents utilizing both observational and self-report methods, while accounting for possible third variables.

Preliminary Hypothesis

Hypotheses 1-4

Qualitative and empirical findings with CSA parents have suggested differences between self-reported attitudes and perceptions regarding parenting behavior and observation of that behavior (e.g., Herman, 1981; O’Brien, 1998). It has been suggested that while CSA parents may have normative attitudes about parenting behaviors, observations indicate difficulty in enacting these attitudes in actual parenting situations (O’Brien, 1998). Therefore, it is hypothesized CSA parents’ self-reported attitudes regarding nurturance (Hypothesis 1), role reversal (Hypothesis 2), limit-setting (Hypothesis 3), and physical punishment (Hypothesis 4) will be significantly more positive than observations of these behaviors during a parent-child interaction. This difference between self-report and observation is not expected among non-CSA parents.

Primary Hypotheses

Hypothesis 1

Previous research has demonstrated that CSA mothers engage in less nurturance with their children when compared to non-CSA mothers during observation of the parent-infant interaction (Lyons-Ruth & Block, 1996) and self-report of behaviors (Campbell, 1996; Cohen, 1995; Douglas, 2000). No studies have observationally investigated nurturance of CSA survivors in interactions between parents and school-age children. Thus, it is hypothesized that parents with a history of CSA will
demonstrate significantly less nurturance during a semi-structured play activity compared to parents without a history of abuse.

_Hypothesis 2_

Observations of CSA-parents reveal significantly increased amounts of role reversal compared to parents without a history of CSA (Burkett, 1991; Sroufe et al., 1985). However, Burkett (1991) observed parent-child dyads engaged in structured verbal tasks and the children ranged in age from 5 to 10 years old, thereby not controlling for the child's developmental level. Sroufe et al. (1985) controlled for developmental level, but only observed parents interacting with preschool aged children. Therefore, the current study intends to observe parenting behavior in a semi-structured play activity, while also examining the effects of child age. This will allow for the examination of whether role reversal behavior by CSA survivors differs depending on the developmental stage of the child. It is hypothesized that CSA parents will demonstrate significantly higher levels of role reversal behaviors, including requesting physical nurturance from their children, when compared to non-CSA parents.

_Hypothesis 3_

Difficulties with limit-setting have been empirically supported among parents with a CSA history compared to controls (Campbell, 1996; Cohen, 1995; Cole et al., 1992; Ruscio, 2001). Therefore, it is hypothesized CSA parents will demonstrate significantly less limit-setting during a structured parent-child interaction than parents without a CSA history.

_Hypothesis 4_

Previous research has produced inconsistent findings regarding parental
attitudes and behaviors related to the use of physical punishment among CSA survivors when compared to non-abused parents. For example, Banyard (1997) found increased physical punishment, Hanley (1996) found decreased physical punishment, and DiLillo et al. (2000) found no difference in physical punishment in CSA survivors compared to non-CSA parents. With the intention of clarifying the discrepancy in the literature, it is hypothesized that a community sample of CSA parents will significantly differ in observed threats and acts of physical punishment during a semi-structured play activity compared to non-CSA parents. However, due to inconsistency with past findings there will not be an apriori specification of whether CSA parents will demonstrate significantly higher or lower levels of physical punishment compared to non-CSA parents.

_Hypothesis 5_

Previous research suggests that CSA survivors engage in significant amounts of overprotectiveness compared to non-CSA parents (Burke, 1998; Cohen, 1995), thereby promoting the belief that the world and people are unsafe. However, none of the previous studies examining overprotectiveness have utilized an observational method. It is hypothesized that CSA parents will more frequently communicate the presence of interpersonal danger during a semi-structured parent-child interaction, as compared to parents without a history of CSA.

Secondary Hypothesis

_Hypothesis 6_

One of the major limitations of previous research in the area of parenting outcomes of CSA survivors is the failure to account for possible third variables (DiLillo, 2001). Previous studies have suggested that depression (e.g., Lesser, 1997;
Lutenbacher & Hall, 1998), and physical abuse and neglect (e.g., Banyard, 1997; DiLillo, Tremblay, & Peterson, 2000; Ruscio, 2001; Zuravin & Fontanella, 1999) may play a role in the effects of CSA on parenting behaviors. Therefore, depression and a history of other types of abuse may serve as third variables. It is hypothesized that the severity of CSA will have unique effects on parenting behaviors (i.e., nurturance, limit-setting/inconsistency, physical punishment, and role reversal), beyond that of depression and a history of physical abuse and/or neglect.

Exploratory Hypothesis

Hypothesis 7

Theoretical speculation (Alexander, 1992) suggests the possibility that children who experience the negative parenting outcomes of CSA parents may have increased emotional and/or behavioral problems. In support, Buist and Janson (2001) found that children of CSA mothers were rated by their fathers as exhibiting more problematic behavior, as assessed by the Child Behavior Checklist (CBCL), compared to children of non-CSA mothers. Therefore, it is hypothesized that parenting behaviors that distinguish CSA from non-CSA parents (based on Hypotheses 2 through 6) will predict children’s internalizing and externalizing behavior. Specifically, it is hypothesized that decreased nurturance and increased role reversal will contribute to increased internalizing behavior, while difficulties with limit-setting and increased physical punishment will contribute to increased externalizing behavior.
CHAPTER 2

METHOD

Participants

Participants of the ‘whole subsample’, utilized to test the primary hypotheses and exploratory hypotheses examining child gender, included 66 mothers and their 4 to 11-year-old child. These 66 mothers were taken from a sample of women who participated in a larger research study affiliated with the Parent-Child Interaction Assessment (PCIA) research team. The use of female parents (e.g., mothers and stepmothers) controlled for the effect of parent gender on parenting outcomes. Thirty-three of these mothers reported “moderate” or “severe” levels of childhood sexual abuse (CSA) in their history according to their scores on the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). These cutoffs comprised the 74th to 100th percentile suggesting they represented extreme levels of CSA within the overall sample. The remaining 33 women served as comparisons who did not endorse any childhood abuse, including sexual, physical, or emotional also based on their scores on the CTQ. All 66 participants reported acceptable levels of minimization/denial, as measured by the CTQ, suggesting valid reports of their abuse history. See Table 1 and Table 2 for demographic information.

Participants of the entire sample were utilized to test the secondary and exploratory hypotheses. The ‘entire sample’ included 132 mothers and their 4 to 11-year-old child. The entire sample was taken from the parent-child dyads who participated in the larger PCIA research study, excluding those who did not complete the CTQ and those who obtained a CTQ Minimization/Denial score equaling two or above, which is
suggestive of an invalid self-reported abuse history. Of the 132 mothers in the entire sample, 27.3% reported moderate to severe levels of sexual abuse, while 34.1% reported low to severe levels of sexual abuse.

It should be noted that data collection for the larger study began prior to the inclusion of the (Parent-Parental Acceptance Rejection Questionnaire/Control (Parent – PARQ/Control), which is one of the self-report measures included in the current study. Therefore, 17 participants in the ‘whole subsample’ and 35 participants in the ‘entire sample’ did not complete the two P-PARQ/Control subscales utilized in the current study (Warmth/Affection and Control).

Participants were recruited from the community through advertisements as part of a larger research study. Exclusion criteria for the study included parents whose children presented with pervasive developmental disorders, mental retardation, or traumatic brain injuries (based on parent report).

Measures

Demographics

The “Demographic Information and History Form” (see Appendix A) was completed by the participating parent. Basic demographic information was collected with this form, including parent and child gender, age, and ethnicity, as well as parent education level, estimated income, marital status, and treatment history (current or past participation in therapy). Information was also obtained through this form as to how many caregivers were involved in child’s care (caregiver status) and whether or not the parent ever participated in parenting classes.
Parental Abuse History

The CTQ (Bernstein & Fink, 1998) was used to measure retrospective reports of child abuse among adults. The CTQ is a 28-item, self-report inventory designed to screen for histories of child maltreatment in adolescents and adults in five domains, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. However, the present study only utilized the physical abuse, sexual abuse, and physical neglect subscales, each of which is comprised of five items. Scores on the Physical Abuse subscale reflect the extent of “bodily assaults on a child by an older person that pose a risk of, or result in, injury” (p. 2). Sexual Abuse refers to “sexual contact or conduct between a child and older person; explicit coercion is a frequent but not essential feature of these experiences” (p. 2). Physical Neglect reflects the extent of “failure of caregivers to provide a child’s basic physical needs, including food, shelter, safety and supervision, and health” (Bernstein & Fink, 1998, p. 2). The CTQ also includes three items comprising the Minimization/Denial scale to detect “false-negative trauma reports” (Bernstein & Fink, p. 1). Participants scoring 2 or above on this measure were excluded from the present study, due to the decreased validity of their responses.

CTQ items are rated along a 5-point Likert scale assessing frequency, ranging from “Never True” to “Very Often True.” The total raw scores for each CTQ scale reflect the severity of maltreatment in the area assessed. Thresholds or “cut scores” have been developed to denote “None/Minimal,” “Low,” “Moderate,” and “Severe” categories of maltreatment. In the current study, the CSA group only included cases in which “Moderate” or “Severe” sexual abuse was endorsed and the comparison group included
cases in which “None/Minimal” abuse was endorsed, in order to maximize group distinction.

The CTQ has strong psychometric properties and was validated with data from seven samples of clinical and nonreferred individuals (N = 2,201). Factor analytic studies of the CTQ have yielded a 5-factor solution for the CTQ, with a coherent factor structure that was stable or maintained across a variety of samples (see Bernstein & Fink, 1998 for details; also see Scher, Stein, Asmundson, McCreary, & Forde, 2001). This coherence across diverse samples attests to the CTQ’s construct validity. Internal consistency coefficients for the CTQ scales reported in the manual (Bernstein & Fink, 1998) ranged from .57 to .92 for the Physical Abuse, .72 to .95 for the Sexual Abuse, and .58 to .83 for the Physical Neglect subscales, across various samples. In the current study, alpha coefficients of .78, .95, .68 for the CTQ – Physical Abuse, CTQ – Sexual Abuse, and CTQ – Physical Neglect subscales, respectively, were obtained for the ‘whole subsample’. For the ‘entire sample’, alpha coefficients of .82 (CTQ – Physical Abuse), .96 (CTQ – Sexual Abuse), and .68 (CTQ – Physical Neglect) were obtained.

Test re-test reliabilities for the CTQ scales range from \( r = .79 \) for the Physical Neglect scale to \( r = .81 \) for the Sexual Abuse and Emotional Neglect scales, with an overall intraclass correlation of \( r = .86 \). These test-retest reliabilities were assessed with a sample of adult substance abusers, over an interval ranging from 1½ to 5½ months (Bernstein & Fink, 1998). Convergent and discriminant validity has also been demonstrated. The CTQ scales have been shown to correlate significantly with the Childhood Trauma Interview, a semi-structured interview that assesses six types of childhood maltreatment, including physical, sexual, and emotional forms of abuse and
neglect (Fink; Fink et al. as cited in Bernstein & Fink, 1998). Moreover, convergent and
discriminant validity was supported, as evidenced by correlations between scales
measuring similar constructs on the two instruments being greater than those between
non-similar scales. Specifically, correlations for corresponding scales on the two
measures ranged from $r = .42$ to $r = .58$ for the participating substance abuse sample ($N$
$= 220$).

Convergence has also been demonstrated between corresponding scales of the
CTQ and Child Maltreatment Interview (Walker, Bernstein, & Keegan as cited in
Bernstein & Fink, 1998), as well as the Evaluation of Lifetime Stressors (ELS; Bernstein
& Fink, 1998). Moreover, scales on the CTQ were highly correlated with corresponding
ratings on the ELS, and less highly correlated with non-corresponding ELS ratings,
further attesting to the CTQ’s construct validity.

Bernstein and Fink (1998) presented evidence of the CTQ’s concurrent validity
through correlational data between all of the CTQ scales and trauma-related constructs,
including depression (Beck Depression Inventory® measure; The Psychological
Corporation, San Antonio, TX, www.psychcorp.com), Post-traumatic Stress Disorder
(Civilian Mississippi Scale), dissociation (Dissociative Experiences Scale), and
alexithymia (Toronto Alexithymia Scale; see Bernstein & Fink, 1998 for details).

**Parental Depression**

Parent depression was assessed using the revised Beck Depression Inventory®
measure (BDI-2; Beck & Steer, 1993/1987). The BDI-2 is a 21-item questionnaire that
assesses the severity of depressive symptoms in adults. For each item, the participant
is presented with a group of four statements, each signifying a differing degree of a
depressive symptom, and is asked to select the statement that describes her best. Each of the statements is assigned a point value and to derive the total score, the points of the selected statements are summed, with higher scores indicating more severe depressive symptoms.

   Beck, Steer, and Garbin (1988) reviewed 10 studies that addressed pretest and posttest BDI-2 scores and found test-retest reliabilities ranging from .60 to .90 in studies of nonpsychiatric patients. Lightfoot and Oliver (1985) found a test-retest reliability of .90 over a 2-week period with 204 undergraduates. A meta-analysis of 15 studies found the BDI-2 to have strong internal consistency ($\alpha = .81$; Beck, Steer, & Garbin, 1988). In the current study, an alpha coefficient of .93 was obtained for both, the ‘whole subsample’ and the ‘entire sample’. Further, the validity of this widely used measure has been demonstrated repeatedly (see Beck & Steer, 1993 for more information).

*Parent-Child Relationship*

Parent-child interactions were observed using the Parent-Child Interaction Assessment (PCIA; Holigrocki, Frieswyk, Kaminski, & Hough, 1999; Holigrocki, Kaminski, & Frieswyk, 1999; see Appendix B for administration instructions; used with permission). The PCIA is an analogue observation technique designed to evaluate aspects of the parent-child relationship. During the PCIA, a parent-child dyad is videotaped while they are given instructions about going on an imaginary trip to the zoo. A brief (90 seconds) “free play” interaction is followed by a series of instructions on playing out several scenes with toy people, animals, and blocks. These 15 “Co-construction Tasks” are designed to pull for emotions, as well as a variety of parenting behaviors, including level of involvement, nurturing, limit setting, and encouragement
In addition, the scenarios put the children in situations “that may require them to delay gratification, achieve, take risks, negotiate autonomy, receive help, compete, and be comforted” (Holigrocki, Kaminski, & Frieswyk, 1999, p. 417). After the parent and child have completed the construction tasks, they engage in a “Clear-up task.” Finally, during the “Inquiry,” the parent and child independently view segments of the videotape and are asked about the actions, feelings, thoughts, and desires of themselves and the other person.

Independent graduate student raters who were blind to group status coded verbalizations and behaviors from the videotapes of the PCIA. Raters used the Observational Coding System (OCS; Kaminski et al., 2002; see Appendix C; used with permission). These codes served as variables in testing the various hypotheses. For the present study, 15 specific scenarios (e.g., “Race,” “Tunnel,” “Feeding Giraffes,” “Hurt Arm,” “Lunch,” “Waiting,” “High Rock,” “Lost Child,” “Stranger,” “See-Saw,” “Animal Names,” “Gift Shop,” “Leaving Zoo,” “Lost Toy,” & “Clear-up”) were coded on various constructs. These scenes were chosen because they tend to elicit parental nurturance, role reversal, limit-setting, discipline techniques, and/or overprotectiveness. Using 15 scenarios yielded 22½-minutes of overall observable parent-child interaction behaviors per dyad.

The specific constructs of the OCS to be used in the present study were chosen after a thorough review was conducted of constructs described in previous research of parenting outcomes related to CSA survivors. The constructs include Physical Nurturance Given (PNUR), Parental Role-Reversal (PRR), Parental Inconsistency (PI), Physical Control/Punishment (PCP), and Interpersonal Danger (ID), which are defined
in the OCS (see Appendix C) and respectively, assess aspects of parental nurturance, role-reversal, limit-setting, threat and use of physical discipline and control, and overprotectiveness. Some scenarios were utilized for more than one code, which resulted in 15-minutes of observable parent-child interaction time for PNUR, 6-minutes for PRR, 7½-minutes for PI, 7½-minutes for PCP, and 7½-minutes for ID.

A team of four graduate students in psychology doctoral programs at the University of North Texas was selected to complete PCIA observational coding for the current study. These student coders were chosen because of their participation on the PCIA research team for at least 1½ years, resulting in familiarity with the development of the PCIA and various PCIA codes, and experience with observational coding. The process for PCIA observational coding in the current study was conducted according to the following procedures and beginning with coder training. First, an OCS co-author (Dr. Patricia Kaminski) reviewed two sample-coded videotapes, item by item, with the trainee coders. The sample videotapes were drawn from the PCIA archive and were already coded by the OCS authors. Each trainee was then assigned the codes relevant to the current study from the OCS. Next, trainees coded two archival PCIA videotapes according to the OCS on their assigned codes. The trainees were asked to view each videotape at least three times during coding. While in training, coders were required to justify their ratings for each code. Then, the coding was reviewed by one of the OCS authors. Trainees met as a group to discuss errors and clarify questions regarding coding.

After coders achieved an adequate level of accuracy, as evidenced by no errors due to conceptual understanding of the code (versus an incorrect score due to an
oversight of a verbalization or a mistaken verbalization), coders were assigned approximately five videotapes per week for the current study. Coders recorded the frequency of behaviors fulfilling coding criteria for codes relevant to the current study for each scenario. Those frequencies were summed across relevant scenarios to comprise the total score for that code for each parent-child dyad. Weekly meetings were held to review coding questions. A subsample of 20% of videotapes were randomly selected and coded by a second coder to calculate inter-rater reliability for each code. Following the procedure outlined by Weiner (1991), inter-rater reliability was computed by dividing the number of times the coders agreed on that code by the total number of times that code was assigned. Coders attained at least 70% agreement for all codes, which is considered reliable according to the overall study standard of 70% agreement.

For the purposes of statistical analysis, a sum of the frequency of behaviors will be computed for each code of interest across designated scenarios. This method will yield a whole, continuous number with higher sums indicating higher levels of the target parenting behavior (i.e., nurturance, role reversal, etc.).

**Parental Perceptions and Attitudes**

The Parent-Parental Acceptance Rejection Questionnaire/Control (Parent – PARQ/Control) was used to assess parental perceptions of nurturance and limit-setting. The Parent – PARQ/Control is a 73-item self-report measure designed to assess parental perceptions of behavior toward her child in terms of constructs including acceptance, rejection, and parental control (Rohner, 1999). Rohner (1999) defines “acceptance” as warmth, affection, and support that can be expressed by parents either physically or verbally. In contrast, Rohner defines parental "rejection" as the absence or
withdrawal of acceptance, which can take three forms: aggression/hostility, neglect, and 
indifference. Finally, the parental “control” construct refers to the degree that parents 
limit or restrict a child’s behavior, as well as how much the parent uses directives and 
demands. Parental control is viewed as being a bipolar dimension with permissiveness 
at one end and strictness at the other end.

The Parent-PARQ/Control contains statements regarding the parent’s behavior 
that are rated on a 4-point Likert scale (4 = Almost always true; 3 = Sometimes true; 2 = 
Rarely true; and 1 = Almost never true). Five subscales are derived from the Parent-
PARQ/Control including, Warmth/Affection, Aggression/Hostility, Neglect/Indifference/
Rejection (Undifferentiated), and Control (Rohner, 1999). Several items are reverse-
scored. The current study utilized the Warmth/Affection and Control subscales to 
assess perceptions of nurturance and limit-setting, respectively. The mean of the sum 
was utilized with higher scores on the Warmth/Affection subscale indicating higher 
levels of nurturance. A “Control” score was derived by computing the mean of the items 
on the Control Scale, with higher scores representing lax control or permissiveness 
(poor limit-setting).

The Parent-PARQ/Control has demonstrated sound psychometric qualities. 
Overall internal consistency was reported to be adequate (α = .78). Khaleque and 
Rohner (2002) conducted a meta-analysis aggregated across ethnic and sociocultural 
groups and found a strong alpha coefficient (α = .84) for the overall Parent-PARQ. 
Further, adequate internal consistency has been found on most of the individual scales 
of the Parent-PARQ/Control utilizing mothers of 113 children, aged 7 to 12. Specifically, 
the alpha coefficient was strong for the Warmth/Affection subscale (standardized item α
With the current ‘whole subsample’, internal consistency of $\alpha = .87$; Schenberg, 1998). With the current ‘whole subsample’, internal consistency of $\alpha = .81$ was found for the 20 items of the Warmth/Affection subscale. An alpha coefficient of .80 was obtained for the ‘entire sample’ after deletion of one item, resulting in 19 items to be utilized for Hypothesis 6.

While the author of the Parent-PARQ/Control scale provided solid, albeit preliminary, data on the psychometric properties of the child and adult versions of the PARQ/Control scale in their test manual, the present examiner found no published studies to confirm similar psychometrics for the Parent version of the PARQ/Control scale. This is likely due to the novelty of the most recent version of the Parent-PARQ/Control scale. However, given the similarity of the parent version of the PARQ/Control scale to the child and adult versions, the interested reader is referred to a summary of the psychometric properties of the child and adult versions (Rohner, 1999). An alpha of .70 was found in the ‘whole subsample’ for the Control subscale after 3 of 13 items were deleted to increase reliability, resulting in 10 items. For the current ‘entire sample’, an alpha of .65 was obtained for the Control subscale after 6 items were deleted, resulting in 7 items to be utilized for Hypothesis 6.

Attitudes toward physical discipline and role reversal were assessed using the Adult Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 1999), which is a 40-item self-report measure of parenting attitudes and practices. The AAPI-2 measures parenting attitudes and behaviors in five specific areas, including Inappropriate Expectations of Children (7 items), Parental Lack of Empathy Towards Children’s Needs (10 items), Strong Belief in the Use of Corporal Punishment as a Means of Discipline (CP; 11 items), Reversing Parent-Child Role Responsibilities (RR; 7 items),
and Oppressing Children’s Power and Independence (5 items). However, only the subscales assessing belief in the use of corporal punishment and parent-child role reversal were included in the present study. Items are presented on a 5-point Likert scale from “Strongly Agree” (1) to “Strongly Disagree” (5). For the current study, the mean of the sum for each AAPI-2 subscale was utilized, with higher scores representing higher levels of role reversal and belief in corporal punishment.

