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ABSTRACT

A sample of 212 urban, black mothers and their 8-through 12-year-old children responded to questionnaires about the frequency of potentially stressful life events experienced by the children and the feelings the children had when the events took place. A 49-item questionnaire addressed children's concerns regarding the stress categories of home environment, family, school, drugs and alcohol, money, peers, interpersonal conflict, fear of physical harm, continuity and discontinuity, health, and lifestyle. There were significant differences between mothers' and children's reports on total life stress events and eight of the stress categories. Correlations indicated that mothers may have been valid judges of the relative stress of their children in many categories. However, results of direct comparisons suggested either that mothers were underreporting the frequency and salience of life stress events in their children's lives, or that children, particularly girls, overreported the frequency and magnitude of life stress events in their lives. Surprisingly, discrepancies between mothers and daughters were much more apparent than those between mothers and sons. (RH)

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A comparison of mothers' and children's reports of life stress in the children's lives.

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Running Head: Life Stress Reports

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Assessing and understanding the frequency and salience of life events and daily stressors as they relate to various aspects of a child's emotional and physical development is important when considering the effects of environmental factors on health and development. When studying children, however, an important consideration is who reports the life events and their impact, a parent or the child? Parents may sometimes be asked to report, particularly if the child being assessed is too young to assure accurate recall. However, parents are unlikely to be knowledgeable of all the events that occur in their children's lives or to be able to accurately report their children's feelings when particular events occur, e.g., if the event occurs outside the purview of the parent.

Several recent papers have confronted this issue, not only by promoting the use of "child-centered" life event checklists (Dise-Lewis, 1988), but by advocating that measures be constructed in a developmentally appropriate style that allows them to be administered directly to children (Ryan, 1988). Johnson (1986) and Williams and Uchiyama (1989) discuss the value of having reports from both children and parents, and suggest that comparisons are needed to understand more about the differences that might exist between the parents and children as respondents. As noted by Johnson (1986), Gilbert (1985) found that indeed differences are evident between parent and child

reports, where "parents may underreport or children and adolescents may overreport life events (p.107)."

There is also evidence that as children become older, they develop more selectivity in the nature of their disclosures with parents, meaning that child-parent discussions become context specific (Youniss, 1980; Hunter, 1985; O'Brien, 1990). The implication of this is that parents may be reliable respondents for their children only within areas that their children feel free to discuss with them. Our previous work, for example, indicated that with regards to health, mothers and children (8-9 years of age) agreed only about one-third of the time on the incidence of minor illness (i.e. colds, headaches) or injury (i.e. cuts, bruises) to the child over a two week period (Iannotti, O'Brien, Cowen & Wilson, 1990). If children are comfortable handling health problems alone or feel that an individual other than their mother is able to help them, they may feel no need to inform parents when they experience minor illness or injury.

This paper compares maternal and child reports of life events within eleven different stress categories for a sample of urban, black pre-adolescents.

METHOD

A sample of 212 urban, black mothers and their 8-12 year old

children (97 male, 115 female) responded to questionnaires about the frequency of potentially stressful life events experienced by the children during the last year, and how the children felt when these events happened. The families were participating in a longitudinal study of environmental influences on cardiovascular disease risk factors among Black families in the District of Columbia.

A questionnaire surveying a variety of stressors in the lives of urban school children was developed by the authors. The life events checklist is a composite of several different life events/stress scales previously used with children. It was felt that no existing scale was totally appropriate for use with children in this population, so items were selected by the authors and approved by a jury