The AAPI-2 was normed on a large sample (N = 1,427) of adult and adolescent parents (abusive and non-abusive) from 23 different states. Separate norms were developed for mothers and fathers, according to age group (i.e., adult vs. adolescent). Internal consistencies reported for the five factors of the AAPI-2 are strong. Bavolek and Keene (2001) reported reliability coefficients of $\alpha = .85$ (RR scale) and $\alpha = .92$ (CP scale). Warren (2002) found slightly lower, but sufficient reliability estimates for RR ($\alpha = .73$) and CP ($\alpha = .85$). With the current sample, an adequate reliability coefficient of $\alpha = .70$ was obtained in the ‘whole subsample’ for the RR scale after two of the original seven items were deleted to increase reliability. For the ‘entire sample’ an alpha of .74 was obtained for the RR scale after 2 of the 7 items were deleted. A sufficient internal consistency coefficient of $\alpha = .85$ was obtained for the CP scale in the current ‘whole subsample’ and $\alpha = .84$ for the ‘entire sample’. Attesting to its diagnostic or criterion-related validity, each of the five AAPI-2 constructs or subscales has been found to discriminate between the parenting behaviors of known abusive parents and those of non-abusive parents (Bavolek & Keene, 2001). These findings hold for both mothers and fathers. The present author found no subsequent published studies to supplement these psychometrics. This dearth of empirical literature is likely due to the novelty of the
most recent version of the AAPI. However, given the congruence of the AAPI-2 constructs with its original version (AAPI-1), the interested reader is referred to a summary of the well-established psychometric properties of the original version of the AAPI (Bavolek & Keene, 1999).

**Child Outcome**

The Child Behavior Checklist/4-18 (CBCL/4-18; Achenbach, 1991) is a well-established parental self-report measure used to assess child behavioral and emotional outcome. The measure includes 118-items comprising 8 domains, including Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. Items consist of descriptions of child behavior to which the parent responds by indicating “2” if the item is “Very True or Often True”, “1” if “Somewhat or Sometimes True”, or “0” if “Not True (as far as you know),” with larger numbers indicating increased frequency of the behavior.

Factor analysis of the items resulted in the emergence of three factors, two of which are Internalizing (comprised of Withdrawn, Somatic Complaints, and Anxious/Depressed) and Externalizing (comprised of Delinquent Behavior and Aggressive Behavior) behaviors (Achenbach, 1991). It is these factors that were utilized in the present study as measures of child emotional and behavioral outcome.

The measure demonstrates sound psychometric qualities. Test-retest reliability with 80 mothers of nonreferred children over a week interval resulted in mean correlations of .89 for the Internalizing and .93 for the Externalizing factors (Achenbach, 1991). Test-retest correlations remained strong over a 2-year period (Internalizing, $r = .70$ and Externalizing, $r = .86$; Achenbach, Phares, Howell, Rauh, & Nurcombe as cited
in Achenbach, 1991). Convergent validity was demonstrated by adequate correlations between the Internalizing scale and the Psycho-somatic \( r = .56 \) and Anxiety \( r = .62 \) subscales of the Connors’ Parent Questionnaire (as cited in Achenbach, 1991). Further, a correlation of .72 was found between the Internalizing scale and the Anxiety/Withdrawn subscale of the Quay-Peterson Revised Behavior Problem Checklist (as cited in Achenbach, 1991). Convergent validity was also demonstrated by adequate correlations between the Externalizing scale and the Anti-social \( r = .67 \) and Conduct Problem \( r = .86 \) subscales of the Connors’ Parent Questionnaire, as well as a correlation of .88 with the Conduct Disorder subscale of the Quay-Peterson Revised Behavior Problem Checklist (Achenbach, 1991). Finally, criterion-related validity is supported, as evidenced by 60% of referred children scoring in the clinical range on the Internalizing and Externalizing scales, compared with 18% and 17%, respectively, of non-referred children (Achenbach, 1991). In the current study, strong internal consistency coefficients of \( \alpha = .87 \) for the CBCL-Internalizing scale (30 items) and \( \alpha = .92 \) for the CBCL-Externalizing scale (31 items) were obtained for the whole subsample.

Procedure

Parent-child dyads were recruited from the community through posters, flyers, windshield flyers, newspaper advertisements, family therapy clinics, school counselors, and flyers posted in physician’s offices and pharmacies. Participants who were interested contacted the researchers by phone and were informed about the study and its procedures. Parents were also told that participation included a 30-minute videotaped play interaction with her and her child. Parents were also informed they would spend approximately 2 hours completing questionnaires and their child would
also spend about 45 minutes to an hour completing self-report child questionnaires with the help of a trained graduate student. Then the child would be allowed to play with the examiner or a research assistant for the remainder of the time. Persons who wished to participate were scheduled for a 3-hour appointment.

Upon arrival at the testing site (University of North Texas Psychology Building – Terrill Hall), participants were greeted and informed consent was obtained (see Appendix D). If their parent chose to sign the Informed Consent form, assent was also solicited and obtained from child participants, as seen on the last page of the Informed Consent Form.

Once consent was obtained, parents and their son or daughter participated in the PCIA (Holigrocki, Frieswyk et al., 1999). The PCIA was administered according to the protocol described in the PCIA manual (Holigrocki, Frieswyk et al., 1999). The PCIA was videotaped and all materials and toys were set up in a standardized manner. The testing room was free of distractions and the researcher remained in the room except during the “Free Play” and “Clear up” scenarios. During each scenario, the researcher remained quiet unless spoken to directly. Whenever necessary, a non-directive and warm response was given (Holigrocki, Frieswyk et al., 1999).

Following the administration of the PCIA, parents were given one of four counterbalanced questionnaire packets, which included 10 measures (3 for the present study) to complete, while the child was administered 3 measures (none used for current study) by a trained graduate student. The graduate student read directions and items aloud and recorded the child’s responses in order to prevent any difficulties the child had with reading the measures. In addition, at least every 20 minutes, a 5-minute break
was taken to prevent fatigue. However, more frequent breaks were taken as necessary to maintain good rapport and optimize the validity of the child’s responses. Following completion of the child questionnaires, the child was allowed access to a number of age-appropriate toys and was supervised by a researcher.

Problems with attendance and attrition in research with families have been historically evident. Thus, it is standard procedure to offer participants in family studies the types of support they may need to make participation possible. Therefore, participants in the present study were offered childcare and snacks, and dyads were paid $10 per hour for their time (usually about 3 hours). Following completion of the study, parents received a debriefing form (see Appendix E).
CHAPTER 3

RESULTS

Demographic Comparisons

The data were examined for possible differences between the childhood sexual abuse (CSA) and comparison groups on demographic variables. A chi-square analysis revealed a significant difference between groups for level of education ($\chi^2(2) = 7.19, p < .03$), with CSA parents reporting a significantly lower level of education than comparison parents (see Table 1). No significant differences were found for ethnicity or marital status (see Table 1). Chi-square analyses also revealed no significant differences on whether the parent is the sole caregiver, has attended psychotherapy, or has taken parenting classes (see Table 1).

T-tests were utilized to examine group differences on continuous demographic variables. Results indicated no significant difference on parent age, but a significant difference between groups was found for income ($t(63) = -2.48, p < .02$), as CSA parents reported significantly lower annual gross incomes than did comparison parents (see Table 2). In addition, there was a significant correlation between years of education and income ($r(65) = .30, p < .02$), indicating a relationship between parents’ education level and income. Therefore, income was set as a covariate for all major analyses to statistically control for its possible impact on analyses.

Data Preparation

Prior to conducting statistical analyses, all dependent and independent variables were examined for the whole subsample (CSA parents and comparison group combined) and entire sample (all participants in overall study) (see Table 3 & Table 4)
to determine if normality was met, which is an assumption for the Multivariate Analysis of Variance (MANOVA), Analysis of Variance (ANOVA), and hierarchical multiple regression. In addition, it was necessary to standardize select variables in order to run the desired analyses. For the whole subsample (to be used in Hypotheses 1-5), several variables violated the test of normality. The Parent-Child Interaction Assessment (PCIA) - Role Reversal variable exhibited significant levels of statistical skewness and kurtosis, while examination of histogram graphs revealed all the PCIA behavior codes (PCIA-ID, PI, PCP, PNUR, RR), were all positively skewed due to the high frequency of zero for the codes. The normality assumption was further examined with the Shapiro-Wilks statistic, which revealed significant deviation from normality for several variables, including Parent/Parental Acceptance Rejection Questionnaire (PARQ) – Warmth, Parent/PARQ – Control, revised Adult-Adolescent Parenting Inventory (AAPI-2) – Role Reversal, and all the PCIA behavior codes. A logarithmic transformation of the PCIA variables resulted in them meeting the normality assumption according to estimates of skewness and kurtosis, but not according to the Shapiro-Wilks statistic. To further prepare the data, it was necessary to standardize the variables used to test Hypotheses 1-5. To accomplish this, the variables were transformed to z-scores across groups, then to t-scores to eliminate the negative numbers.

For the entire sample (to be used in Hypotheses 6-7), a log transformation was also required of the Childhood Trauma Questionnaire (CTQ) variables (Physical Abuse, Sexual Abuse, Physical Neglect) and the revised Beck Depression Inventory® (BDI-2) variable in order to meet the assumption of normality as assessed by estimates of skewness and kurtosis. Notably, even after the logarithmic transformations, the CTQ
variables did not meet the assumption of normality according to the Shapiro-Wilks statistic. Despite this, the author decided to proceed with analyses since MANOVA’s, ANOVA’s, and multiple regressions are known to be fairly robust when the assumption of normality is not met (Weinfurt, 1995).

The other assumption of the MANOVA, the assumption of homogeneity of covariance, was met on all analyses based on Box’s Test of Equality of Covariances. For the one-way Analysis of Variance (ANOVA), the assumption of homogeneity of variance was met based on the Levene’s Test for Equality of Variances on all significant results.

The other assumptions of the hierarchical multiple regression include non-collinearity between predictors, linearity between the independent and dependent variables, and homoscedasticity. The assumption of non-collinearity between predictors was met as the correlation between the predictors did not exceed a correlation of .90 (see Table 5). The assumptions of linearity and homoscedasticity were investigated utilizing scatterplots, which plotted predicted values on the X-axis and standardized residuals on the Y-axis. Based on this examination, it was determined that there were no major violations of these assumptions.

Preliminary and Primary Hypotheses Results

Hypothesis 1 Results

The first hypothesis stated that CSA parents, but not non-CSA parents would self-report attitudes and perceptions regarding nurturance that are incongruous with observed measures of these behaviors. In addition, it was hypothesized that CSA parents would exhibit significantly lower levels of nurturance when compared to
comparison parents. To account for the difference in parental income between the abused and non-abused groups, income was set as a covariate. Therefore, a 2X2 mixed design Multivariate Analysis of Covariance (MANCOVA) was conducted to compare the means of nurturance (self-report versus observed referred to as ‘reporter’, as the within subjects factor) by abuse status (CSA and no abuse), as the between subjects factor, while statistically controlling for the effects of parental income. The results indicated no interaction between abuse status and reporter on levels of nurturance, $F(1, 45) = .73, p = .40, \eta^2 = .02$. Results of the main effects were not significant for abuse status, $F(1, 45) = 2.23, p = .14, \eta^2 = .05$, or reporter, $F(1, 45) = .09, p = .77, \eta^2 = .002$. The means and standard deviations for the independent variables and the multivariate and univariate results for Hypothesis 1 can be seen in Tables 6 and 7, respectively.

**Hypothesis 2 Results**

The second hypothesis suggested CSA parents, but not non-CSA parents would self-report attitudes and perceptions regarding role reversal that are incongruous with observed measures of these behaviors. In addition, it was hypothesized that CSA parents would exhibit significantly greater levels of role reversal when compared to comparison parents, and that levels of role reversal would vary by the child’s developmental level. Therefore, a 2X2X2 mixed design MANCOVA was conducted to compare the means of parental role reversal (self-report versus observed referred to as ‘reporter’, as the within subjects factor) by between subjects factors including abuse status (CSA and non-CSA) and child developmental level (3 to 5 years and 6 to 11 years), while statistically controlling for the effects of parental income. The results
indicated the absence of the hypothesized significant two-way interaction between abuse status and reporter on levels of parental role reversal, $F(1, 60) = .05, p = .82, \eta^2 = .001$. The hypothesized interaction between abuse status and child developmental level was also nonsignificant ($F(1, 60) = .00, p = .99, \eta^2 = .00$). Results of the main effects were not significant for abuse status, ($F(1, 60) = .48, p = .49, \eta^2 = .008$), reporter, ($F(1, 60) = .32, p = .57, \eta^2 = .005$), or child developmental level ($F(1, 60) = .44, p = .51, \eta^2 = .007$). The means and standard deviations for the independent variables and the results of the MANCOVA for Hypothesis 2 can be seen in Tables 8 and 9, respectively.

**Hypothesis 3 Results**

The third hypothesis tested stated that CSA parents, but not non-CSA parents would self-report attitudes and perceptions regarding limit-setting that are incongruous with observed measures of these behaviors. CSA parents tend to self-report higher levels of consistency than they actually employ. In addition, it was hypothesized that CSA parents would exhibit significantly poorer limit-setting skills when compared to non-CSA parents. To account for the difference in parental income between the abused and non-abused groups, income was set as a covariate. Therefore, a 2X2 mixed design MANCOVA was conducted to compare the means of parental inconsistency (self-report versus observed referred to as ‘reporter’ as the within subjects factor) by the between subjects factor, abuse status (CSA and non-CSA), while statistically controlling for the effects of parental income. The results indicated no difference by abuse status and reporter on levels of parental inconsistency, $F(1, 45) = 1.71, p = .20, \eta^2 = .04$. Results of the main effects were not significant for abuse status, ($F(1, 45) = .05, p = .83, \eta^2 = .001$) or reporter, ($F(1, 45) = .72, p = .40, \eta^2 = .02$). Means and standard deviations and the
results of the MANCOVA for Hypothesis 3 can be seen in Tables 10 and 11, respectively.

Hypothesis 4 Results

The fourth hypothesis tested stated that CSA parents, but not non-CSA parents would self-report attitudes and perceptions regarding physical control and punishment that are incongruous with observed measures of these behaviors. In addition, it was hypothesized that CSA parents would exhibit significantly different levels of physical control and punishment when compared to comparison parents, but past research has found inconsistent results with this parenting behavior. Therefore, a 2X2 mixed design MANCOVA was conducted to compare the means of parental physical control and corporal punishment (self-report versus observed referred to as ‘reporter’ as the within subjects factor) by abuse status (CSA and non-CSA) as the between subjects factor, while statistically controlling for the effects of parental income. The results indicated a nonsignificant interaction between abuse status and reporter on levels of parental physical control or corporal punishment, $F(1, 62) = .55, p = .46, \eta^2 = .009$. Results of the main effects were not significant for abuse status, ($F(1, 62) = .03, p = .88, \eta^2 = .000$) or reporter, ($F(1, 62) = .03, p = .85, \eta^2 = .001$). The means and standard deviations for the independent variables and the results of the MANCOVA for Hypothesis 4 can be seen in Tables 12 and 13, respectively.

Hypothesis 5 Results

The fifth hypothesis purported that CSA parents verbalize significantly higher levels of interpersonal danger during a semi-structured play activity, suggesting the tendency for overprotectiveness, compared to non-abused parents, while controlling for
the effects of parental income. An ANCOVA was conducted to compare the means of observed levels of interpersonal danger (PCIA-ID) between CSA and non-CSA parents, with parental income set as a covariate. Results did not indicate a significant difference between the groups in levels of interpersonal danger ($F(1, 62) = 2.50, p = .12, \eta^2 = .04$).

Descriptive statistics and the results of the ANCOVA for Hypothesis 5 can be seen in Tables 14 and 15, respectively.

Secondary Hypothesis Results

**Hypothesis 6 Results**

The sixth hypothesis purported the severity of CSA would have unique effects on parenting attitudes and perceptions regarding nurturance, limit-setting/inconsistency, physical control and punishment, and role reversal, beyond that of parental depression and a history of physical abuse and/or physical neglect. Four hierarchical regressions were utilized with the self-reported parenting skills serving as the criterion variable and parental depression entered on the first step, physical abuse entered on the second step, physical neglect entered on the third step, and childhood sexual abuse entered on the final step. Contrary to what was expected, CSA did not account for a significant amount of independent variance in self-reported parental warmth ($Beta = -.13, t = -1.16, p = .25, F\Delta(1, 85) = 1.36, p = .25, sr^2 = .015$), limit-setting ($Beta = .09, t = .80, p = .43, F\Delta(1, 85) = .64, p = .43, sr^2 = .007$), attitude toward corporal punishment ($Beta = .003, t = .03, p = .98, F\Delta(1, 110) = .001, p = .98, sr^2 = .000$), or parental role-reversal ($Beta = .12, t = 1.17, p = .24, F\Delta(1, 110) = 1.38, p = .24, sr^2 = .01$) beyond that of parental depression and other types of childhood trauma. Results of these hierarchical regressions can be seen in Tables 16 – 19.
Parental depression was the only significant predictor of self-reported parental warmth ($Beta = -.26, t = -2.51, p < .02$), accounting for 6.7% of the variance in self-reported warmth/nurturance. It was also the only significant predictor of attitudes toward corporal punishment ($Beta = .21, t = 2.25, p < .03$), accounting for 4.3% of the variance in such attitudes. Regarding role reversal, depression was also the only significant predictor of self-reported role reversal ($Beta = .25, t = 2.71, p < .01$), accounting for 6.1% of the variance in that variable. Specifically, higher levels of parental depression were related to lower levels of self-reported parental nurturance ($r(97) = -.22, p < .03$), and higher levels of corporal punishment ($r(125) = .16, p < .08$) and role reversal ($r(125) = .26, p < .01$). Further, CSA parents reported significantly higher levels of depressive symptoms ($M = 12.15, SD = 11.49$) compared to non-CSA parents ($M = 6.82, SD = 6.20; t(64) = 2.35, p < .03$). Neither CSA, nor any of the predictor variables accounted for a significant amount of variance in parental limit-setting, as measured by the PARQ-Control.

Exploratory Hypothesis

**Hypothesis 7 Results**

The seventh hypothesis suggested that parenting behaviors distinguishing CSA from non-CSA parents would predict children’s internalizing and externalizing behavior. Because CSA and comparison parents did not differ on any parenting behaviors (self-reported or observed), this hypothesis was not tested as proposed. However, an ANCOVA utilizing the entire subsample revealed the children of CSA parents were rated as exhibiting significantly more internalizing behaviors ($M = 57.09, SD = 9.33$) than children of non-CSA parents ($M = 48.48, SD = 11.81$), as measured by the Child
Behavior Checklist (CBCL) Internalizing scale, while statistically controlling for the effects of parental depression and income ($F(1, 61) = 7.30, p < .01, \eta^2 = .11$). Similarly, an ANCOVA also revealed children of CSA parents were rated as exhibiting significantly more externalizing behaviors ($M = 59.97, SD = 9.31$) compared to children of non-CSA parents ($M = 51.33, SD = 12.51$), as measured by the CBCL Externalizing scale ($F(1, 61) = 6.41, p < .02, \eta^2 = .10$). Means and standard deviations, as well as ANCOVA results are presented in Tables 20 and 21, respectively.

Exploratory Analyses Considering Child Gender and Parental Depression

For the following exploratory analyses with child gender as a factor, a Bonferroni Correction was made due to the number of analyses. Therefore, an analysis was considered significant if $p \leq .02$. However, trends towards significance are also discussed. In addition to parental income, parental depression was set as a covariate for these analyses due to the differences between CSA and non-CSA parents on level of depression.

Tests of Hypotheses 1-4 were repeated utilizing 2X2X2 mixed design MANCOVA’s to compare the means of nurturance, role reversal, limit-setting, and physical control/punishment (self-report versus observed, ‘reporter’, as the within-subjects factor) by abuse status (CSA and non-CSA) and child gender (male and female) as the between subjects factors, while statistically controlling the effects of parental income and level of parental depression. Analyses were followed by 2X2 MANCOVAs or MANOVAs and t-tests when indicated.

**Hypothesis 1 – Exploratory**

The results indicated a trend toward a significant interaction between abuse
status, child gender, and reporter on levels of nurturance, $F(1, 42) = 3.17, p = .082$ (see Figure 1). A small, but interpretable, effect size was found for this analysis ($\eta^2 = .07$), suggesting the results are meaningful and might reach statistical significance if power were increased (current power = .41). To further explore this trend, 2X2 MANOVA analyses were utilized and revealed a trend toward significance for CSA parents ($F(1, 22) = 2.65, p = .118, \eta^2 = .11$), but not comparison parents $F(1, 23) = .08, p = .79, \eta^2 = .003$) regarding the interaction between reporter and child gender. $T$-tests indicated that CSA parents exhibit higher levels of physical nurturance to male children ($M = 53.04, SD = 9.72$) than female children ($M = 43.39, SD = 8.92$) during a semi-structured play activity ($t(22) = -2.35, p = .03$). Notably, CSA parents did not self-report differences in levels of nurturance expressed toward male ($M = 47.19, SD = 12.44$) versus female children ($M = 49.56, SD = 11.98$), $t(22) = .44, p = .66$. The means and standard deviations for the independent variables and the results of the multivariate analyses can be seen in Tables 22 and 23, respectively.

**Hypothesis 2 – Exploratory**

The three-way interaction between abuse status, child gender, and reporter on levels of parental role reversal was not significant ($F(1, 59) = .99, p = .32, \eta^2 = .02$). The two-way interactions between child gender and reporter for CSA ($F(1, 31) = .62, p = .44, \eta^2 = .02$) and comparison parents ($F(1, 31) = .42, p = .52, \eta^2 = .01$) were also not significant. However, ANCOVA analyses revealed an interesting trend. Specifically, results indicated a trend for CSA parents to exhibit higher levels of role reversal toward male children ($M = 53.22, SD = 10.83$) than female children ($M = 47.40, SD = 8.48$) during a semi-structured play activity ($F(1, 28) = 2.52, p = .12, \eta^2 = .08$), while there
were no differences on levels of observed role reversal by child gender for non-CSA parents \((F(1, 29) = .00, p = .99, \eta^2 = .00)\). Notably, neither CSA parents nor comparison parents self-reported differences in levels of role reversal expressed toward male versus female children \((F(1, 29) = .25, p = .62, \eta^2 = .009 \text{ and } F(1, 29) = 1.05, p = .32, \eta^2 = .04, \text{ respectively})\). Means and standard deviations and the multivariate and univariate results can be seen in Tables 24 and 25, respectively.

**Hypothesis 3 – Exploratory**

The 2X2X2 MANCOVA results indicated a significant three-way interaction between abuse status, child gender, and reporter \((F(1, 42) = 9.30, p < .005, \eta^2 = .18)\) on levels of parental inconsistency/limit-setting (see Figure 2). To further delineate the root of this finding, a 2X2 MANCOVA analysis was utilized and revealed a nonsignificant interaction between reporter and abuse status \((F(1, 44) = 1.30, p = .26, \eta^2 = .03)\). Additional 2X2 MANOVA analyses revealed trends toward significant interactions between child gender and reporter for both, CSA parents \((F(1, 22) = 5.78, p < .03, \eta^2 = .21)\) and comparison parents \((F(1, 23) = 3.43, p < .08, \eta^2 = .13)\) on levels of parental inconsistency. T-tests indicated that CSA parents exhibit significantly poorer limit-setting with male children \((M = 51.75, SD = 10.98)\) than female children \((M = 42.55, SD = 3.55)\) during a semi-structured play activity \((t(20) = -3.05, p < .007)\). Interestingly, non-CSA parents exhibited a trend toward exhibiting poorer limit-setting with female children \((M = 56.08, SD = 13.71)\) than male children \((M = 47.51, SD = 9.02)\) during a semi-structured play activity \((t(23) = 1.87, p = .07)\). Notably, neither CSA nor comparison parents self-reported differences in consistency/limit-setting skills between male and female children \((t(22) = .86, p = .40 \text{ and } t(23) = -.78, p = .45, \text{ respectively})\). The means and standard
deviations for the independent variables and the results of the multivariate analyses can be seen in Tables 26 and 27, respectively.

**Hypothesis 4 – Exploratory**

The three-way interaction between abuse status, child gender, and reporter on levels of physical control/corporal punishment was not significant \( (F(1, 59) = .46, p = .50, \eta^2 = .008) \). Similarly, the two-way interactions between child gender and reporter for CSA \( (F(1, 31) = .17, p = .68, \eta^2 = .005) \) or comparison parents \( (F(1, 31) = .43, p = .52, \eta^2 = .01) \) were also not significant. However, further exploratory analyses revealed an interesting trend. ANCOVA analyses revealed that neither CSA nor comparison parents exhibited differences in the use of physical control/punishment between male and female children during a semi-structured play activity \( (F(1, 28) = 1.15, p = .29, \eta^2 = .04 \) and \( F(1, 29) = .00, p = .998, \eta^2 = .00, \) respectively). However, ANCOVA analyses revealed a trend for CSA parents to self-report greater beliefs in the use of corporal punishment with male children \( (M = 51.97, SD = 8.92) \) compared to female children \( (M = 46.76, SD = 8.23) \), \( F(1, 28) = 2.58, p = .12, \eta^2 = .08 \). Non-CSA parents did not self-report a trend regarding differences in beliefs regarding the use of corporal punishment with male versus female children, \( F(1, 29) = .46, p = .50, \eta^2 = .02 \). The means and standard deviations for the independent variables and the multivariate and univariate results can be seen in Tables 28 and 29, respectively.

**Hypothesis 5 – Exploratory**

A 2X2 ANCOVA was utilized to examine the effects of abuse status and child gender on observed levels of overprotectiveness while controlling for effects of income and parental depression. Results revealed a non-significant two-way interaction
between abuse status and child gender ($F(1, 59) = .13, p = .72, \eta^2 = .002$). The main effect of abuse status was also not significant ($F(1, 59) = 3.37, p = .07, \eta^2 = .05$). However, results indicated a significant main effect of child gender ($F(1, 59) = 7.66, p < .009, \eta^2 = .12$) with parents exhibiting significantly higher levels of overprotectiveness with female children ($M = 53.90, SD = 9.71$) than with male children ($M = 47.29, SD = 9.40$). The means and standard deviations and multivariate results can be seen in Tables 30 and 31, respectively.
CHAPTER 4
DISCUSSION

The primary purpose of the current study was to examine parenting outcomes of parents with a history of childhood sexual abuse (CSA) compared to parents without a history of any abuse, utilizing both observational and self-report methods. Research has shown CSA is associated with negative outcomes in adulthood, including relational difficulties (for a review, see Kendall-Tackett, Williams, & Finkelhor, 1993 and Oddone-Paolucci et al., 2001). Alexander (1992) posited CSA may lead to insecure attachment in survivors, which may be the vehicle by which dysfunctional relationships between survivors and their own children develop. Existing literature suggests CSA survivors may self-report attitudes and beliefs regarding parenting behaviors similar to those of non-CSA parents, but may actually engage in poorer parenting behaviors compared to non-CSA parents. Unfortunately, there is a paucity of literature examining the effects of CSA on parenting outcomes and there appear to be methodological limitations with the existing literature including failure to account for third variables and reliance on self-report methods.

Summary of Findings

Prevalence

Consistent with previous prevalence studies (e.g., Finkelhor et al., 1990; Vogeltanz et al., 1999), 27.3% of parents in the current study reported moderate to severe sexual abuse during childhood. Similar to prevalence rates reported by Wyatt et al. (1999), who utilized a more inclusive definition of abuse (i.e., at least one incident of CSA prior to age 18), 34.1% of women in the current study reported at least “low” levels
of sexual abuse during childhood. It is difficult to make conclusions about the type of abuse experienced by participants due to the continuous nature of the sexual abuse measure, but it is fair to say that at least one in four women from this community sample experienced an incident they perceived to be sexually abusive during childhood.

**Demographic Differences**

Results indicated CSA parents reported a significantly lower education and income level compared to comparison parents. As would be expected, parental education level was related to parental income. It is sensible that a person with less education would be less likely to find a relatively higher paying job. Although causality cannot be determined through a correlational analysis, causality is implied in this case by the fact that one’s attained education level temporally preceded her current income.

There were no differences between CSA and comparison parents on all other demographic variables, suggesting findings were relatively unaffected by possible third variables including parental ethnicity, age, and marital status, as well as whether a parent is the sole caregiver, has taken parenting classes, or attended psychotherapy.

**Depression**

Previous research has found numerous physical and psychological effects in women with a history of CSA. Browne and Finkelhor (1986) reported depression to be one of the symptoms most commonly reported among survivors of CSA, while numerous studies have documented greater depressive symptoms among CSA survivors compared to those who have not experienced CSA (e.g., Briere & Runtz, 1987; Jumper, 1995; Oddone-Paolucci et al., 2001; Tyler, 2002). Consistent with previous findings, CSA parents reported significantly higher levels of depressive
symptoms compared to parents who did not experience abuse during their childhood. Physical effects and other psychological effects were not examined in the current study.

Also related to the impact of depression on the relationship between abuse and parenting outcomes, results of the secondary hypotheses revealed CSA does not account for a significant amount of variance in parental nurturance, limit-setting, attitude toward corporal punishment, or role reversal beyond third variables, including depression and other trauma. In fact, depression was the only significant predictor of self-reported nurturance, role reversal, and attitudes toward corporal punishment. This is consistent with the findings of Lesser (1997) and Lutenbacher and Hall (1998) who suggested depression plays a role in the relationship between CSA and parenting behaviors. This suggests the possibility depression plays a mediating role in the relationship between CSA and parenting outcome, which is consistent with more recent theories of sexual abuse that suggest CSA does not have a direct impact on outcome.

Parenting Outcomes

It was expected that CSA parents’ self-reported attitudes regarding nurturance, role reversal, physical punishment, and limit-setting would be significantly more positive than observations of these behaviors during parent-child interactions. Further, this difference between self-report and observation was not expected among non-CSA parents. Results of primary analyses were not supportive of these hypotheses. Specifically, there were not differences in levels of parental nurturance, role reversal, physical control/punishment, limit-setting, or overprotectiveness between CSA and non-CSA parents, nor were there differences between self-reported and observed levels of these parenting outcomes for CSA or non-CSA parents, when statistically controlling for
parental income. Although the current study attempted to account for third variables, it is possible there are other third variables that impact the relationship between abuse history and parenting outcomes that were not accounted for in testing the primary hypotheses. For example, Sroufe et al. (1985) examined child gender as a possible third variable affecting the impact of CSA on a parent’s level of role-reversal.

Further exploratory analyses revealed some interesting findings regarding the impact of child gender on the relationship between parental CSA history and parenting outcome. Findings revealed trends for CSA parents to exhibit increased levels of physical nurturance and role reversal toward male children compared to female children during an observed semi-structured play activity. However, they did not self-report differences in levels of physical nurturance or role reversal by child gender. Further, comparison parents did not exhibit or self-report differences in physical nurturance or role reversal by child gender. This is consistent with the findings of Sroufe et al. (1985) that indicated CSA mothers who engaged in role reversal with their infant sons, tended to display increased hostility towards their daughters. The findings also revealed that CSA parents exhibited significantly poorer limit-setting skills during an observed play activity with male children than with female children. CSA parents did not self-report any differences in limit-setting by child gender.

These trends are consistent with the assertion of attachment theory regarding the impact of CSA on the survivor’s internal working model, subsequently impacting relationships during adulthood. In this case, the results lend some support for the possibility that female survivors of CSA develop a distorted internal working model regarding their relationships with males, which subsequently impacts their relationships
with males in adulthood. This is consistent with DiLillo and Long’s (1999), Hunter’s (1991), and Mullen et al.’s (1994) findings that suggest CSA survivors often experience difficulty in relationships with their partners, including marital problems, difficulties with intimacy, and/or dependency. The trends found in the current study suggest these relational difficulties may extend into the mother-son relationship. It is possible CSA mothers experience dissatisfaction in their adult, intimate relationships, so their male children become “surrogate” partners of sorts. They begin to project their needs for nurturance and intimacy onto their male children, resulting in increased physical nurturance and role reversal behaviors.

The aforementioned trends and significant finding are consistent with qualitative and empirical findings that have suggested differences between self-reported attitudes and perceptions regarding parenting behavior and observation of that behavior (e.g., Herman, 1981; O’Brien, 1998) among CSA parents. It appears that while CSA parents may have normative attitudes about physical nurturance, role reversal, and limit-setting irrespective of child gender, observations of their parenting behaviors indicate child gender differences in enacting those attitudes in actual parenting situations. This suggests CSA parents desire to have healthy relationships with their children and mentally identify what type of parents they do and do not want to become, but have difficulty implementing those attitudes in actual parenting situations, possibly because actual parenting situations entail stress that taxes a limited emotional energy level.

There was also a trend for CSA parents, but not comparison parents, to self-report greater beliefs in the use of corporal punishment with male children compared to female children. However, neither group exhibited differences in levels of physical
control/punishment during an observed play activity. It is possible CSA parents’
perceive physical punishment as a means of gaining control over their male children,
but are unable to enact this belief in actual parenting situations. This is consistent with
the finding that they exhibit poorer limit-setting with male children. It is also possible that
the social desirability bias impacted the level of physical control/punishment parents
exhibited. Compared to the other observed parenting behaviors, this would be the most
likely to be affected by a parent’s desire to present in the best light.

Regarding overprotectiveness or exhibitions of the perception of interpersonal
danger, all parents exhibited higher levels of overprotectiveness with female children
than with male children. This suggests it may be typical for female children to be
perceived as more fragile and needing increased protection compared to male children,
which is consistent with traditional gender roles in our society.

Children of CSA Parents

Results indicated children of CSA parents are rated by their parents as
exhibiting significantly higher levels of internalizing and externalizing behaviors than
children of comparison parents. This supports Buist and Janson’s (2001) finding that
children of CSA mothers were rated as exhibiting more problematic behavior, compared
to children of non-CSA mothers, which is supportive of Alexander’s (1992) suggestions
that children who experience the negative parenting outcomes of CSA parents may
have increased emotional and/or behavioral problems. A direct test of this theory was
not conducted in the current study due to the absence of differences in parenting
behaviors between CSA and non-CSA parents on primary analyses.
Implications

The following implications should be interpreted in light of the fact that many of the findings within this study approached significance, but were not significant. Although some findings might not be significant, they spark thought and consideration and are likely meaningful, both in the theoretical and clinical realms.

Theoretical Implications

Overall, the results lend some support to Alexander’s (1992) suggestion that the insecure attachment relationships often associated with incest/CSA are predictive of long-term relational outcomes (i.e., parent-child relationship). A key component of attachment theory as proposed by Bowlby (1969/1982) is the internal working model, which represents the internalization of the attachment relationship or the person’s expectations about her and others’ roles in relationships. Expectations about herself might include worthiness and ability to get others’ attention, while expectations about others might be related to their trustworthiness, caring, and responsiveness (Sroufe & Fleeson, 1986). The internal working model serves as a schema or filter through which incoming interpersonal information is perceived. Research has found that adult CSA survivors tend to report insecure attachment styles significantly more than people without a history of CSA (Alexander, 1993; Campbell, 1996; Hanley, 1996) and there is a strong relationship between parents’ retrospective childhood attachment and their current attachment relationships with their children (e.g., Benoit, Zeanah, & Barton, 1989; Crowell & Feldman, 1988; Grossman, Fremmer-Bombik, Rudolph, & Grossman, 1988). As a result, the internal working model, which encompasses the internalization of roles, perceptions, and affective components of relationships, is negatively affected in
the CSA survivor and potentially leads to disruption in the parent-child relationship (Alexander, 1992).

In the current study, there was a trend for CSA mothers to exhibit increased physical nurturance and role reversal, and significantly poorer limit-setting with male children compared to female children. Further, there was a trend for CSA parents to self-report greater beliefs in the use of corporal punishment with male children compared to female children. These gender differences were not found in non-CSA parents. All of the findings, albeit some of which are only trends, suggest a dysfunctional internal working model of relationships for CSA mothers that has extended into the parent-child relationship. The internal working model of a CSA survivor might include thoughts and feelings of powerlessness and/or the expectation that responsiveness is acquired via physical nurturance or physical fulfillment of needs, without respect to personal boundaries, particularly in interpersonal interactions with males (because males are predominantly the offenders on female survivors). This might result in the observed trends for CSA mothers to exhibit increased levels of physical nurturance and role reversal with male children. Their model of powerlessness with males is exhibited via difficulty implementing limit-setting skills with male children compared to female children. Interestingly, they might desire to gain control via corporal punishment, thereby reflecting their tendency to self-report a greater belief in the use of corporal punishment with male children compared to females. However, when in an actual parenting situation, they are unable to assert themselves effectively.

Clinical Implications

The present study has clinical implications for working with mothers who have
been sexually abused during their childhood, as well as CSA mother-child dyads experiencing difficulties in the parent-child relationship. The current findings suggest clinical interventions with CSA mothers should focus on assessing and treating symptoms of depression, as results of this study suggest depressive symptoms are significantly higher in CSA versus non-CSA parents and depression is a significant predictor of parenting attitudes toward nurturance, role reversal, and corporal punishment. It is possible treatment focusing on resolving or working through abuse dynamics might be ineffective if depressive symptoms are not managed, as the client might not have the mental energy to process abuse-related interventions.

The present findings, including trends, also suggest clinical interventions with CSA mothers should not only process the actual CSA experience, but should address how the survivor’s internal working model has been affected by the abuse and subsequently affects current relationships, including the parent-child relationship.

Intervention might include working with CSA survivor mothers to identify changes in thoughts and feelings regarding relationships since the abuse. These changes might be identified or categorized into schemas or internalizations. The clinician might utilize a history of relationship functioning before and after the mother’s abuse experience(s) to gain insight into internalizations underlying relationship functioning. Then, the clinician might work with the survivor mother to identify how schemas affect current relational functioning and utilize cognitive intervention to work with the client to adjust these schemas, thereby impacting the internal working model regarding attachments, including the parent-child attachment.

To specifically address difficulties in the mother-child relationship between CSA
mothers and children aged 4 to 11, as were included in the current sample, filial therapy might be used. This approach might teach mothers appropriate limit-setting skills and how to appropriately "be with" their children emotionally. Filial therapy allows for focus on the child’s needs, which might decrease levels of role-reversal. These CSA mothers might also benefit from psychoeducation regarding appropriate boundaries in mother-son relationships, as it is possible their internal working model is characterized by poor boundaries with males.

For mature 10 or 11-year-olds, family therapy might be utilized to develop insight into and change the structure of the dysfunctional parent-child relationship. Parent training might also be used to increase CSA mothers' limit-setting skills with their male children. Parent training might emphasize teaching parenting skills including appropriate use of time-outs, choice-giving, etc.

Clinicians working with children and families should be aware of the trend for CSA mothers to exhibit increased levels of physical nurturance and role reversal, and poorer limit-setting skills with male children compared to female children, likely representing unhealthy relationship dynamics. These differences in parenting behaviors by child gender will likely not be self-reported by CSA mothers, so clinicians should be observant of the parent-child interaction and attend to these behaviors. If the clinician observes these types of parenting behaviors, he/she should gather a more thorough assessment regarding the trauma history of the mother and child. To go a step further, addressing the parent-child relationship and/or developing awareness about the possibility of increased role reversal, physical nurturance, and poorer limit-setting skills with male children, might be a standard component of treatment with mothers with a
history of CSA. Although the reason for the significantly higher levels of internalizing and externalizing behaviors in children of CSA parents compared to non-CSA parents cannot be delineated through this study, it is possible those behaviors develop in response to dysfunctional or unhealthy CSA mother-child relationships. If these relationships are standardly addressed with CSA survivors in treatment, it might serve to affect their children’s behavioral outcomes.

Limitations

External Validity and Generalizability

Three major limitations become apparent when the issues of external validity and generalizability are considered. First, the method used to observe parent-child interactions, the Parent-Child Interaction Assessment (PCIA), is an analogue method designed to recreate situations that might occur in the context of normal parent-child interactions. Parents frequently endorsed this notion many times by making comments such as, “We’ve been though this before.” However, the parent and child were actively being observed by an administrator in the room and knew their interactions were being videotaped. This knowledge of observation might have caused a social desirability effect, resulting in the parent-child interactions being filtered in some way and not an accurate reflection of the interactions that typically take place. This might have particularly been the case for behaviors such as physical punishment, which parents might have limited in the context of being observed.

The second major limitation when considering external validity and generalizability pertains to the sample characteristics. Although efforts were made to recruit families from all ethnic backgrounds, the sample was predominantly Caucasian.
(approximately 80%). Thus, the generalizability of the current results is limited to parent-child interactions in a Caucasian population. No definitive conclusions can be drawn regarding the relationship between CSA and parent-child relationships that might be present in different ethnic and cultural groups. This is unfortunate considering the mere fact that existing research suggests perspectives on certain parenting behaviors (i.e., corporal punishment) vary by culture. For example, Ferrari (2002) found that for community mothers, ethnicity (African American) was a significant predictor of the use of physical punishment, while Cardona, Nicholson, and Fox (2000) found Hispanic mothers reported higher discipline and lower nurturing scores on the Parent Behavior Checklist (PBI) than did Caucasian mothers. These and other similar findings confirm the importance of examining ethnicity as a possible third or moderating variable, which was not possible in this study due to the small percentage of ethnic minority participants.

Third, in order to control for the effects of parent gender, only mothers were included in the current study. While this is a benefit of the study, it also prohibits generalizations regarding the father-child relationship.

Statistical Power

An obvious limitation in the present study is the lack of power that diminished the chances of finding significant effects when true effects might exist. Notably, in this particular study, sample size was limited by finding participants who had not experienced any abuse during their childhood. Power was also affected by the large amount of missing data for the Parent-Parental Acceptance Rejection Questionnaire (P-
PARQ) subscales, thereby significantly decreasing the sample size for all analyses that included the Warmth/Affection and Control subscale.

Measurement Limitations

One measurement limitation that might have affected the results was the limited amount of observation time (6” to 9”) for each parenting behavior code. In other words, each dyad was only observed for 6 to 9 minutes for each parenting code, which resulted in less opportunity for a particular parenting behavior to be expressed or emerge. Likely related to the limited observation time, was the high frequency of “0”’s obtained on the PCIA codes. This resulted in distributions indicative of little variance, which might have inhibited significant findings.

Also related to the PCIA involves the validity of the PCIA codes developed for the current study. Specifically, the PCIA codes were not correlated to the corresponding self-report measures. The hypotheses of the current study would suggest the absence of a correlation between the observed measure (i.e., PNUR – physical nurturance) and self-reported measure (i.e., P-PARQ-Warmth) of each parenting behavior due to the suggestion that there might be a discrepancy between parents’ perceptions of their behaviors and their actual behaviors. However, the absence of correlation might also suggest the absence of convergent validity, thereby suggesting the PCIA measure was not measuring the desired behavior assessed in the corresponding self-report measure. The only way to address this limitation is to examine the correlations between the PCIA codes and self-reported scores in a community sample.

Several measurement issues involve the Childhood Trauma Questionnaire (CTQ). Specifically, the CTQ does not allow for a specific definition of childhood sexual
abuse. This has been a limitation of the literature in this field and it appears that results of studies might vary depending on how abuse was defined. For example, the CTQ does not specify an age before which the abusive event occurred, so some respondents might be reporting events they experienced until the age of 16, while others are reporting those they experiencing prior to the age of 21. Further, the CTQ does not specify an age of the alleged perpetrator, suggesting participants might have been referring to peer-to-peer experiences not fulfilling the typical 5-year required age difference implemented in many studies. Although there was benefit to utilizing a measure that allowed for a continuous measure of severity of CSA, there is limitation in its inability to assess the specific type of abuse sustained (i.e., fondling versus intercourse) and the frequency of incidents, which research suggests are factors that are related to the severity of abuse. For example, someone who endorsed “Someone tried to touch me in a sexual way, or tried to make me touch them” “Very often true” might have the same CTQ score as someone who “Someone molested me” “Very often true,” even though research might suggest the latter would have a more negative impact than the former due to the implied completion of the abusive act (versus attempted abuse indicated by use of the word “tried” in the former item).

Future Research Directions

The results of the present study indicate a further need to assess the parent-child relationship in mothers who have experienced CSA. To make a stronger and more reliable argument that there are in fact connections between CSA and parenting outcomes, future research should attempt to address some of the limitations discussed above. First, future researchers might want to confirm validity of the PCIA parenting
behavior codes by examining convergent validity with measures that purportedly assess similar constructs (i.e., nurturance, role reversal, limit-setting, etc.) with a community sample.

A larger scale study should include more participants to increase statistical power. The sample size in the current study was too small to examine parental ethnicity as a possible third variable. For example, African-American mothers might exhibit greater levels of physical punishment, irrespective of abuse history, compared to other ethnic groups. A larger scale study might examine the relationship between CSA and parenting outcomes in differing developmental groups (school-aged versus teenagers). A larger scale study should definitely increase the amount of observation time utilized to assess PCIA behaviors, in order to ensure an adequate sampling of behavior. Free play between parent and child within a play room, which is less “lab-like” might also be observed and coded (in addition to the PCIA codes), as behavior in that setting is less likely to be filtered or subject to the social-desirability bias.

There are significant limitations with the measure of CSA in the current study, including failures to clearly define abuse, to assess the age at which the perceived abuse occurred and the age of the alleged perpetrator, and to determine the type of abuse (i.e., penetration versus fondling). Future research in this area would need to address these limitations.

There are avenues for other possible future research. To further validate the process by which attachment in CSA survivors affects the subsequent parent-child relationship, a mediational model might be tested with abuse severity as the independent construct, attachment style as the mediating construct, and nurturance,
role reversal, and limit-setting as indicators of the parenting outcome criterion construct.

Another mediational model might include abuse severity as the independent construct, with schemas/internalizations regarding powerlessness, personal boundaries, and need for affection as mediating constructs. Again, parenting outcome would serve as the criterion construct. Child gender might serve as a moderating variable for both of these models. One benefit of such models are they allow for the inclusion of the type of abuse and other factors related to abuse severity to be assessed.

It is evident from the present study that examination of the impact of CSA on the parent-child, and particularly the mother-son relationship is a worthwhile endeavor. Shedding more light on the relationship between how parents’ CSA history indirectly impacts the parent-child relationship will continue to add to the understanding of the lasting impact of CSA.
Abuse Status X Child Gender X Reporter

Figure 1. Interaction between abuse status, child gender, and reporter on parental nurturance \[F(1, 42) = 3.17, p = .08\].
Abuse Status X Child Gender X Reporter

Figure 2. Interaction between abuse status, child gender, and reporter on parental inconsistency/limit-setting [$F(1, 42) = 9.30, p < .01$].
Table 1

*Descriptive Statistics and Comparisons for Educational Level, Ethnicity, Marital Status, Number of Caregivers, Treatment History, and Parenting Class Attendance for Parents in the CSA and Comparison Groups*

<table>
<thead>
<tr>
<th>Variable</th>
<th>CSA Group (n = 33)</th>
<th>Non-CSA Group (n = 33)</th>
<th>$\chi^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent's Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th grade</td>
<td>2 (3.0)</td>
<td>2 (3.0)</td>
<td>7.19a</td>
<td>.028</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>13 (19.7)</td>
<td>9 (13.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical/Trade School Diploma</td>
<td>3 (4.5)</td>
<td>1 (1.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community College Degree</td>
<td>6 (9.1)</td>
<td>2 (3.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Degree</td>
<td>7 (10.6)</td>
<td>14 (21.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>2 (3.0)</td>
<td>5 (7.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent's Ethnicity</td>
<td></td>
<td></td>
<td>1.53b**</td>
<td>NS</td>
</tr>
<tr>
<td>Asian American</td>
<td>1 (1.5)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>3 (4.5)</td>
<td>2 (3.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>24 (36.4)</td>
<td>29 (43.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>4 (6.1)</td>
<td>2 (3.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biracial</td>
<td>1 (1.5)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td>3.27c**</td>
<td>NS</td>
</tr>
<tr>
<td>Never Married</td>
<td>2 (3.0)</td>
<td>3 (4.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>18 (27.3)</td>
<td>25 (37.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated, Divorced, Widowed, Other</td>
<td>13 (19.7)</td>
<td>5 (7.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers Involved</td>
<td></td>
<td></td>
<td>.000**</td>
<td>NS</td>
</tr>
<tr>
<td>Sole Caregiver</td>
<td>6 (9.1)</td>
<td>5 (7.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Caregivers Involved</td>
<td>27 (40.9)</td>
<td>28 (42.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Variable                          | CSA Group  
<table>
<thead>
<tr>
<th></th>
<th>((n = 33))</th>
<th>Non-CSA Group ((n = 33))</th>
<th>(\chi^2)</th>
<th>(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Attended Psychotherapy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>26.2</td>
<td>15</td>
<td>23.1</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>23.1</td>
<td>18</td>
<td>27.7</td>
</tr>
<tr>
<td>Taken Parenting Classes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>24.6</td>
<td>16</td>
<td>24.6</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>24.6</td>
<td>17</td>
<td>26.2</td>
</tr>
</tbody>
</table>

*Note. \(\chi^2\) = Pearson Chi Square (unless otherwise indicated); NS = Not significant.

*Missing demographic data were excluded from comparisons.

**Continuity Correction utilized for 2X2 Chi Squares; 1 df.

\(^a\)Chi Square run with Some HS and HS Diploma/GED, Trade School and Community College, and University and Advanced Degree combined due to low \(n\); 2 df. \(^b\)Chi Square run with two groups, Minority vs. Caucasian due to low \(n\). \(^c\)Chi Square run with two groups, Married vs. Not Married due to low \(n\).
Table 2

*Descriptive Statistics and Comparisons for Age and Income of Parents in the CSA and Comparison Groups*

<table>
<thead>
<tr>
<th>Variable</th>
<th>CSA Group</th>
<th>non-CSA Group</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( M )</td>
<td>( SD )</td>
<td>( M )</td>
<td>( SD )</td>
</tr>
<tr>
<td>Parent’s Age in years</td>
<td>35.24</td>
<td>5.83</td>
<td>37.24</td>
<td>5.58</td>
</tr>
<tr>
<td>(( n = 32 ))</td>
<td>(( n = 33 ))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly Income(^a)</td>
<td>4.66</td>
<td>2.67</td>
<td>6.18</td>
<td>2.27</td>
</tr>
<tr>
<td>(( n = 33 ))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* NS – Not significant at \( p < .05 \).

\(^a\)Values range from 1 to 5 with 1 = less than $10,000, 2 = $10,000 - $20,000, 3 = $20,000 - $30,000, 4 = $30,000 - $40,000, 5 = $40,000 - $50,000, 6 = $50,000 - $60,000, 7 = $60,000 - $70,000, 8 = $70,000 - $100,000, 9 = > $100,000.
Table 3

Descriptive Statistics and Comparisons for Independent and Dependent Variables of Parents in the CSA and Non-CSA Groups*

<table>
<thead>
<tr>
<th>Variable</th>
<th>CSA Group (n = 33)</th>
<th>Non-CSA Group (n = 33)</th>
<th>t**</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>CTQ-Emotional Abuse</td>
<td>13.70</td>
<td>5.02</td>
<td>6.15</td>
<td>1.15</td>
</tr>
<tr>
<td>CTQ-Physical Abuse</td>
<td>9.67</td>
<td>3.69</td>
<td>5.73</td>
<td>.88</td>
</tr>
<tr>
<td>BDI-2 Total</td>
<td>12.15</td>
<td>11.49</td>
<td>6.82</td>
<td>6.20</td>
</tr>
<tr>
<td>PARQ-Warmtha</td>
<td>24.29</td>
<td>4.51</td>
<td>23.58</td>
<td>3.34</td>
</tr>
<tr>
<td>PARQ- Controlb</td>
<td>32.83</td>
<td>3.33</td>
<td>32.24</td>
<td>3.24</td>
</tr>
<tr>
<td>AAPI-2 Corporal Punishment</td>
<td>37.79</td>
<td>6.67</td>
<td>37.30</td>
<td>8.47</td>
</tr>
<tr>
<td>AAPI-2 Role Reversal</td>
<td>20.82</td>
<td>2.92</td>
<td>21.58</td>
<td>2.50</td>
</tr>
<tr>
<td>PCIA-PNUR</td>
<td>2.36</td>
<td>2.09</td>
<td>1.94</td>
<td>1.80</td>
</tr>
<tr>
<td>PCIA-PI</td>
<td>1.09</td>
<td>1.49</td>
<td>1.12</td>
<td>1.49</td>
</tr>
<tr>
<td>PCIA-PCP</td>
<td>1.97</td>
<td>2.42</td>
<td>1.67</td>
<td>2.58</td>
</tr>
<tr>
<td>PCIA-ID</td>
<td>1.18</td>
<td>1.57</td>
<td>1.70</td>
<td>1.81</td>
</tr>
<tr>
<td>PCIA-RR</td>
<td>1.09</td>
<td>1.72</td>
<td>.94</td>
<td>1.80</td>
</tr>
<tr>
<td>Variable</td>
<td>CSA Group (n = 33)</td>
<td>Non-CSA Group (n = 33)</td>
<td>t**</td>
<td>p</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>CBCL-Internalizing</td>
<td>56.39</td>
<td>10.02</td>
<td>48.48</td>
<td>11.81</td>
</tr>
<tr>
<td>CBCL-Externalizing</td>
<td>59.39</td>
<td>9.74</td>
<td>51.33</td>
<td>12.51</td>
</tr>
</tbody>
</table>

*Note. CTQ – Childhood Trauma Questionnaire; BDI-2 – Beck Depression Inventory® – Second edition; PARQ - Parental Acceptance Rejection Questionnaire; AAPI-2 – Adult Adolescent Parenting Inventory, Second edition; PCIA – Parent Child Interaction Assessment; PNUR – Physical Nurturance; PI – Parental Inconsistency; ID – Interpersonal Danger; PCP – Physical Control/Punishment; RR – Role Reversal; NS – Not significant at p ≤ .05.  
*Descriptive information of variables prior to logarithmic transformations.  
**T-tests conducted after variables logarithmically transformed and standardized except for BDI-2 Total, CBCL-Internalizing, and CBCL-Externalizing, which were not transformed or standardized.  
-- Comparisons were not conducted because a condition of placement in the comparison (non-CSA) group was “none/minimal” levels of emotional and physical abuse, thereby making any comparisons not meaningful.

aN = 21 (CSA group); n = 24 (Non-CSA group); Missing data were excluded. b n = 24 (CSA group); n = 25 (Non-CSA group); Missing data were excluded.
Table 4

*Descriptive Statistics for Independent and Dependent Variables of Parents in the Entire Sample*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N**</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTQ-Physical Abuse</td>
<td>130</td>
<td>8.42</td>
<td>3.94</td>
</tr>
<tr>
<td>CTQ-Sexual Abuse</td>
<td>127</td>
<td>8.20</td>
<td>5.69</td>
</tr>
<tr>
<td>CTQ-Physical Neglect</td>
<td>129</td>
<td>7.36</td>
<td>2.95</td>
</tr>
<tr>
<td>BDI-2 Total</td>
<td>125</td>
<td>10.54</td>
<td>10.17</td>
</tr>
<tr>
<td>PARQ-Warmth&lt;sup&gt;a&lt;/sup&gt;</td>
<td>89</td>
<td>75.74</td>
<td>3.82</td>
</tr>
<tr>
<td>PARQ- Control&lt;sup&gt;b&lt;/sup&gt;</td>
<td>93</td>
<td>39.60</td>
<td>3.46</td>
</tr>
<tr>
<td>AAPI-2 Corporal Punishment</td>
<td>123</td>
<td>37.02</td>
<td>7.53</td>
</tr>
<tr>
<td>AAPI-2 Role Reversal</td>
<td>125</td>
<td>28.39</td>
<td>3.86</td>
</tr>
</tbody>
</table>

*Note.* CTQ – Childhood Trauma Questionnaire; BDI-2 – Beck Depression Inventory© – Second edition; PARQ - Parental Acceptance Rejection Questionnaire; AAPI-2 – Adult Adolescent Parenting Inventory, Second edition.

*Descriptive information of variables prior to logarithmic transformations.

**Missing data were excluded from descriptive statistics.
Table 5

*Intercorrelations Among Hierarchical Regression Variables (n = 129)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Variables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-PARQ-Warmth Score (Nurturance)</td>
<td>-.22*</td>
<td>-.01</td>
<td>-.001</td>
<td>-.15</td>
</tr>
<tr>
<td>P-PARQ-Control (Limit-Setting)</td>
<td>.10</td>
<td>.001</td>
<td>-.04</td>
<td>.07</td>
</tr>
<tr>
<td>AAPI-CP Score (Corporal Punishment)</td>
<td>.16</td>
<td>-.04</td>
<td>-.10</td>
<td>-.004</td>
</tr>
<tr>
<td>AAPI-RR Score (Role Reversal)</td>
<td>.26**</td>
<td>-.04</td>
<td>.008</td>
<td>.08</td>
</tr>
<tr>
<td>Predictor Variables*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. BDI Total Score (Parental Depression)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CTQ - Physical Abuse Score</td>
<td>.21*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. CTQ - Physical Neglect Score</td>
<td>.07</td>
<td>.51**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CTQ - Sexual Abuse Score</td>
<td>.07</td>
<td>.34**</td>
<td>.37**</td>
<td></td>
</tr>
</tbody>
</table>

*Variables logarithmically transformed.*

*p < .05. **p < .01.
Table 6

*Means and Standard Deviations for Parental Nurturance as a Function of Abuse Status and Reporter (n = 48)*

<table>
<thead>
<tr>
<th>Group</th>
<th>PCIA-PNUR (observed)</th>
<th>P-PARQ-Warmth (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Abuse Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td>49.21</td>
<td>10.15</td>
</tr>
<tr>
<td>Non-CSA</td>
<td>47.42</td>
<td>9.17</td>
</tr>
</tbody>
</table>
Table 7

*Multivariate Analysis of Covariance for Levels of Parental Nurturance as a Function of Abuse Status and Reporter (n = 48)*

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>(\eta^2)</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Reporter</td>
<td>1, 45</td>
<td>.73</td>
<td>.05</td>
<td>.13</td>
</tr>
<tr>
<td><strong>Main Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status(^a)</td>
<td>1, 45</td>
<td>.09</td>
<td>.002</td>
<td>.06</td>
</tr>
<tr>
<td>Reporter(^b)</td>
<td>1, 45</td>
<td>2.23</td>
<td>.05</td>
<td>.31</td>
</tr>
</tbody>
</table>

*Note. F ratios were generated from Wilk’s Lambda statistic. \(\eta^2\) = eta squared (effect size).*

\(^a\)Covariate: Parental income.

\(^b\)Between-subjects factor. Within-subjects factor.
Table 8

*Means and Standard Deviations for Parental Role Reversal as a Function of Abuse Status, Child Developmental Level, and Reporter* (n = 65)

<table>
<thead>
<tr>
<th>Group</th>
<th>PCIA-RR (observed)</th>
<th>AAPI-RR (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Abuse Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td>50.86</td>
<td>10.21</td>
</tr>
<tr>
<td>Non-CSA</td>
<td>49.38</td>
<td>9.97</td>
</tr>
<tr>
<td><strong>Child Develop. Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>51.43</td>
<td>11.25</td>
</tr>
<tr>
<td>6 to 11 years</td>
<td>49.89</td>
<td>9.93</td>
</tr>
<tr>
<td><strong>Abuse Status X Child Develop. Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>52.63</td>
<td>13.75</td>
</tr>
<tr>
<td>6 to 11 years</td>
<td>50.60</td>
<td>9.91</td>
</tr>
<tr>
<td>Non-CSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>50.48</td>
<td>10.42</td>
</tr>
<tr>
<td>6 to 11 years</td>
<td>49.19</td>
<td>10.07</td>
</tr>
</tbody>
</table>

*Note.* Child Develop. Level = Child Developmental Level.
Table 9

Multivariate Analysis of Covariance for Abuse Status, Child Developmental Level, and Reporter on Levels of Parental Role Reversal (n = 65)^

<table>
<thead>
<tr>
<th>df</th>
<th>F</th>
<th>η²</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Develop. Level X Reporter</td>
<td>1, 60</td>
<td>.003</td>
<td>.00</td>
</tr>
<tr>
<td>Abuse Status X Reporter</td>
<td>1, 60</td>
<td>.05</td>
<td>.001</td>
</tr>
<tr>
<td>Abuse Status X Child Develop. Level</td>
<td>1, 60</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status^a</td>
<td>1, 60</td>
<td>.48</td>
<td>.008</td>
</tr>
<tr>
<td>Child Develop. Level^a</td>
<td>1, 60</td>
<td>.44</td>
<td>.007</td>
</tr>
<tr>
<td>Reporter^b</td>
<td>1, 60</td>
<td>.32</td>
<td>.005</td>
</tr>
</tbody>
</table>

Note. F ratios were generated from Wilk’s Lambda statistic. η² = eta squared (effect size).

^Covariate: Parental income.

^aBetween-subjects factor. ^bWithin-subjects factor.
Table 10

*Means and Standard Deviations for Parental Limit-Setting/Inconsistency as a Function of Abuse Status and Reporter (n = 48)*

<table>
<thead>
<tr>
<th>Group</th>
<th>PCIA-PI (observed)</th>
<th>P-PARQ-Control (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Abuse Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td>48.57</td>
<td>10.32</td>
</tr>
<tr>
<td>Non-CSA</td>
<td>50.25</td>
<td>11.21</td>
</tr>
</tbody>
</table>
Table 11

**Multivariate Analysis of Covariance for Levels of Parental Limit-Setting/Inconsistency as a Function of Abuse Status and Reporter (n = 48)**

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Reporter</td>
<td>1, 45</td>
<td>1.71</td>
<td>.04</td>
<td>.25</td>
</tr>
<tr>
<td><strong>Main Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status$^a$</td>
<td>1, 45</td>
<td>.05</td>
<td>.001</td>
<td>.06</td>
</tr>
<tr>
<td>Reporter$^b$</td>
<td>1, 45</td>
<td>.72</td>
<td>.02</td>
<td>.13</td>
</tr>
</tbody>
</table>

*Note. F ratios were generated from Wilk’s Lambda statistic. $\eta^2$ = eta squared (effect size).*

$^a$Covariate: Parental income.

$^a$Between-subjects factor. $^b$Within-subjects factor.
Table 12

Means and Standard Deviations for Parental Physical Control/Corporal Punishment as a Function of Abuse Status and Reporter (n = 65)

<table>
<thead>
<tr>
<th>Group</th>
<th>Reporter</th>
<th>PCIA-PCP (observed)</th>
<th>AAPI-CP (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Abuse Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td>51.08</td>
<td>10.27</td>
</tr>
<tr>
<td>Non-CSA</td>
<td></td>
<td>49.23</td>
<td>9.84</td>
</tr>
</tbody>
</table>
Table 13

*Multivariate Analysis of Covariance for Levels of Parental Physical Control/Corporal Punishment as a Function of Abuse Status and Reporter (n = 65)*

<table>
<thead>
<tr>
<th>Interaction</th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse Status X Reporter</td>
<td>1, 62</td>
<td>.55</td>
<td>.009</td>
<td>.11</td>
</tr>
</tbody>
</table>

**Main Effects**

<table>
<thead>
<tr>
<th>Abuse Status$^a$</th>
<th>Reporter$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 62</td>
<td>1, 62</td>
</tr>
<tr>
<td>.03</td>
<td>.03</td>
</tr>
<tr>
<td>.000</td>
<td>.001</td>
</tr>
<tr>
<td>.05</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Note. F ratios were generated from Wilk’s Lambda statistic. $\eta^2$ = eta squared (effect size).*

$^a$Covariate: Parental income.

$^b$Between-subjects factor. $^b$Within-subjects factor.
Table 14

*Means and Standard Deviations for Observed Levels of Overprotectiveness as a Function of Abuse Status (n = 65)*

<table>
<thead>
<tr>
<th></th>
<th>PCIA-ID</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td></td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Abuse Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td>47.94</td>
<td>9.64</td>
</tr>
<tr>
<td>Non-CSA</td>
<td></td>
<td>51.66</td>
<td>10.12</td>
</tr>
</tbody>
</table>
Table 15

**ANCOVA Results for Observed Levels of Overprotectiveness as a Function of Abuse Status (n = 65)**

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse Status$^a$</td>
<td>1,62</td>
<td>2.50</td>
<td>.04</td>
<td>.34</td>
</tr>
</tbody>
</table>

*Note. $\eta^2$ = eta squared (effect size).*

$^a$Covariate: Parental income.

$^a$Between-subjects factor.
Table 16

Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Nurturance as Measured by the P-PARQ-Warmth (n = 90)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>t</th>
<th>sr²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>-.17</td>
<td>.07</td>
<td>-.26</td>
<td>-2.51*</td>
<td>.067</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>-.17</td>
<td>.07</td>
<td>-.26</td>
<td>-2.46*</td>
<td>.065</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.004</td>
<td>.14</td>
<td>-.003</td>
<td>-.03</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>-.17</td>
<td>.07</td>
<td>-.26</td>
<td>-2.45*</td>
<td>.065</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.02</td>
<td>.16</td>
<td>-.02</td>
<td>-.13</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>.04</td>
<td>.18</td>
<td>.03</td>
<td>.22</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Step 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>-.16</td>
<td>.07</td>
<td>-.24</td>
<td>-2.27^</td>
<td>.056</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>.01</td>
<td>.16</td>
<td>.009</td>
<td>.08</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>.09</td>
<td>.19</td>
<td>.06</td>
<td>.49</td>
<td>&lt;.003</td>
</tr>
<tr>
<td>CTQ-Sexual Abuse Score</td>
<td>-.12</td>
<td>.11</td>
<td>-.13</td>
<td>-1.16</td>
<td>.015</td>
</tr>
</tbody>
</table>

Note. Step 1 Adj.\(R^2\) = .056, \(FΔ = 6.32, p < .02\), Step 2 Adj.\(R^2\) = .046, \(FΔ = .001, p = .98\), Step 3 Adj.\(R^2\) = .035, \(FΔ = .049, p = .82\), Step 4 Adj.\(R^2\) = .039, \(FΔ = 1.36, p = .25\). sr² = squared semipartial correlation.

*p < .01. ^p < .02.
Table 17

Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Limit-Setting as Measured by the P-PARQ-Control (n = 90)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>t</th>
<th>sr²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.06</td>
<td>.13</td>
<td>.05</td>
<td>.45</td>
<td>&lt;.003</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.07</td>
<td>.13</td>
<td>.05</td>
<td>.49</td>
<td>&lt;.003</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.08</td>
<td>.27</td>
<td>-.03</td>
<td>-.30</td>
<td>&lt;.002</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.07</td>
<td>.13</td>
<td>.05</td>
<td>.49</td>
<td>&lt;.003</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.08</td>
<td>.31</td>
<td>-.03</td>
<td>-.24</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>-.02</td>
<td>.35</td>
<td>-.01</td>
<td>-.06</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.05</td>
<td>.14</td>
<td>.04</td>
<td>.38</td>
<td>&lt;.002</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.12</td>
<td>.31</td>
<td>-.05</td>
<td>-.38</td>
<td>&lt;.002</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>-.09</td>
<td>.36</td>
<td>-.03</td>
<td>-.24</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CTQ-Sexual Abuse Score</td>
<td>.16</td>
<td>.21</td>
<td>.09</td>
<td>.80</td>
<td>&lt;.008</td>
</tr>
</tbody>
</table>

**Note.** Step 1 Adj.$R^2 = -.009$, $F_\Delta = .20$, $p = .66$, Step 2 Adj.$R^2 = -.020$, $F_\Delta = .09$, $p = .76$, Step 3 Adj.$R^2 = -.031$, $F_\Delta = .003$, $p = .96$, Step 4 Adj.$R^2 = -.036$, $F_\Delta = .64$, $p = .43$. sr² = squared semipartial correlation.

*p < .01. ^p < .02.
Table 18

_Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Attitude Toward Corporal Punishment as Measured by the AAPI-CP (n = 115)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SEB$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$sr^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.43</td>
<td>.19</td>
<td>.21</td>
<td>2.25$^\wedge$</td>
<td>.043</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.46</td>
<td>.19</td>
<td>.22</td>
<td>2.38$^*$</td>
<td>.048</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.38</td>
<td>.37</td>
<td>-.09</td>
<td>-1.01</td>
<td>&lt;.009</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.46</td>
<td>.20</td>
<td>.22</td>
<td>2.35$^\wedge$</td>
<td>.047</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.26</td>
<td>.43</td>
<td>-.07</td>
<td>-.61</td>
<td>&lt;.004</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>-.27</td>
<td>.50</td>
<td>-.06</td>
<td>-.54</td>
<td>&lt;.003</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.46</td>
<td>.20</td>
<td>.22</td>
<td>2.34$^\wedge$</td>
<td>.047</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.27</td>
<td>.44</td>
<td>-.07</td>
<td>-.60</td>
<td>&lt;.004</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>-.28</td>
<td>.52</td>
<td>-.06</td>
<td>-.53</td>
<td>&lt;.003</td>
</tr>
<tr>
<td>CTQ-Sexual Abuse Score</td>
<td>.008</td>
<td>.30</td>
<td>.003</td>
<td>.03</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Note. Step 1 $Adj.R^2 = .034$, $F\Delta = 5.07$, $p < .03$, Step 2 $Adj.R^2 = .035$, $F\Delta = 1.02$, $p = .31$, Step 3 $Adj.R^2 = .029$, $F\Delta = .29$, $p = .59$, Step 4 $Adj.R^2 = .02$, $F\Delta = .001$, $p = .98$. $sr^2 =$ squared semipartial correlation. $^*p < .02$. $^\wedge p < .03$. 

91
Table 19

*Hierarchical Regression Analysis Summary for Parental Depression and Trauma History Predicting Parental Role Reversal as Measured by the AAPI-RR (n = 115)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>t</th>
<th>sr²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.45</td>
<td>.17</td>
<td>.25</td>
<td>2.71*</td>
<td>.061</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.48</td>
<td>.17</td>
<td>.27</td>
<td>2.91*</td>
<td>.070</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.46</td>
<td>.32</td>
<td>-.13</td>
<td>-1.44</td>
<td>.017</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.49</td>
<td>.17</td>
<td>.27</td>
<td>2.94*</td>
<td>.071</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.63</td>
<td>.37</td>
<td>-.18</td>
<td>-1.70</td>
<td>.024</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>.40</td>
<td>.43</td>
<td>.10</td>
<td>.92</td>
<td>&lt;.008</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression (BDI-2)</td>
<td>.48</td>
<td>.17</td>
<td>.27</td>
<td>2.90*</td>
<td>.069</td>
</tr>
<tr>
<td>CTQ-Physical Abuse Score</td>
<td>-.71</td>
<td>.37</td>
<td>-.20</td>
<td>-1.89</td>
<td>.030</td>
</tr>
<tr>
<td>CTQ-Physical Neglect Score</td>
<td>.27</td>
<td>.44</td>
<td>.07</td>
<td>.62</td>
<td>&lt;.004</td>
</tr>
<tr>
<td>CTQ-Sexual Abuse Score</td>
<td>.30</td>
<td>.26</td>
<td>.12</td>
<td>1.17</td>
<td>.011</td>
</tr>
</tbody>
</table>


*p < .01.
Table 20

*Means and Standard Deviations for Children’s Internalizing and Externalizing Behavior as a Function of Parental Abuse Status*

<table>
<thead>
<tr>
<th>Group</th>
<th>CBCL Internalizing Score (n = 66)</th>
<th></th>
<th>CBCL Externalizing Score (n = 65)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>CSA</td>
<td>57.09</td>
<td>9.33</td>
<td>59.97</td>
<td>9.31</td>
</tr>
<tr>
<td>Non-CSA</td>
<td>48.48</td>
<td>11.81</td>
<td>51.33</td>
<td>12.51</td>
</tr>
</tbody>
</table>
Table 21

**ANCOVA results for Child Internalizing and Externalizing Behavior as a Function of Parental Abuse Status**

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing ($n = 65$)</td>
<td>1, 61</td>
<td>7.30*</td>
<td>.11</td>
<td>.76</td>
</tr>
<tr>
<td>Externalizing ($n = 65$)</td>
<td>1, 61</td>
<td>6.41**</td>
<td>.10</td>
<td>.70</td>
</tr>
</tbody>
</table>

*Note. $\eta^2 =$ eta squared (effect size).*

*Covariates: Parental income and parental depression.*

*p < .01. **p < .02.*
Table 22

Means and Standard Deviations for Parental Nurturance as a Function of Abuse Status, Child Gender, and Reporter

<table>
<thead>
<tr>
<th>Reporter</th>
<th>PCIA-PNUR (observed)</th>
<th>P-PARQ-Warmth (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
</tbody>
</table>

| Child Gender X Reporter<sup>a</sup> | | | | |
| CSA (n = 24) | | | | |
| Female | 43.39 | 8.92 | 49.56 | 11.98 |
| Male | 53.04 | 9.72 | 47.19 | 12.44 |

| Non-CSA (n = 25) | | | | |
| Female | 47.37 | 9.56 | 50.91 | 7.01 |
| Male | 47.44 | 9.29 | 52.42 | 7.49 |

<sup>a</sup>Selected cases by each abuse status group (i.e., CSA, non-CSA) and completed the 2X2 MANOVA.
Table 23

*Multivariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Nurturance*

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>2X2X2 MANCOVA (n = 48)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Gender X Reporter</td>
<td>1, 42</td>
<td>3.17*</td>
<td>.07</td>
<td>.41</td>
</tr>
</tbody>
</table>

2X2 MANOVA

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Gender X Reporter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA (n = 24)</td>
<td>1, 22</td>
<td>2.65**</td>
<td>.11</td>
<td>.34</td>
</tr>
<tr>
<td>Non-CSA (n = 25)</td>
<td>1, 23</td>
<td>.08</td>
<td>.003</td>
<td>.06</td>
</tr>
</tbody>
</table>

*Note.* F ratios were generated from Wilk’s Lambda statistic. $\eta^2 = \eta$ squared (effect size).

*Covariates: Parental income and Parental depression.*

*p < .09. **p < .12.*
Table 24

*Means and Standard Deviations for Parental Role Reversal as a Function of Abuse Status, Child Gender, and Reporter*

<table>
<thead>
<tr>
<th></th>
<th>PCIA-RR (observed)</th>
<th>AAPI-RR (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(M)</td>
<td>(SD)</td>
</tr>
<tr>
<td><strong>CSA ((n = 32))</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>47.40</td>
<td>8.48</td>
</tr>
<tr>
<td>Male</td>
<td>53.22</td>
<td>10.83</td>
</tr>
<tr>
<td><strong>Non-CSA ((n = 33))</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>49.41</td>
<td>12.77</td>
</tr>
<tr>
<td>Male</td>
<td>49.36</td>
<td>8.33</td>
</tr>
<tr>
<td></td>
<td>df</td>
<td>F</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>2X2X2 MANCOVA (n = 65)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Gender X Reporter</td>
<td>1, 59</td>
<td>.99</td>
</tr>
<tr>
<td><strong>2X2 MANOVA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender X Reporter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA (n = 33)</td>
<td>1, 31</td>
<td>.62</td>
</tr>
<tr>
<td>Non-CSA (n = 33)</td>
<td>1, 31</td>
<td>.42</td>
</tr>
<tr>
<td><strong>ANCOVA's</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CSA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCIA-RR (observed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 32)</td>
<td>1, 28</td>
<td>2.52*</td>
</tr>
<tr>
<td>AAPI-RR (self-reported)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 32)</td>
<td>1, 28</td>
<td>.25</td>
</tr>
<tr>
<td><strong>Non-CSA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCIA-RR (observed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 33)</td>
<td>1, 29</td>
<td>.00</td>
</tr>
<tr>
<td>AAPI-RR (self-reported)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 33)</td>
<td>1, 29</td>
<td>1.05</td>
</tr>
</tbody>
</table>
Note. $\eta^2 = \text{eta squared (effect size)}$.

*aSelected cases by abuse status group (i.e., CSA, non-CSA) and ran ANCOVA with child gender as between subjects factor, parental income and depression as covariates, and PCIA-RR and AAPI-RR as dependent variables.

*Covariates: Parental income and parental depression.

*p = .12.
Table 26

*Means and Standard Deviations for Parental Inconsistency/Limit-Setting as a Function of Abuse Status, Child Gender, and Reporter*

<table>
<thead>
<tr>
<th>Child Gender X Reporter&lt;sup&gt;a&lt;/sup&gt;</th>
<th>PCIA-PI (observed)</th>
<th>P-PARQ-Control (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>CSA (&lt;i&gt;n&lt;/i&gt; = 24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>42.55</td>
<td>3.55</td>
</tr>
<tr>
<td>Male</td>
<td>51.75</td>
<td>10.98</td>
</tr>
<tr>
<td>Non-CSA (&lt;i&gt;n&lt;/i&gt; = 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>56.08</td>
<td>13.71</td>
</tr>
<tr>
<td>Male</td>
<td>47.51</td>
<td>9.02</td>
</tr>
</tbody>
</table>

<sup>a</sup>Selected cases by each abuse status group (i.e., CSA, non-CSA) and completed the 2X2 MANOVA.
Table 27

*Multivariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Inconsistency/Limit-Setting*

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td>2X2X2 MANCOVA (n = 48)^</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Gender X Reporter</td>
<td>1, 42</td>
<td>9.30*</td>
<td>.18</td>
<td>.85</td>
</tr>
<tr>
<td>2X2 MANCOVA (n = 48)^</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Reporter</td>
<td>1, 44</td>
<td>1.30</td>
<td>.03</td>
<td>.20</td>
</tr>
<tr>
<td>2X2 MANOVA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender X Reporter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA (n = 24)</td>
<td>1, 22</td>
<td>5.78**</td>
<td>.21</td>
<td>.63</td>
</tr>
<tr>
<td>Non-CSA (n = 25)</td>
<td>1, 23</td>
<td>3.43***</td>
<td>.13</td>
<td>.43</td>
</tr>
</tbody>
</table>

*Note. F ratios were generated from Wilk’s Lambda statistic. $\eta^2$ = eta squared (effect size).*

*Covariates: Parental income and parental depression.*

*^p < .01. **p < .03. ***p < .08.*
Table 28

Means and Standard Deviations for Parental Physical Control/Corporal Punishment as a Function of Abuse Status, Child Gender, and Reporter

<table>
<thead>
<tr>
<th></th>
<th>PCIA-PCP (observed)</th>
<th>AAPI-CP (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>CSA (n = 32)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>48.84</td>
<td>11.58</td>
</tr>
<tr>
<td>Male</td>
<td>52.60</td>
<td>9.28</td>
</tr>
<tr>
<td>Non-CSA (n = 33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>49.39</td>
<td>9.95</td>
</tr>
<tr>
<td>Male</td>
<td>49.13</td>
<td>10.01</td>
</tr>
</tbody>
</table>
Table 29

*Multivariate and Univariate Results for Abuse Status, Child Gender, and Reporter on Levels of Parental Physical Control/Corporal Punishment*

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2X2X2 MANCOVA (n = 65)^</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Gender X Reporter</td>
<td>1, 59</td>
<td>.46</td>
<td>.008</td>
<td>.10</td>
</tr>
<tr>
<td><strong>2X2 MANOVA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender X Reporter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA (n = 33)</td>
<td>1, 31</td>
<td>.17</td>
<td>.005</td>
<td>.07</td>
</tr>
<tr>
<td>Non-CSA (n = 33)</td>
<td>1, 31</td>
<td>.43</td>
<td>.01</td>
<td>.10</td>
</tr>
<tr>
<td><strong>ANCOVA’s^a^</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCIA-PCP (observed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 32)</td>
<td>1, 28</td>
<td>1.15</td>
<td>.04</td>
<td>.18</td>
</tr>
<tr>
<td>AAPI-CP (self-reported)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 32)</td>
<td>1, 28</td>
<td>2.58*</td>
<td>.08</td>
<td>.34</td>
</tr>
<tr>
<td>Non-CSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCIA-PCP (observed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 33)</td>
<td>1, 29</td>
<td>.00</td>
<td>.00</td>
<td>.05</td>
</tr>
<tr>
<td>AAPI-CP (self-reported)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender (n = 33)</td>
<td>1, 29</td>
<td>.46</td>
<td>.02</td>
<td>.10</td>
</tr>
</tbody>
</table>
Note. $\eta^2$ = eta squared (effect size).

*Selected cases by abuse status group (i.e., CSA, non-CSA) and ran ANCOVA with child gender as between subjects factor, parental income and depression as covariates, and PCIA-PCP and AAPI-CP as dependent variables.

^Covariates: Parental income and parental depression.

*p = .12.
Table 30

*Means and Standard Deviations for Observed Levels of Overprotectiveness as a Function of Abuse Status and Child Gender*

<table>
<thead>
<tr>
<th>PCIA-ID</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CSA (n = 32)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>51.41</td>
<td>9.63</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>45.57</td>
<td>9.14</td>
</tr>
<tr>
<td></td>
<td>Non-CSA (n = 33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>56.59</td>
<td>9.44</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>48.85</td>
<td>9.59</td>
</tr>
<tr>
<td></td>
<td>CSA</td>
<td>47.94</td>
<td>9.64</td>
</tr>
<tr>
<td></td>
<td>Non-CSA</td>
<td>51.66</td>
<td>10.12</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>53.90</td>
<td>9.71</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>47.29</td>
<td>9.40</td>
</tr>
</tbody>
</table>
Table 31

**ANCOVA results for Observed Levels of Overprotectiveness as a Function of Abuse Status and Child Gender (n = 65)^**

<table>
<thead>
<tr>
<th>df</th>
<th>F</th>
<th>$\eta^2$</th>
<th>observed power</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status X Child Gender</td>
<td>1, 59</td>
<td>.13</td>
<td>.002</td>
</tr>
<tr>
<td><strong>Main Effects</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Status</td>
<td>1, 59</td>
<td>3.37</td>
<td>.05</td>
</tr>
<tr>
<td>Child Gender</td>
<td>1, 59</td>
<td>7.66*</td>
<td>.12</td>
</tr>
</tbody>
</table>

*Note. $\eta^2$ = eta squared (effect size).*

^Covariates: Parental income and parental depression.

*p < .01.
APPENDIX A

DEMOGRAPHIC INFORMATION AND HISTORY FORM
1. THE PARENT (OR GUARDIAN) WHO IS FILLING OUT THIS QUESTIONNAIRE AND PARTICIPATING WITH A CHILD IS THE CHILD’S (PLEASE CHECK ONE BOX):
   (1) mother (2) father (3) stepmother
   (4) stepfather (5) foster mother (6) foster father
   (7) grandmother (8) grandfather
   (9) other please specify: ______________________

2. OTHER GUARDIANS WHO LIVE WITH YOU AND THIS CHILD ARE (CHECK “YES” OR “NO” FOR EACH PERSON):
   (1)YES (2)NO
   a. mother                              b. father
   c. stepmother                        d. stepfather
   e. foster mother                          f. foster father
   g. grandmother                         h. grandfather
   i. other (please specify): _______________________

3. OTHER PARENTS WHO SEE THIS CHILD EVERY MONTH OR MORE BUT DO NOT LIVE WITH YOU ARE (CHECK “YES” OR “NO” FOR EACH PERSON):
   (1)YES (2)NO
   a. mother                              b. father
   c. stepmother                        d. stepfather
   e. other (please specify): _______________________

4. How many other children live in your household? (circle one)
   0 1 2 3 4 5 6 7 8 9 10 or more

5. How many adults besides yourself regularly help you care for the child(ren)? [Do not include paid baby-sitters or daycare workers] (circle one)
   0 1 2 3 4 or more

6. The participating child is a: (1) girl (2) boy
7. Have there been any months in this child's life when you did not live in the same house?
   (1) Yes  (2) No

   If yes, please list age of child at separation from you, length of separation, amount of contact you did have with the child (if any) and the reason for separation:

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Length of Separation</th>
<th>Contact?</th>
<th>Reason for Separation</th>
</tr>
</thead>
</table>

8. Currently, about how many hours per day do you spend with this child (do not count time when child is asleep at night, but do count child's naptime if you are home with them). If it changes from day to day, figure an average:

   (1) 1-2 hours  (2) 3-4 hours  (3) 5-6 hours  (4) 7-8 hours
   (5) 9-10 hours  (6) 11 or more hours

9. Your date of birth:___________  10. Your child’s date of birth: _______

11. Your age today:___________  12. Your child’s age today:___________

13. Your child’s grade in school (if completing during the summer, choose the grade that your child will enter next Fall):

   (1) Not in school  (2) pre-school  (3) kindergarten  (4) 1st grade
   (5) 2nd grade  (6) 3rd grade  (7) 4th grade  (8) 5th grade
   (9) Other (please explain):________________________________________

14. How would you describe your ethnic-racial background?

   (1) Asian-American  (2) Black (African-American)  (3) Caucasian (White)
   (4) Hispanic  (5) Middle Eastern (Arab)  (6) Native American Indian
   (7) Biracial (please specify)________________________________________
   (8) Other (please specify)________________________________________
15. Is English your first language? (1) Yes (2) No (please specify________________)

16. How would you describe your child’s ethnic-racial background?
(1) Asian-American (2) Black (African-American) (3) Caucasian (White)
(4) Hispanic (5) Middle Eastern (Arab) (6) Native American Indian
(7) Biracial (please specify_______________________________)
(8) Other (please specify________________________________________)

17. Is English your child’s first language? (1) Yes (2) No (specify___________)

18. List the country in which the following people were born. (If they have moved from their birth country to the US, how many years have they lived in this country?)

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Number of Years in USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child</td>
<td>______________________</td>
</tr>
<tr>
<td>b. Child’s Mother</td>
<td>______________________</td>
</tr>
<tr>
<td>c. Child’s Father</td>
<td>______________________</td>
</tr>
<tr>
<td>d. Child’s Maternal Grandmother (Mother’s Mother)</td>
<td>______________________</td>
</tr>
<tr>
<td>e. Child’s Maternal Grandfather (Mother’s Father)</td>
<td>______________________</td>
</tr>
<tr>
<td>f. Child’s Paternal Grandmother (Father’s Mother)</td>
<td>______________________</td>
</tr>
<tr>
<td>g. Child’s Paternal Grandfather (Father’s Father)</td>
<td>______________________</td>
</tr>
</tbody>
</table>

19. Which category best describes your current marital status?
(1) never married (2) married (3) separated
(4) divorced (5) widowed (6) separated
(7) other (explain________________________________________)

20. Which category best describes your current relationship status?
21. How long have you been in your current relationship?
   (1) I’m not in a relationship  (2) 3 months or less  (3) 3-9 months
   (4) about 1 year  (5) about 2 years  (6) 3-4 years
   (7) 5 years of more

22. What is the highest degree you’ve earned or the last grade in school you completed?
   (1) 8th grade  (2) 9th grade  (3) 10th grade  (4) 11th grade
   (5) 12th grade (H.S. diploma or GED)  (6) technical/trade school diploma
   (7) community college degree  (8) university degree, specify
   (9) advanced degree, specify
   (10) other, please specify

23. Are you currently a student?  (1) Yes, part-time  (2) Yes, full-time  (3) No
24. Are you currently employed?  (1) Yes, part-time  (2) Yes, full-time  (3) No
25. If yes, what is your job? 
IN THIS SECTION, PLEASE ANSWER FOR THE CHILD’S OTHER PRIMARY PARENT (OR GUARDIAN), IF THEY HAVE ONE. Choose the person with whom the child lives at least some of the time (for example, your significant other or, if you are divorced, the child’s other biological parent). [If there is more than one person in this category, choose the one with whom the child spends the most time.] If there is no other parent/guardian, skip to #30.

26. What is the highest degree this parent/guardian has earned or the last grade in school they completed?
   (1) 8th grade (2) 9th grade (3) 10th grade (4) 11th grade
   (5) 12th grade (H.S. diploma or GED) (6) technical/trade school diploma
   (7) community college degree (8) university degree, specify ________________
   (9) advanced degree, specify ________________________________
   (10) other, please specify ________________________________

27. Are they currently a student? (1) Yes, part-time (2) Yes, full-time (3) No

28. Are they currently employed? (1) Yes, part-time (2) Yes, full-time (3) No

29. If yes, what is their job?
   _______________________________________________________

30. What is your approximate yearly household income before taxes (include child support received, if that applies to you)?
   (1) less than 10,000 (2) 10,000 – 20,000 (3) 20,000 – 30,000
   (4) 30,000 – 40,000 (5) 40,000 – 50,000 (6) 50,000 – 60,000
   (7) 60,000 – 70,000 (8) 70,000 – 100,000 (9) over 100,000
31. Have you ever taken parenting classes? (1) Yes (2) No
If yes, please describe the type of classes you had and for how long:
Description of Parenting Classes Number of Classes (or time span)

32. Have you ever attended counseling? (1) Yes (2) No
If yes, please describe the type of counseling you had and for how long:
Description of Counseling Number of Sessions (or time span)

33. Has the child who is participating in this study ever attended counseling?
(1) Yes (2) No
If yes, please describe the type of counseling he or she had and for how long:
Description of Counseling Number of Sessions (or time span)
34. Has this child ever repeated a grade?  
   (1) Yes  
   (2) No  

35. If yes, which grade? ________________

36. Has this child ever skipped a grade?  
   (1) Yes  
   (2) No  

37. If yes, which grade? ________________

38. Does your child receive special education services at school?  
   (1) Yes  
   (2) No  

   If yes, what is your child’s eligibility?  
   (Check all that apply)  
   (1) Yes  
   (2) No  

   b. Orthopedically Impaired  
   c. Other Health Impaired  
   d. Auditorially Impaired  
   e. Visually Impaired  
   f. Deaf-Blind  
   g. Mentally Retarded  
   h. Emotionally Disturbed  
   i. Learning Disabled  
   j. Speech Impaired  
   k. Autistic  
   l. Traumatic Brain Injury  

39. If yes, grade your child began receiving special education services ______

40. Is this child currently taking any medication?  
   (1) Yes  
   (2) No  

41. If yes, please list the name of the medication(s) and dosage(s).  
   ____________________________________________________________  
   ____________________________________________________________

114
42. Has your child ever been diagnosed with any of the following: (Check all that apply)

(1) Yes (2) No (3) Never diagnosed, but I suspect this child has this disorder

- a. Attention-Deficit/Hyperactivity Disorder (ADHD)
- b. Oppositional Defiant Disorder
- c. Conduct Disorder
- d. Tourette’s Disorder
- e. Separation Anxiety Disorder
- f. Generalized Anxiety Disorder
- g. Major Depressive Disorder
- h. Dysthymic Disorder
- i. Bipolar Disorder
- j. Other (please specify ______________________) 

43. If you answered “yes” to any disorder listed in Question #42, how old was your child when first diagnosed? _______________________

44. If you answered “yes” to any disorder listed in Question #42, who was your child first diagnosed by?

- School counselor/psychologist (LSSP, Ph.D.) (1)
- Other counselor/psychologist (M.S., Ph.D., Psy.D.) (2)
- Psychiatrist (M.D.) (3)
- Family physician/general practitioner (M.D.) (4)
- Other (please specify ______________________) (5)

45. Is your child currently receiving counseling for the disorder(s) checked in #42?

(1) Yes (2) No, never (3) In the past only (4) Does not apply (no disorder)

46. Which category best describes your religious preference?

Agnostic (1)
Atheist (2)
Buddhism (3)
Catholicism (4)
Hindu (5)
Judaism (6)
Muslim (7)
Protestant (8) Specify Denomination ______________________
Other (9). Specify ______________________________

47. How often do you attend religious services?

- More than once per week (1)
- About once per week (2)
- About once per month (3)
- About once or twice per year (4)
- Seldom (less than once per year) (5)
- Never (6)

48. Have you ever been diagnosed with any of the following: (Check all that apply)

   (1) Yes   (2) No   (3) Never diagnosed, but I suspect I have this disorder

   a. Attention-Deficit/Hyperactivity Disorder (ADHD)
   b. Personality Disorder
   c. Substance Abuse or Dependence
   d. Generalized Anxiety Disorder
   e. Major Depressive Disorder
   f. Dysthymic Disorder
   g. Bipolar Disorder
   h. Other (please specify ______________________________)

49. If you answered “yes” to any disorder listed in Question #48, are you currently taking medication(s) for the disorders?

   (1) Yes (specify__________________________________________)
   (2) No (3) Does not apply (no disorder)
50. Has the participating child’s other biological parent ever been diagnosed with any of the following: (Check all that apply) (1) Yes (2) No (3) He/she has never been diagnosed, (4) I don’t know but I suspect they have this disorder

   a. Attention-Deficit/Hyperactivity Disorder (ADHD)
   b. Personality Disorder
   c. Substance Abuse or Dependence
   d. Generalized Anxiety Disorder
   e. Major Depressive Disorder
   f. Dysthymic Disorder
   g. Bipolar Disorder
   h. Other (please specify ____________________)
APPENDIX B

PCIA ADMINISTRATION INSTRUCTIONS

Copyright 2001

Used with permission from Dr. Patricia Kaminski.
Parent-Child Interaction Assessment (PCIA):
Directions for Administration

Richard J. Holigrocki, Ph.D.
Siebolt H. Frieswyk, Ph.D.
Patricia L. Kaminski, Ph.D.
George Hough, Ph.D.

Child and Family Center
The Menninger Clinic
Topeka, KS

Revised April 23, 2001

Dr. Holigrocki, former staff psychologist, The Menninger Clinic, is an assistant professor, Department of Psychology, University of Indianapolis. Dr. Frieswyk is the director of psychotherapy training at the Karl Menninger School of Psychiatry and Mental Health Sciences, The Menninger Clinic. Dr. Kaminski is an assistant professor, Department of Psychology, University of North Texas. Dr. Hough is in private practice in Topeka. Correspondence may be sent to Dr. Holigrocki, Department of Psychology, University of Indianapolis, Indianapolis, IN 46227; e-mail: rholigrocki@uindy.edu.
PCIA Directions for Administration  
Parent-Child Interaction Assessment  
Richard Holigrocki, Siebolt Frieswyk, Patricia Kaminski, and George Hough

MATERIALS

For detailed instructions regarding the preparation and assembly of materials, please contact Dr. Richard Holigrocki or Dr. Patricia Kaminski.

1 zoo board (28" x 22" matte board with markings indicating toy placement)  
1 spiral bound booklet with 17 cards labeled FP, BZ, 1 – 15 (2 ½" x 3")  
2 figures that match the sex of the parent and child (height: 2 ¾” – 3”)  
5 pairs of plastic giraffes, gorillas, hippos, tigers and zebras (height: 1 ¼” – 5 ¼”)  
2 plastic trees (height: 3")  
10 wooden, interlocking logs of various sizes (4 ½” – 7 ½")  
10 plastic interlocking building blocks (2 ½” x 1 ¼” x 1")  
1 camcorder on tripod  
3 lapel microphones  
1 stopwatch  
1 table and three chairs

Removed from view of parent and child:  
4 figures (height: 2 ¾” – 3")  
2 pens for the tigers and hippos, each constructed from 4 logs (4 ¼" x 4 ½")  
1 3" plastic tree with Velcro on the bottom  
1 giraffe pen constructed from 4 logs (4 ½" x 7 ½")  
1 tunnel constructed from 7 blocks  
1 (2 ½” x 1 ¼” x 1”) block for the race starting-gate, lunch table, and gift shop.  
1 seesaw constructed from 2 logs (base: 1", fulcrum: 7 ½")  
1 empty toy bucket & lid

For Inquiry:  
1 television  
1 videocassette recorder (4-head)
INTRODUCTION TO THE TASK

Welcome participants, make introductions, and complete consent forms.

Begin the video recording. Direct the parent to the middle chair and say,

[Mom or Dad], you’re going to sit here…

Direct the child to the chair on the parent’s left and say,

and [child’s name], you’ll sit here.

Attach lapel microphones.

If conducting the Inquiry say,

Today we’re going to do [two or three] things. First, we’re going to make a movie as you two play together, then we’ll have each of you watch some of the movie while we ask you questions about it.

If appropriate, say,

Then the last thing we need is for [Mom or Dad or both of you] to fill out some questionnaires.

If not conducting the Inquiry say,

Today we’re going to make a movie as you two play together.

If appropriate, say,

Then we’ll have [Mom or Dad or both of you] fill out some questionnaires.

1. FREE PLAY
TIME: 90 SECONDS

DIRECTIONS
FREE PLAY — Turn booklet to page marked “FP” and say,

We’re almost ready to start; I just need to check on a few things. Make yourselves comfortable.

If they are not playing with the toys, say,

You can both play with the toys while you’re waiting.

Start timing. Leave the room for 90 seconds. Return to the room, sit in the chair to the parent’s left, attach lapel microphone, and say,

Okay, pass me the two figures.

Proceed to the next task.

2. CO-CONSTRUCTION TASKS
TIME: APPROXIMATELY 25 MINUTES

DIRECTIONS
BUILD A ZOO — Turn booklet to “BZ.” Hold all six figures (3 male and 3 female) in your hands (in a random order). To parent and child say,

Are you ready? Okay, let’s get started.

Hold figures within child’s reach and say,

Now what I want you to do is to choose one of these figures to be you.
To the parent display the remaining five figures and say,
    You get to choose, as well. Which figure will be you?
To parent and child say,
    What I would like you to do is to start building a zoo together.
Start timing. Allow 90 seconds for the story to begin to take shape.
    Okay, pass me the two figures.
Pick up the two figures. Proceed to the next task.

1. ARRIVAL — Turn booklet to “1A.” Place tiger and hippo pens on the zoo board as indicated. Put animals in pens. Place parent and child figures between the pens, facing each other, and say,
    [Mom or Dad] and [child’s name] have just arrived at the zoo. [Child’s name] wants to look at the tigers and [Mom or Dad] wants to look at the hippos. Play out what happens together.
Start timing. If either of the participants end the play prior to 90 seconds, say
    Play out what happens next.
After 90 seconds say,
    Let’s continue with our trip through the zoo. Pass me the two figures.
Proceed to the next task.

2. RACE — Turn booklet to “2R.” Put block on zoo board to mark the starting point of the race. Attach the tree to the Velcro on the zoo board and say,
    There is a contest to see who can run the fastest. This (point to starting block) is where [Mom or Dad] and [child’s name] start. The two of you are to race to the tree and back.
As you hand each participant their respective figure (simultaneously) say,
    Play out what happens together.
Start timing. If either of the participants end the play prior to 90 seconds, say
    Play out what happens next.
After 90 seconds say,
    Okay, pass me the figures and we’ll continue with our trip to the zoo.
The preceding transition instructions can be omitted or shortened when the parent and child understand that they are to pass the figures at the end of each scenario.
Proceed to the next task.

3. TUNNEL — Turn booklet to “3T.” Place tunnel on zoo board as indicated. Place parent and child figures on their marks near the entrance to the tunnel and say,
    This is the entrance to a scary tunnel. You are both entering the tunnel. Play out what happens together.
Start timing. If either of the participants end the play prior to 90 seconds, say
    Play out what happens next.
After 90 seconds say,
    Okay, [pass me the figures . . .].
Proceed to the next task.
4. FEEDING THE GIRAFFES — Turn booklet to “4FG.” Place giraffe pen on zoo board as indicated; put giraffes in the pen. Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Child’s name] is feeding the giraffes. What is [Mom or Dad] doing? Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,
Okay, [pass me the figures . . .].
Proceed to the next task.

5. HURT ARM — Turn booklet to “5HA.” Place parent figure on the zoo board as indicated. Put the child figure facedown on the zoo board next to the parent figure and say,

[Child’s name] has fallen and hurt [his or her] arm. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,
Okay, [pass me the figures . . .].
Proceed to the next task.

6. LUNCH — Turn booklet to “6L.” Put block on the zoo board for the lunch table (as indicated) and say,

This is a table.

Place child and parent figures on opposite sides of the table and say,

[Mom or Dad] and [child’s name] are eating their lunch at the zoo. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,
Okay, [pass me the figures . . .].
Proceed to the next task.

7. WAITING — Turn booklet to “7W.” Place the parent figure and child figure side by side as indicated on the zoo board. Place a figure that is the same sex as the parent on the zoo board as indicated and say,

[Mom or Dad] sees a friend and wants [child’s name] to wait while [he or she] talks with their friend. [Child’s name] wants to go and play. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,
Okay, [pass me the figures . . .].
Put the “friend” figure back with the toys you have hidden from view. Proceed to the next task.
8. HIGH ROCK — Turn booklet to “8HR.” Remove the “Scary Tunnel” from the zoo board and change the arrangement of its blocks to transform it into a “High Rock.” Put the High Rock on the zoo board as indicated. Place the child figure on top of the rock. Place the parent in front of the rock (as indicated on the zoo board), but facing away from the rock and say,

When [Mom’s or Dad’s] back was turned, [child’s name] climbed on top of a high rock. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

9. LOST CHILD — Turn booklet to “9LC.” Put parent and child figures on opposite sides of the zoo board (as indicated) and say,

[Mom or Dad] and [child’s name] are on opposite sides of the zoo. [Child’s name] is lost.

Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

10. STRANGER — Turn booklet to “10S.” Place the parent figure and child figure side by side as indicated on the zoo board. Place a figure that is the opposite sex of the parent on the zoo board as indicated and say,

A stranger walks up to [Mom or Dad] and [child’s name]. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Put the “stranger” figure back with the toys you have hidden from view. Proceed to the next task.

11. SEESAW — Turn booklet to “11SS.” Place the seesaw on the zoo board as indicated and demonstrate its movement as you say,

This is a seesaw.

Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Mom or Dad] promised [child’s name] that [he or she] could play on the seesaw but [child’s name] can’t play on it because it’s time to leave the zoo. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,
Okay, [pass me the figures . . .].
Proceed to the next task.

12. ANIMAL NAMES — Turn booklet to “12AN.” Place child figure at the center of the zoo as indicated, give the parent his/her figure and say,

[Mom or Dad] and [child’s name] have been seeing many animals. [Child’s name] says that [he or she] has learned the names of three new animals. What does [Mom or Dad] think of that? Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].
Proceed to the next task.

13. GIFT SHOP — Turn booklet to “13GS.” Move the “lunch table” block from its position to the area on the zoo board marked “gift shop” and say,

This is a gift shop.
Place child and parent figures near the gift shop (as indicated on the zoo board) as you say,

[Child’s name] wants to buy a toy in the gift shop. [Mom or Dad] does not want to spend money on the toy. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].
Proceed to the next task.

14. LEAVING THE ZOO — Turn booklet to “14LZ.” Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Child’s name] wants to stay at the zoo. [Mom or Dad] wants to leave. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].
Proceed to the next task.

15. LOST TOY — Turn booklet to “15LT.” Place parent and child figures on the table, just off of the zoo board (at the corner nearest High Rock) and say,

You have both left the zoo. [Child’s name] lost a toy at the zoo and wants to go back for it. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].
Put booklet and stopwatch away. Proceed to the next task.
3. CLEAR-UP TASK  
TIME: 90 SECONDS.

INSTRUCTIONS IF CONDUCTING INQUIRY  
Place the empty toy bucket & lid on the zoo board; put the two figures in it as you say,  
   We’re done making the movie of your pretend trip to the zoo. Next, we’re going to  
   watch the movie. Would you mind putting the toys away while I get the next part  
   ready? I’ll be back in a minute.  
Start timing. Interrupt dyad after 90 seconds.  
Turn to the next page for further instructions.

INSTRUCTIONS IF NOT CONDUCTING INQUIRY  
Place the empty toy bucket & lid on the zoo board; put the two figures in it as you say,  
   We’re done making the movie of your pretend trip to the zoo. Would you mind  
   putting the toys away while I check on something? I’ll be back in a minute.  
Start timing. Interrupt dyad after 90 seconds.

4. INQUIRY  
TIME: APPROXIMATELY 30 MINUTES

DIRECTIONS  
Say to child,  
   [Child’s name], I’d like to show you some of the movie and ask you some questions.  
   We’re going to show you the movie while your [Mom or Dad] fills out some forms in the  
   next room. Later, we’ll ask your [Mom or Dad] to watch the movie, and ask [her or  
   him] some questions too.  
After the parent leaves the room, rewind the videotape to the beginning of the chosen  
scenario. (The “beginning” is defined as the first word that the Examiner says to set up  
the scene.) Record the VCR’s index number on your Inquiry Log as #1. Make sure you  
& child wear microphones.  
Say to the child,  
   I’m going to play part of the movie for you now. When I stop it, I’ll ask you  
   some  
   questions about that part.  
Play the tape. Start the stopwatch when you normally would if it were a real  
administration of that scene (after the Examiner completes the instruction). Remain near  
the VCR, but be as unobtrusive as possible. Pause (freeze) the videotape after 45”  
have elapsed, unless the parent or child is in the middle of a sentence. In that case,  
pause the tape as soon as the sentence is completed. Record the index number on  
your Inquiry Log as #2. Return to your seat. Ask,  
   1. What was happening during that one?  
Pause briefly to look at and point to the picture on the TV monitor as you ask,  
   2. What were you doing right then?  
   3. What were you thinking right then?  
   4. What were you feeling right then?
5. What did you want from your [Mom or Dad] right then?

Pause briefly to look at and point to the picture on the TV monitor as you ask,

6. OK, now look at your [Mom or Dad], what was [she or he] doing right then?

7. What was your [Mom or Dad] thinking right then?

8. What was your [Mom or Dad] feeling right then?

9. What did your [Mom or Dad] want from you right then?

After the child has answered the questions say,

I’m going to show you one more part of your movie. And, just like last time, when I stop it, I’ll ask you questions about that part of the movie.

Cue the videotape to the beginning of the other chosen scenario in the manner described above. Make sure to record the beginning index number on your Inquiry Log as #3. Play at least 45” of tape, pause at the end of the sentence, and record the new index number as #4. Take your seat.

Continue with the Child Inquiry by repeating all 9 questions in the manner described above.

After completing the Child Inquiry, remove microphones and say

Good job! Let’s go get your [Mom or Dad].

Let the parent and child greet one another.

Say to parent,

I’d like to ask [child’s name] if [he’d or she’d] like to play with [assistant’s name] in the other room for a few minutes. While they’re playing, we’ll look at the videotape and I’ll ask you a few questions.

Return to the examining room with the parent. Make sure you & parent are wearing microphones. Refer to your Inquiry Log. Rewind the videotape to Index #1 as you say,

I’m going to play part of the movie for you now. When I stop it, I’ll ask you some questions about that part.

Play the tape. Remain near the VCR, but be as unobtrusive as possible. Pause (freeze) the videotape when it reaches Index #2. Return to your seat. Ask,

1. What was happening during that one?

Pause briefly to look at and point to the picture on the TV monitor as you ask,

2. What were you doing right then?

3. What were you thinking right then?
4. What were you feeling right then?

5. What did you want from [child’s name] right then?

Pause briefly to look at and point to the picture on the TV monitor as you ask,

6. OK, now look at [child’s name], what was [she or he] doing right then?

7. What was [child’s name] thinking right then?

8. What was [child’s name] feeling right then?

9. What did [child’s name] want from you right then?

After the parent has answered the questions say,

I’m going to show you one more part of the video. Again, when I stop it, I’ll ask you questions about it.

Cue the videotape to Index #3. Play the tape. Pause (freeze) the videotape at Index #4. Return to your seat.

Continue with the Parent Inquiry by repeating all 9 questions in the manner described above.

After completing the Parent Inquiry, say

OK, that’s all the questions I have. Let’s go see how [child’s name] is doing.

(ver 1.07)
APPENDIX C

PCIA OBSERVATIONAL CODING SYSTEM

Copyright 2002

Used with permission from Dr. Patricia Kaminski.
Observational Coding System for Parent-Child Interactions

Version 1.14

Patricia L. Kaminski
University of North Texas

Michelle A. Warren, Amanda C. Kallstrom-Fuqua, & S. L. Durrant
University of North Texas

Richard J. Holigrocki
University of Indianapolis

Corinne C. S. Tureau, Criquette L. Tassin, Margaret G. King, Katherine L. Dobbs, Kimberly A. Barton, Michelle K. Collins, Theresia M. Jacobs & Kristen M. Anton
University of North Texas
General Instructions:
1) Re-read the description of the particular codes you will be using.

2) Watch the scenario 1 time through taking note of verbalizations &/or behaviors that fit the code(s).
   a) Remember that a scenario is defined as starting when the examiner finishes the story stem (usually with “Play out what happens together”). The scenario “ends” when the examiner interrupts (usually with “Pass me the figures”).

   b) When coding Inquiry, it should be considered as “two” scenarios—1 for each scenario inquired. The “scenario” begins as soon as the examiner asks, “What was happening right then?” The 1st “scenario” ends when they begin watching the 2nd segment of the videotape (i.e., 2nd scene inquired). The 2nd “scenario” ends when the Inquiry is over.

   c) Scenarios should be coded independently. That is, actions from one scenario should not affect the scoring in another scenario.

3) Watch the scenario a 2nd time & carefully count occurrences of your code(s), pause & rewind as necessary, refer to the Manual as necessary.

4) If the code relies on behaviors as well as verbalizations (e.g., PNUR), watch the scenario a 3rd time.

5) Record your final codes on the coding sheet.

6) Record a “0” if your count is zero (rather than leaving it blank).

7) Record or compute TOTALs for that scenario, if applicable.
General Principles

Try to keep the different codes separate in your mind so that use of one code does not affect use of another. That is, sometimes a verbalization or action may “count” for two or more codes---don’t assume that because something is coded as one thing it cannot also be coded as another.

Example

1. Parent: I’m so proud of you. 1 PPC and 1 PA because the comment fits the criteria for both “positive personal comment” and “positive affect.”

If a codeable act/verbalization occurs and the participant tries to “undo” it, it still counts.

Examples

1. Parent: You’re acting like a brat…I’m sorry; I shouldn’t have said that.
   Code = NPC

2. Parent: Let me help you (stands child’s figure up) Code = PNUR
   Child: No, I’m OK, I can do it.
   Parent: OK (lays child’s figure back down) [PNUR is NOT “undone”]

Count every occurrence/repetition of a code EXCEPT when the participant is merely repeating in response to the other person asking what was said/done because they did not hear or see it the first time. If the “asking to repeat” is only implied or implicit, DO COUNT the repetition separately.

Examples

1. Parent: I think we were playing that scene out wrong. Code = NPC
   Examiner: What did you say?
   Parent: I think we were playing that scene out wrong. Code = 0 NPC because that comment was already counted and it was only repeated because the examiner did not hear the first time. TOTAL = 1 NPC

2. Parent: I think we were playing it wrong. Code = NPC
   Examiner is silent, may or may not have a confused look on their face.
   Parent: I think we were playing that scene out wrong. Code = NPC TOTAL = 2 NPC
Parental Physical Nurturance of Child (PNUR)

1 Code
Count frequency of occurrence

Modifications to General Instructions:
* You need to watch each scenario a minimum of 3 times for this code. Specifically, make sure to watch the scenario at least once attending just to verbalizations and another time just for behaviors. That is, be sure to watch the whole scenario at least 1 time thru ONLY noting verbalizations and at least another time thru JUST noting behaviors.

**DEFINITION:** THE PARENT OFFERS OR DEMONSTRATES PHYSICAL AFFECTION FOR OR HELP OF THE CHILD OR THE CHILD’S FIGURE. THE PARENT MAY DO THIS DIRECTLY, OR WITH THEIR FIGURE.

VERBALIZATIONS ARE ESPECIALLY IMPORTANT FOR RELIABLY USING THIS CODE WHEN IT IS OCCURRING BETWEEN THE FIGURES. THAT IS, IF THE PARENT MAKES AN OFFER OF A PNUR OR SAYS THAT THEY WANT TO OR ARE DOING A PNUR, WE COUNT THAT EVEN IF WE CAN’T SEE IT THE FIGURES ACTUALLY TOUCHING.

SIMILARLY, SINCE WE CANNOT RELIABLY RATE HOW THE PARENT FIGURE NURTURES OR HELPS THE CHILD FIGURE WITHOUT A VERBAL DESCRIPTION, WE DO NOT COUNT WHAT APPEARS TO BE PLAYED OUT NONVERBALLY. FOR EXAMPLE, OFTEN THE FIGURES TOUCH UPON REUNION DURING THE LOST CHILD SCENE, BUT, **UNLESS THE PARENT MAKES A KISSING NOISE OR OTHERWISE MAKES IT CLEAR VERBALLY THAT THEY ARE GIVING AFFECTION,** WE DO NOT ASSUME THE CONTACT BETWEEN FIGURES IS AFFECTION.

WE CANNOT RELIABLY COUNT PNURS THAT ONLY OCCUR BETWEEN THE FIGURES WHEN THERE IS NO VERBALIZATION OF WHAT IS HAPPENING (E.G., PARENT PICKS UP CHILD’S FIGURE DURING HURT ARM **WITHOUT SAYING** ANYTHING LIKE, “LET ME HELP YOU UP”). THEREFORE, WHEN PNURS HAPPEN BETWEEN FIGURES, IF IT’S NOT VERBALIZED, WE DON’T COUNT IT.

**EXAMPLES**

1) Parent: Get down from that hi rock, I don’t want you to get hurt. (If you were to look very closely, parent appears to use their figure to assist the child figure in getting down from the dangerous high rock, but the parent doesn’t say anything to confirm that they are helping). Code = PNUR

2) Parent: I’m so happy I found you (Makes kissing sound). (If you were to look very closely, parent appears to have their figure kiss the child’s figure. CODE = PNUR BECAUSE PARENT’S “VERBALIZATION” OF THE KISSING SOUND SUBSTANTIATES THE IMPRESSION THAT THE PARENT FIGURE “KISSED” THE CHILD FIGURE.

EXAMPLES OF PNUR INCLUDE, BUT ARE NOT LIMITED TO:

1. Parent gives the child a kiss and a hug  Code = 2 PNUR

2. Parent gently strokes child’s arm  Code = PNUR

3. Parent: Let me help you (parent’s figure pretends to help the child’s figure up after they’ve fallen)  Code = PNUR

4. Child: Let’s hold hands
   Parent voices compliance or appears to comply AND doesn’t voice dissent.
   Code = PNUR (You can count the PNUR without squinting to make sure that the figures are actually touching, because the verbalizations support the impression that affection occurred)

5. Parent: Let’s hold hands (in context of affection or safety, NOT connected to discipline or punishment).  Code = PNUR

6. Parent (after child has fallen): Do you want me to help you up? Code = PNUR

Do not count physical affection that the child bestows on the parent or that the parent asks to receive from the child. We’re not coding the child’s affection here. Similarly, be sure NOT to count physical affection/nurturance that results from a role reversal (i.e., the child is helping or comforting the parent).

Examples
1. Parent: Give me a kiss.
   Child: (child figure kisses parent figure).  Code = 0 PNUR

2. Parent: I’m scared
   Child: Give me your hand, I’ll help you.
   (Parent and child hold hands).  Code = 0 PNUR

Count each type of affection separately.  However, a “flurry” of one type of affection in quick succession (usually a kiss) is automatically counted as 1. That is, 1 big kiss counts the same as 3 or 4 quick little kisses.

Examples
1. Parent: I love you (kisses and hugs the child). Code = 2 PNUR
2. Parent: I love you (kisses the child 3 times). Code = PNUR

Be aware that most parents have difficulty reaching their child to give them a “real” hug when they are seated during the PCIA. Sometimes we see parents try to give their child a hug and they may hug their child’s head or put one hand on her face and the other on her back. This “half-hug” is considered an act of affection and should be counted as such. If it occurs with a kiss the PNUR, 2 PNUR codes would be given.

If a parent repeats himself about the same act of nurturance, count each occurrence.

**Examples**

1. Parent: Let me help you (get up). Code = PNUR
   Child: My arm hurts.
   Parent: OK, let me help you up. Code = PNUR
   TOTAL = 2 PNUR

2. Parent: Let me help you (get up). Code = PNUR
   Child: Oh no, I fell again.
   Parent: Ok, let me help you up. Code = PNUR
   TOTAL = 2 PNUR

3. Parent: Let me help you, let me help you (get up) Code = 2 PNUR

Do not count “primping”

**Examples**

1. Parent wipes something off the child’s face. Code = 0 PNUR
2. Parent adjusts child’s microphone. Code = 0 PNUR

Although you should count physical comfort, do not count medical care (e.g., parent puts bandage on child’s arm, parent holds child’s arm as she is inspecting it for injury). A general rule: If it’s something that a medical person on the scene would do, it probably doesn’t count.

Do not count help that the parent gives to the child unless they are pretending to be injured, in physical danger, have fallen, etc. We’re not counting civility here; we’re interested in helping behaviors that demonstrate the parent’s concern with the physical safety and care of their child.

**Examples**

1. Parent: I’ll help you get down (from the high rock) Code = PNUR
2. Child: Help me carry these drinks, Dad.
Parent: (Helps child carry drinks).  Code = 0 PNUR

Do not count affection that the parent gives through a toy that is not their figure (parent has friend figure “kiss” child figure).

Do not count affection/nurturance that the parent gives after the child verbally refuses it or otherwise states (i.e., must be verbalized) that they do not want it.

Example

1. Parent: Let me kiss it  (parent pretends to kiss child’s hurt arm)  Code = PNUR
Child: No, I’m OK
Parent: But, it’ll make it better (parent pretends to kiss child’s arm again) Code = 0 PNUR
TOTAL =  1 PNUR
Parental Role-Reversal (PRR)
1 Code
Count frequency of occurrence

DESCRIPTION OF CONSTRUCT: A permeable boundary between parent and child, whereby the parent seeks out the child to meet her physical or emotional needs (i.e., nurturance); Parent engages in self-focused needs, emphasizing her own needs or desires; Parental childlike dependence on child whereby child expected to or asked to fulfill adult role; Relying on child to fulfill role of friend or primary companion

EXAMPLES OF PRR INCLUDE, BUT ARE NOT LIMITED TO:
(If the parent repeats the same role reversal behavior or statement, count each occurrence, excluding repeated utterances, so long as each occurrence can stand alone. Also, do not count occurrences in which the administrator interrupts the scene before it becomes clear or there is enough information to determine whether or not it is codeable)

1. Parent, verbally or nonverbally, requests PNUR (see OCS) or comfort for self from child
   Examples:
   b. Parent: Mommy’s scared, can you hold my hand? Code = 1PRR
   c. Parent: This is scary. Why don’t we hold hands? Code = 0PRR because unclear who’s needs are being met (not necessarily requesting comfort for self).

2. Parent verbally or nonverbally requests child provide protection for her
   Examples:
   a. Child: Ooh, it’s scary! Parent: Yeah it is. You go in first and tell me if it’s okay. Code = 1PRR
   b. Parent: Can you help mommy by keeping an eye on me? Could you help me please? Code = 1PRR for the first sentence, but 0PRR for the second sentence because the second sentence can not stand alone as a role-reversal statement

The help must be solicited for the purpose of comfort or protection.
Example:
   a. Parent: Let’s build this cage together. Can you help me with this log? Code = 0PRR
When the parent requests help and the parent and child are the only two characters involved in play, with no new characters introduced, this help should be counted as PRR. However, it must be clear that the request for help is not directed to someone else. Indicators that may raise doubt the parent is directing the request to the child is if the help request is followed by or occurs simultaneously with the parent taking action to solve the problem or moving into the protector role.

Examples:

a. Parent: (only parent and child characters involved) Something scared me. Help! Help! Code = 1PRR because no indication parent is directing help toward someone else. Also, repetition of help request is considered a repeated utterance, so only 1PRR is coded.

b. Parent: Help! Help! Police! Code = 0PRR since help request directed toward someone besides the child.

c. Parent: (only parent and child characters involved) Help! Help! Let’s go! (grabs the child figure) Code = 0PRR because parent is likely not requesting help from the child since she engages in problem-solving and protective behavior concurrent with the request for help.

d. Parent: Uh-oh, help! Administrator (concurrent with parent’s statement) Okay, pass me the figures. Code = 0PRR because administrator’s interruption makes it unclear whether or not this statement is an occurrence of PRR.

3. Parent verbally requests or solicits positive comment about self from child

Example:

a. Parent: I’m a good mom aren’t I? Code = 1PRR

b. Parent: I know…I’m a good parent. Code = 0PRR because parent is not requesting or soliciting a positive self comment from child

4. Parent verbally seeks out reassurance, love, or affection from the child. One form of seeking reassurance may present in the form of guilt induction.

Examples:

a. Parent: Don’t you care that you made me sad? Code = 1PRR

b. Parent: Don’t you care that I ate lunch all alone? Code = 1PRR

c. Parent: I ate lunch all alone and it made me feel sad. Code = 0PRR because parent is merely expressing her feelings and not necessarily attempting to induce guilt.

d. Parent: Don’t you love me? Code = 1PRR
e. Parent: What do I get? Can I have some of yours?
   Child: No.
   Parent: How come?
   Child: Because it’s mine.
   Parent: Well how come you always take my chips? You’re supposed to
   learn how to share.
   Child: (giggles)
   Parent: Can I eat some of your McNuggets? Remember, I share mine with
   you. I’m a good guy. Code = 0PRR because guilt induction was not
   explicitly for reassurance or fulfillment of parent needs, but instead, was
   designed to promote sharing.

Sometimes guilt induction may be present, but it is unclear as to whether the
parent is seeking out reassurance, love, or affection. To make a judgment in
these situations, it may be helpful to a) watch the seconds preceding and
following the statement to better determine the parent’s intent and b) attend to
the child’s response to the parent’s statement. For example, it is more likely to be
a role reversal statement if the child responds by providing reassurance, love, or
affection.

Examples:
   a. (situation preceding possible PRR statement – child begins walking away
      from lunch table and mom tells child he/she should eat at the table, but
      child continues to wander around)
      Parent: It’s making mommy sad that you won’t come eat with her. Code =
      0PRR because although guilt induction may be present, the context
      preceding the statement suggests the purpose of the statement is for
      obedience, not reassurance, love, or affection.

   b. Parent: (parent figure loses race) Poor mommy! (in a sad voice while
      looking at actual child)
      Child: (child figure moves toward parent figure) It’s okay mom, everything
      will be okay. You can win next time. Let me help you. Code = 1PRR

5. Parent verbally refers to child as a friend, primary companion, or caretaker of
parent OR refers to child as nickname often used to describe someone in a friend
role (i.e., girlfriend)

   If the parent repeats the same nickname, count each occurrence.
   Example:
   a. Parent: Come here girlfriend!
      Child: I’m coming.
      Parent: Girlfriend, I’ve been looking everywhere for you. Code = 2PRR

   If the parent utilizes more than one nickname meeting the above criteria, count
   each of the names each time they occur.
   Example:
a. Parent: Come here girlfriend!
Child: I’m coming.
Parent: Chica, I’ve been looking everywhere for you. Code = 2PRR (Note: “Chic” would not be counted because parent could be referring to a baby chicken, whereas “chica” means “girlfriend” in Spanish)

6. Parent puts child in the position of friend, primary companion, or caretaker.
Examples:
   a. Parent: Did you make our lunch like you were supposed to? Code = 1PRR
   b. Parent: Mary, where are you?  
   Child: I’m right here mom!  
   Parent: Don’t leave like that again; you are supposed to take care of me! Code = 1PRR
   c. Parent: (to child) The tiger took my lunch! What are you going to do? Code = 1PRR
   d. (Only parent and child figure involved; Gorilla in their yard)
   Parent: (to child/child figure) Call 911!  
   Child: “Hello, 911!”  
   Parent: There’s a gorilla in our yard! Code = 1PRR because parent put child in role of protector/caregiver by having child make call to 911 while parent did not take any action to protect.
   e. (Only parent and child figure involved thus far; Gorilla in their yard)
   Parent: (to child/child figure) Call 911! I’m going to go upstairs and get your sister to make sure she’s safe. Code = 0PRR because parent puts child in role of helper while she takes action to be in caregiver/protector role.
   f. (during Lost Child – parent and child standing still)
   Parent: Aren’t you going to find me? (directed to child) Code = 1PRR because parent expecting child to take on caregiver role
   g. (during Lost Child – parent actively looking for child, while child figure playing with zebras)
   Parent: Aren’t you going to find me? (directed to child) Code = 0PRR because context suggests parent is attempting to engage child in play and she is fulfilling caregiver role by looking for child

7. Parent emphasizes her own needs or desires as being more important or as important as child’s
   Examples:
      a. Parent: Do you want the grape juice or the apple juice?  
         Child: I’ll take grape.
Parent: But I wanted the grape. Code = 1PRR

b. Parent: Ooh, do you think it’s scary? Who should go first?
Child: I don't know.
Parent: If there’s something scary, you go first. Code = 1PRR

c. Parent: Can I have some of your fruit? Please, can I have some? Code = 0PRR because it is not clear parent is placing her needs above or equal to child’s

Do not count PRR that is initiated by the child and not requested, verbally or nonverbally, by the parent. Also, do not count instances in which a child initiates behavior and the parent plays along.

Examples:

a. Child: Mom, let me kiss it all better for you. Code = 0 PRR

b. Child: Mom, you pretend like you’re scared to go in the tunnel and you want me to take care of you.
Parent: Okay. “Mary, I’m scared, protect me.” Code = 0PRR

In instances in which more than one of the above examples occurs within one sentence or phrase, count each occurrence.

Example:

a. Parent: Mary, I’m scared. Hold my hand because you’re supposed to protect me.
Code = 2PRR because "hold my hand" is indicative of seeking comfort (#1) and "supposed to protect me" is indicative of placing child in caretaker role (#6)
Parental Physical Control/Punishment (PCP)

1 Code
Count frequency of occurrence

DESCRIPTION OF CONSTRUCTS: Physical Punishment - Punishment that is physical in nature, or threats of such punishment. In other words, hostile physical contact implemented with the purpose of stopping or decreasing behavior; Physical Control – Attempt to get child to do what parent wants via the use of physical contact.

GENERAL INSTRUCTIONS: Although both physical punishment and physical control are forms of PCP, document each occurrence separately on the coding sheet, thereby resulting in occurrences of physical control and occurrences of physical punishment.

EXAMPLES OF PHYSICAL PUNISHMENT INLCUDE, BUT ARE NOT LIMITED TO: (If the parent repeats the same behavior or threat, count each occurrence)

1. Verbal or nonverbal (i.e., raised hand) threats of physical punishment to child or child figure, including throwing something at child, pushing or shoving, slapping, kicking, biting, hitting, spanking, or aggressively grabbing the child (includes parent asking child if they want a spanking). This includes any implied statement or mention of physical punishment either in the past, present, future, or hypothetical.

Examples:
   a. Child: (up on high rock refusing to get down)
      Parent: Do you want a spanking?
      Child: No!
      Parent: If you don’t get down, I’m going to spank you. Code = 2PCP-Pun

   b. Child: (refusing to come down from rock)
      Parent: If you don’t come down on your own, I’m going to come up there and push you off and then you’ll see how bad it hurts to fall! Code = 1PCP-Pun

   c. Parent: I ought to spank you for this! Code = 1PCP-Pun

   d. Parent: (to child) Remember how I whooped you the last time you didn’t listen?! Code = 1PCP-Pun because mention of past physical punishment used to scare child into compliance.

   e. Parent: (to administrator in child’s presence) I’m going to choke him when I find him! Code = 1PCP-Pun

   f. Parent: I’m so mad, I could hit something! Code = 0PCP because threat is not directed toward child
2. Actual parental (parent or parental figure) engagement in acts of physical punishment including throwing something at child, pushing or shoving, slapping, kicking, biting, hitting, spanking, or aggressively grabbing the child or child figure.

   Example:
   a. Parent: (to actual child) I told you if you didn’t do what I asked you I was going to spank you… (as she aggressively grabs child’s arm) Code = 2PCP-Pun

   Threat or behavior must be in reaction to parental perception of child non-compliance or misbehavior. Does not include physical contact made in a playful manner.

   Example:
   a. Child: You’re funny mom!
      Parent: You’re funny! (as she swats child’s arm) Code = 0PCP

   May count physical contact between figures, ONLY IF aggressive physical contact is accompanied by a verbalization of punishment, verbal confirmation physical punishment occurred, or aggressive physical contact is accompanying negative child behavior.

   Examples:
   a. Parent: Get down from that rock or I will go up and get you! (parent figure marches up rock and proceeds to “spank” child figure) You are not behaving like I asked you to! Code = 1PCP-Pun
   
   b. Child: (During race) You can’t catch me!
      Parent: Oh, yes I can, here I come! (moves figure close behind child figure) Child: (figure falls over) Mom, you pushed me! Code = 0PCP because although child interpreted behavior as pushing, mom did not give any verbal indication she was pushing child in a punishing way

   Also, Physical Punishment does not include physical contact implemented as negative reinforcement (versus punishment). Instead, this would represent Physical Control.

   Example:
   a. Child: (fiddling with hands instead of listening to mom)
      Parent: (reaches over and touches child’s hands to increase his attention) Code = 0PCP-Pun because purpose of physical contact is to increase attention or control behavior, not stop or punish a behavior. Therefore, Code=1PCP-Cntrl

3. Parental use or implied use of child’s fear of physical punishment to elicit respect or compliance from child. Statement must directly refer to physical punishment unless parent explicitly refers to fear of anticipated physical punishment.

   Examples:
a. Parent: (yelling or loud tone) You know what your dad will do to you when we get home if you don’t get down right now! Code = 0PCP because parent does not directly refer to physical punishment or explicit fear.

b. Parent: (yelling or loud tone) You know your dad will whip you when we get home if you don’t get down right now! Code = 1PCP because parent directly refers to physical punishment.

EXAMPLES OF PHYSICAL CONTROL INCLUCED, BUT ARE NOT LIMITED TO: (If the parent repeats the same behavior, count each occurrence)

4. Parental use of physical contact toward the child or child figure for the purpose of redirecting the child to a different activity, increasing attention, correcting behavior, or stopping behavior.
   Example:
   a. Child: (banging animal figure on parent figure’s head)
      Parent: (grabs child’s arm and moves it toward animal pen) Code = 1PCP-Cntrl

5. Parent grabs or physically takes something (i.e., figure, log, Lego, etc.) away from the child. Specifically, parent touches toy(s) child is playing with to redirect child by changing how child is playing.
   Examples:
   a. Child: (playing with animal figure during build zoo)
      Parent: (grabs animal figure from child’s hand) Give me that! We are supposed to be building the zoo, not playing with the animals! Code = 1PCP-Cntrl

   b. Child: (banging animal figure on parent figure’s head)
      Parent: (grabs child’s arm with one hand while moving it away from parent figure and grabs animal figure out of the child’s hand with the other hand)
      Don’t hit me! Give me that! Code = 2PCP-Cntrl because grabbed arm to redirect and grabbed figure from child

   The context is such that it is apparent parent is trying to control the child, versus engage the child.
   Example:
   a. Child: (playing with giraffes after examiner gives prompt to begin scene – not in possession of child figure)
      Parent: (takes child and parent figure and begins to play out scene to apparently engage child in scene) Code = 0PCP

Do not count physical control that occurs when the parent is playing out the child’s part.
   Example:
   a. (parent playing out both the parent and child parts)
Child: (during “Waiting”, parent moves child figure away from the parent)
Parent: Billy, come back here! (parent proceeds to pick child figure up and
moves him/her next to parent figure) Code = 0PCP because the parent is
playing the child’s part, so the behavior of the parent moving the child
figure could actually be the parent playing out the child returning to his/her
parent as he/she was asked to do, NOT the parent moving the child figure
back for the purpose of redirection, VERSUS

b. Child: (during “Waiting” child moves his/her figure away from the parent)
Parent: Billy, come back here! (parent proceeds to pick up child figure and
moves him/her next to parent figure) Code = 1PCP because the child
played his/her own part and clearly, the parent’s behavior was for the
purpose of redirection and compliance.
Interpersonal Danger (ID)
1 Code
Count frequency of occurrence

DESCRIPTION OF CONSTRUCT: Behaviors and comments by the parent that serve to communicate to the child that someone or something is unsafe or dangerous, thereby communicating interpersonal danger. For the purposes of the current code, “interpersonal danger” is broadly defined as the possibility of harm or danger perpetrated by any being, not necessarily a human being.

NOTE: Even though some scenario prompts may seem to imply danger (i.e., “This is a scary tunnel” or “A stranger walks up to mom and Billy…”), every occurrence of the parent communicating danger (fitting the specifications below) should still be counted.

EXAMPLES OF ID INCLUDE, BUT ARE NOT LIMITED TO:
(If the parent repeats the same overprotective statement, count each occurrence)

1. Parent verbally communicates the possibility of harm by someone or something in the environment. This may present as the parent verbally expressing fear or warning about possible harm or danger befalling the child by someone (real or fictional) or something (alive or inanimate).

Examples:
   a. Child: I want to go in the tunnel.
      Parent: No, you can’t go in because I don’t want the animals to hurt you.
      Code = 1ID

   b. Child: I’m gonna go look at the tigers!
      Parent: No, you can’t go. You’re gonna get lost and someone might hurt you. Code = 1ID

   c. Child: (approaches giraffes)
      Parent: Be careful! Code = 0ID because not verbalizing the possibility of harm or danger by someone or something and the parent could be implying that the child could bring harm upon him/herself.

   d. Child: (approaching giraffes)
      Parent: Be careful! They might bite you. Code = 1ID

   e. Parent: The ghosts in the tunnel are probably gonna scare you. Code = 0ID because “scare” is not implying harm or danger.

Parental use of the phrases “____ is going to get you” or “…get hurt” are cues for ID, since they typically imply harm or danger EXCEPTION: DO NOT count ID when “get hurt” is used in reference to the child being on high rock
Examples:

a. Parent: The bats are gonna come down and get you! Code = 1ID because “get you” implies harm or danger.

b. Parent: The little giraffes may get after you. Code = 1ID because “get after you” implies harm or danger.

c. Parent: Don’t get too close…Be careful! His tongue is gonna get your hand! Code = 1ID because “get your hand” implies harm or danger.

d. Child: (climbed on top of high rock during Waiting)
   Parent: You need to get down because you’re gonna get hurt. Code = 0ID because this represents the aforementioned exception regarding high rock and in this inherently dangerous situation, it is possible the parent is referring to harm the child might bring on himself (i.e., falling off the rock.)

e. Parent: Billy, did you know that running away like that could make it where you could get hurt? You need to stay with me. Code = 1ID because “get hurt” implies something or someone acting on the child versus

f. Parent: Billy, did you know that running away like that could make it where you could hurt yourself? Code = 0ID because parent implying harm or danger brought on by child, not someone or something in the environment.

Even inanimate objects can be the source of danger IF they are described by the parent as somehow being able to act on the child in an active or perpetrating way.

Examples:

a. Parent: Jill, get down now! It’s very dangerous to be up on that rock. You could fall and hurt yourself! Code = 0ID because the parent is not implying danger/harm perpetrated by something (i.e., the rock) or someone, but rather is referring to danger the child could bring upon herself.

b. Parent: Jill, get down now! Something could make you fall off and hurt yourself! Code = 1ID because parent implying something could act on the child, even though we don’t know whether that something is alive or inanimate.

c. Parent: That tree could grab you hard and take you away like in Lord of the Rings! Code = 1ID

d. Parent: You have to look both ways because a car is gonna hit you! Code = 1ID because car or person driving is described as actively hurting the child.
e. Parent: Watch out! The tunnel is caving in! Code = 0ID because “tunnel” is not perpetrating on the child or actively hurting the child

Do not count as ID when parent describes harm or danger befalling something exterior or external to the child or not a part of the child.

**Examples:**

a. Parent: Just be careful…The giraffes might try to eat your clothes. Code = 0ID because “clothes” are external to the child VERSUS

b. Parent: Just be careful…The giraffes might try to eat your hair. Code = 1ID because “hair” is a part of the child.

2. Parent verbally expresses that another person (real or fictional) or figure is unkind, dangerous, or not trustworthy.

**Examples:**

a. Child: (during Stranger) Hello sir!  
Parent: Don't talk to him, he's dangerous! Code = 1ID

b. Child: (during Stranger) Hello sir!  
Parent: Don't talk to him, we don't know him. Code = 0ID because parent is not making negative attribution (i.e., dishonesty, dangerous, unkind, etc.) about the stranger.

c. Child: (during Stranger) Hello sir!  
Parent: Billy, please don't talk to him. We don't talk to strangers. Code = 0ID because parent is not making negative attribution (i.e., dishonesty, dangerous, unkind, etc.) about the stranger.

d. Parent: (during scary tunnel) There might be something in there that is gonna get you and me too. Code = 1ID

3. Parent makes an attribution that the environment or something in the world is dangerous. This includes vague and nebulous danger statements. To assist with this code, the words “danger” and “dangerous” might serve as cues. **EXCEPTION:** DO NOT include danger statements that are specifically related to the scary tunnel or high rock.

**Examples:**

a. Parent: Be careful, the tunnel is dangerous. Code = 0ID because the parent is specifically referring to the tunnel.

b. Parent: Ooh, don't go in there. The tunnel might be dangerous. Code = 0ID because parent is specifically referring to the tunnel.

c. Child: (climbs on high rock during Waiting)  
Parent: Billy, get down from there, it's dangerous! Code = 0ID because the parent is referring to the inherent danger of being on a high rock.
d. Child: (walking away from parent during Waiting)  
   Parent: Come back here, Bobby...It's dangerous! Code = 1ID because  
   parent is making an attribution, albeit vague, that the environment or world  
   in general is dangerous

e. Parent: (looking for child during Waiting) I have to find him before he gets  
   in danger! Code = 0ID because possible that attribution suggests child  
   might get himself in danger, not that the environment or world is  
   dangerous to the child – we are giving the parent the benefit of the doubt.

In the context of the danger statements, there must be a NEGATIVE verbal  
attribute about the environment OR the parent must verbalize the presence of a  
STIMULUS that is related to the parent’s perception of the child being unsafe or only  
safe with the parent

Examples:
   a. Parent: Come back here where I know you’re safe! Code = 0ID because  
      parent not making negative verbal attribution that environment or world is  
      dangerous

   b. Parent: Come back where I know you’re safe. There are just too many  
      strangers around. Code = 1ID because although negative verbal  
      attribution not made about the environment in the first statement, it is  
      implied because the parent attaches a stimulus (strangers) to the issue of  
      safety. NOTE: Neither of the two above statements would alone count as  
      ID – it is the combination of the two that creates the ID; first the  
      danger/safety statement, followed by a stimulus statement.

   c. Parent: Come stand by me so I can keep you safe. Code = 0ID because  
      no NEGATIVE statement about environment and no STIMULUS  
      associated with safety statement.

   d. Parent: Come stand by me so I can keep you safe. There are animals out  
      there. Code = 1ID because STIMULUS (animals) verbalized that suggests  
      parent is attempting to keep child safe from animals. NOTE: Neither of the  
      two above statements would alone count as ID – it is the combination of  
      the two that creates the ID; first the danger/safety statement, followed by a  
      stimulus statement.

Do not code ID in cases where the child creates a threat or danger and parent plays  
along.

Example:
   a. Child: Ooh, a scary tunnel. I bet there are scary and ferocious  
      animals in there!  
      Parent: Oh, well we better not go in if there are dangerous animals  
      in there. Code = 0ID
Fear or danger that is communicated in the form of a question should be counted as ID (presuming it meets the above criteria) because the question is still giving the suggestion of interpersonal danger.

**Example:**

a. Parent: Do you think the tigers are gonna come out and get us? Code = 1ID
Parental Inconsistency (PI)
1 Code
Count frequency of occurrence

DESCRIPTION OF CONSTRUCT: Lack of parental consistency suggesting poor limit-setting skills.

EXAMPLES OF PI INCLUDE, BUT ARE NOT LIMITED TO:
(If the parent repeats behavior, count each occurrence)

1. Parent fails to follow through with proposed consequence, which represents a failure to enforce the consequence. Therefore, the verbalization of a consequence is the cue to attend to this type of parental inconsistency and coders will need to attend to the video segment after the consequence is proposed.

Examples:
   a. Parent: Mary, if you don’t get down from that rock right now, you are going to get a time out.
      Child: (continues to stay on rock)
      Parent: Mary, please get down. I really want you to. (1PI)
      Child: No!
      Parent: We can go get some ice cream if you get down. (1PI) Code = 2PI (parent failed 2 times to implement proposed consequence)

   b. Parent: Johnny, it’s time to leave the zoo right now!
      Child: (continues playing)
      Parent: Fine, I’m leaving. Bye! (begins to walk away from child)
      Child: (continues playing)
      Parent: (walks back toward child) Johnny, please, it’s really time to go. Code = 1PI because the parent leaving the child at the zoo is a consequence (attempt to punish the child) and by not following through it counts as a PI.

If it is unclear or uncertain whether or not the parent followed through with the consequence or limit, give the parent the benefit of the doubt and do not code PI. An example of this would be consequences that cannot be played out in the scene.

Examples:
   a. Parent: Johnny, get down now or we are not going to come back to the zoo next week!
      Child: No!
      Parent: Johnny, I’m warning you. Code = 0PI because there is no way to know if parent follows through with above consequence since it occurs in the future beyond the PCIA (“next week”).

   b. Parent: Johnny, stand by me while I talk to Joan.
      Child: (walks off)
Parent: Johnny, come back now or I will tell your father about this when we get home and you know what that means.
Child: (continues to walk off)
Parent: Johnny, come back! Code = 0PI because “telling your father about this when we get home…” is another instance in which coder is unable to determine whether or not parent follows through. Note: If parent had taken child home during the scene and gave indication the father was there and did not tell the father about the incident, as proposed, then Code = 1PI – BUT, only if all of that occurred during the present scene.

2. Parent verbally “gives in” to a child’s request after a limit or decision has been made or set. In other words, the parent changes her (the parent’s) mind after a decision/limit regarding the child has been made.

Examples:
   a. Parent: Mary, I need you to stay next to me while I talk to Jill.
      Child: (child begins to walk off) Mom, I just want to go right here.
      Parent: Please stay here or we will have to leave.
      Child: (continues to walk off)
      Parent: Okay Jill, walk with me because I have to watch Mary. Code = 2PI (1 for not enforcing consequence and 1 for changing mind after set limit)
   b. Child: (misbehaving)
      Parent: Okay, we’re leaving because you can’t follow directions.
      (parent and child proceed to leave zoo)
      Child: (once outside zoo) No mom, let’s not leave, I’ll be good.
      Parent: Okay, but you better be good. Code = 1PI (only 1 because parent did follow through with leaving the zoo, but changed her decision)

   It is not necessary for the child to verbally request a change in the parent’s decision or limit – what is attended to is whether or not the parent changes her mind regarding the INITIAL decision or limit stated by the parent (not the administrator).

Examples:
   a. Examiner: Mary wants to stay at the zoo. Mom wants to leave. Play out what happens together.
      Parent: Mary, it is time to leave the zoo right now.
      Child: Okay.
      Parent: Well, I guess you can play on the seesaw for one minute. Code = 1PI because initial decision statement was that it was time to leave the zoo right now and parent changed her mind regarding the limit.
   b. Examiner: Mary wants to stay at the zoo. Mom wants to leave. Play out what happens together.
      Parent: Even though we really should leave the zoo, you can play on the seesaw for one minute. (A minute passes) Okay, it’s time to go.
      Child: Okay. (They leave) Code = 0PI because parent follows through with initial decision statement, which was to allow the child 1 minute to play on the
seesaw. NOTE: Often times (but not all the time), the initial decision/limit statement will be one of the first sentences spoken by the parent, so this should be attended to by the coder.

A parent’s decision to “give in” to the child or change her (the parent’s) mind after a decision regarding the child has been made likely serves the purpose of appeasing the child, avoiding conflict, or avoiding the implementation of discipline. Although the intent or purpose of the parent’s behavior cannot be assumed, the coder may use verbalizations suggestive of conflict/discipline avoidance or desire to appease the child as cues to attend for this type of PI.

**Examples:**

a. Parent: John, get off that rock right now. It’s dangerous up there!
   Child: But mom, I like it up here. I can see the whole zoo!
   Parent: Oh, *I hate arguing with you.* Fine, go ahead and stay up there. Code = 1PI

b. Parent: Jill, it’s time to leave the zoo. Get off the seesaw now!
   Child: But mom, you promised!
   Parent: You’re right, *I just want you to be happy.* Okay, you can ride the seesaw for 2 minutes. Code = 1PI

This type of PI (#2) can be counted even if it is unclear or uncertain as to whether or not the parent would have followed through with the consequence or limit because this type of PI is not based on whether or not the parent followed through, but whether or not they change their mind.

**Example:**

a. Parent: Johnny, get down now or we are not going to come back to the zoo next week!
   Child: No!
   Parent: Johnny, I’m warning you.
   Child: Can’t I stay up here for 1 minute to see the zoo from up here?
   Parent: Well, okay but just one minute than come down. Code = 1PI because even though the consequence is proposed for the future, beyond the PCIA, the parent changes her mind (i.e., “…get down now…” versus “…okay but just one minute…”), which is the relevant occurrence for this type of PI.
APPENDIX D

CONSENT FORM
Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD

Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

BEFORE AGREEING TO PARTICIPATE IN THIS RESEARCH STUDY, IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING EXPLANATION OF THE PROPOSED PROCEDURES. IT DESCRIBES THE PROCEDURES, BENEFITS, RISKS, AND DISCOMFORTS OF THE STUDY. IT ALSO DESCRIBES THE ALTERNATIVE TREATMENTS THAT ARE AVAILABLE TO YOU AND YOUR RIGHT TO WITHDRAW FROM THE STUDY AT ANY TIME. IT IS IMPORTANT FOR YOU TO UNDERSTAND THAT NO GUARANTEES OR ASSURANCES CAN BE MADE AS TO THE RESULTS OF THE STUDY.

PURPOSE OF THE STUDY AND HOW LONG IT WILL LAST:
The purpose of this study is to observe parent-child interactions and how children function socially. Each parent's involvement will consist of 3 hours. Each child's involvement will be about 2 hours.

DESCRIPTION OF THE STUDY INCLUDING THE PROCEDURES TO BE USED:
Parents and children will come to the UNT campus for the study. Each parent-child pair will be videotaped while they play together with a specific set of toys. A research assistant will interrupt the play frequently and suggest a new storyline. After 30 minutes of play, each person will watch a few minutes of the videotape and be asked some questions about it. Then, each parent will answer a set of written questionnaires related to parenting behaviors, attitudes, stressors, parent's and child's psychological symptoms (for example: worrying, hyperactivity, depression, etc.), and the demographics and brief medical history of their family [for example, level of education, marital status, number of children, and current medications (child only)]. While the parent is completing the questionnaires, the child will go to a separate room with a graduate student to complete 3 questionnaires that ask about parent behaviors (for example: "[My mother] tries to help me when I am scared or upset."), and how they feel about themselves in relation to their physical, academic, and social functioning (for example: “Do you have lots of friends at school?”). The graduate student will read each question to the child, and the child will mark his/her responses on the questionnaires. The child will be given play and snack breaks as needed. If the child finishes his/her questionnaires before their parent is done, a research assistant will be available to supervise (and play with) the child. In addition, each parent may choose to complete a letter addressed to the child’s teacher asking their help in completing two measures regarding the child's social behavior at...
Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD
Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

...school (we will have the 2 surveys available for the parent to review before deciding whether or not to have the child’s teacher involved).

Because a primary purpose of this study is the comparison of children with and without attention deficits, children who have ADHD cannot be on their stimulant medication during the videotaped play. During the phone contact that set up the appointment, parents were asked to make sure that their child has not taken their latest dose of stimulant medication (e.g., Ritalin, Adderall). Furthermore, parents were asked to bring their child’s stimulant medication with them so that the child can take the medication immediately before the videotaped play. Since the medication is not effective for about 30 minutes, we can get the data we need and minimize the time the child needs to be off his/her medication.

Researchers will study the videotapes of over 100 different parent-child pairs. The long-term goal is to better understand the relationship between parents and children and how it relates to children’s functioning in school, family, and peer relationships.

**DESCRIPTION OF PROCEDURES/ELEMENTS THAT MAY RESULT IN DISCOMFORT OR INCONVENIENCE:**
There is a chance that some parent-child pairs will feel uncomfortable during the play exercise when the research assistant suggests a storyline that presents a problem that needs to be solved. An example of this would be: “{Child’s Name} wants to look at the tigers and {Mom} wants to look at the hippos. Play out what happens together.” Although certain tasks may suggest a disagreement, a researcher will be present at all times to minimize any discomfort that arises. Additionally, at the end of the play exercise, you and your child will have time to talk about your experiences. Any questions that might arise during the play exercise or questionnaire section of the study will be answered by the researcher.

**DESCRIPTION OF THE PROCEDURES/ELEMENTS THAT ARE ASSOCIATED WITH FORESEEABLE RISKS:**
Only minimal risk of psychological discomfort is associated with participation in this study.
Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD
Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

**BENEFITS TO THE SUBJECTS OR OTHERS:**
By participating in this study, you and your child can benefit by learning more about one another. Also, you will be indirectly benefiting other parents and children because the information gathered by the researchers will help us learn about what makes parents and children get along the best or what can lead to difficulties in the relationship. Further, the results of this study will contribute to the understanding of how parent-child relationships are related to children's functioning at home and school, especially for children with attention deficits. Once we understand these issues, professionals can provide more appropriate services to children with ADHD and those experiencing relationship problems with their parents and their friends. In addition, we will pay you a small amount as a way of thanking you for your time. That amount is $10 per hour (approximately $30 total). Finally, we also offer referral information to you when you complete the study in case you or your child would like to speak to a mental health professional about your relationship (or other matters).

**CONFIDENTIALITY OF RESEARCH RECORDS:**
Your identity and all of your information will be kept private (confidential). Researchers will not mention your last name while the videocamera is recording. All records (questionnaires, videotapes, and our copy of this form) will be kept in a securely locked file cabinet in a locked room in Terrill Hall at UNT. Once all of the measures are completed, your name will not be associated with the videotape or any information you provide. We will assign a random number to all of your records, and that number will be the only identifier. There will only be one list that matches the name and number, and only the primary researchers will have access to that confidential list, which will be kept in a locked file cabinet in a locked room.

**REVIEW FOR PROTECTION OF PARTICIPANTS:**
This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940) 565-3940.
Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD
Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

RESEARCH SUBJECTS’ RIGHTS:
I have read or have had read to me all of the above.

This study has been explained to me via this form and/or via other communication with the investigators. I have been told the risks or discomforts and possible benefits of the study. I have been told of other choices of treatment available to me.

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw at any time without penalty or loss of benefits to which I am entitled. The study personnel can stop my participation at any time if it appears to be harmful to me, if I fail to follow directions for participation in the study, if it is discovered that I do not meet the study requirements, or if the study is canceled.

In case there are problems or questions, I have been told I can call Patricia Kaminski, Ph.D., Sarah L. Durrant, M.S., Shelly Warren, M.S., or Corinne Smith, M.S. at telephone number (940) 565-2671.

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_________________________________ Date
Subject’s Signature

_________________________________ Date
Signature of Witness
Subject Name: ____________________________ Date: ______________

Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD
Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

Informed Consent for Videotaping (Choose & initial one statement below):

______ I give my permission for my child and I to be videotaped and for that videotape to be shown in professional settings.

______ I give my permission for my child and I to be videotaped, but I do not agree to have that videotape shown to anyone who is not directly involved with Dr. Kaminski’s research.

For the Investigator or Designee:

I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

Principal Investigator’s or Designee’s Signature ____________________________ Date ____________

CHILD ASSENT:

If the parent chooses to sign the Informed Consent, they may read the following to their child or have the researcher do so, “[I/Your Mom/Dad] [have/has] just agreed to help today, but [they/we] need your help, too. You can decide whether or not you want to help. What [they/we] need you to do is play with certain toys with [me/your mom/dad] while [they/we] make a movie of [us/you]. [Researcher’s name/I] will play with [us/you and your Mom/Dad] and give ideas about what is happening. When we’re done making the movie [Researcher’s Name/I] will show you some of it and ask you some questions about it. [Researcher’s name/I] will help you answer some questions on paper. Would you like to do that?”

Wait for the child response.
Subject Name: ________________________________ Date: ________________

Title of Study: Parent-Child Relationships and Social Functioning in Children with and without ADHD
Principal Investigator: Patricia Kaminski, Ph.D.
Co-Investigators: Sarah L. Durrant, M.S., Shelly Warren, M.S., & Corinne Smith, M.S.

If the child verbalizes assent or signals assent by nodding their head, point to the appropriate spot below and say, “OK, thank you. To show that you said ‘yes’ I need you to write your first name or put an ‘X’ in this space here.”

YES________________________________________

If the child does no verbalize or signal assent or communicates dissent, point to the appropriate spot on below and say, “OK, thank you. To show that you said ‘no’ I need you to write your first name or put an ‘X’ here.”

NO________________________________________

For the Investigator or Designee:
I have read or observed the reading of the appropriate passages above to the child participant and interpreted his/her wishes to the best of my ability.

_________________________________________ __________________
Investigator’s or Designee’s Signature   Date
APPENDIX E

DEBRIEFING FORM
Debriefing Statement

Dear Research Participant:

Thank you for your participation in our study! Our aim is to learn more about how different parents and children interact, especially when they are in situations with the potential for disagreement. Your participation today will be very beneficial in many research projects. Our results should have uses in many areas, including parenting programs and studying behavior disorders of childhood (such as ADHD).

We hope that making the zoo and solving the “conflicts” was not too stressful for you or your child. Sometimes, however, a certain play story might bring out tension or confusion in real life. You may want to talk with your child about their experiences today. If you or your child have any concerns or would like to talk to someone about today’s activities, your parenting stress, or your child’s behavior, please let the researcher know right now. We can help you get an appointment with a mental health professional. If you have questions after you leave today or would like help with a referral at a later date, call Dr. Trish Kaminski at (940-565-2671).

There are many other places for parents, children, and families to get help in the Metroplex that you can contact on your own. In addition to talking to your child’s school counselor or physician, you can check your local Yellow Pages under “Psychotherapists” or “Psychologists.” For your convenience, the following is a list of the names and phone numbers of several agencies that offer counseling and other services to families. (These agencies are all listed in the Denton County Community Services Directory; for additional information about these or other agencies, call the United Way’s Information & Referral Helpline at 940-566-2688).

Child & Family Resource Clinic (UNT, Denton) - offers play therapy and family therapy with fees set according to income level [940-565-2066].

Family Guidance Center (Dallas & Lewisville) - offers couples counseling and family therapy with fees set according to income level [214-351-3490].

Family Resource Center (Denton) - offers a resource library, parenting classes, & support groups [940-566-1800].

Friends of the Family (Denton) - provides shelter and counseling following family violence [800-572-4031].

Marriage & Family Clinic (TWU, Denton) - individual, marital & family counseling for all ages with fees set according to income level, but no one is refused service if unable to pay [940-898-2600].

Psychology Clinic (UNT, Denton) - individual, marital, group & child assessment & therapy for all ages with fees set according to income level [940-565-2631].
Youth & Family Counseling (Flower Mound) - offers counseling programs for youth and their parents with fees set according to income level [972-724-2005].

The results of our study will be available to you in the future. If you would like a copy of our results, please give us your address now or contact us at a later date. You may keep this sheet for your records.

Sincerely,
Dr. Trish Kaminski
REFERENCES


Liem, J., O'Toole, J., & James, J. (1992). The need for power in women who were sexually abused as children. Psychology of Women Quarterly, 16, 467-480.


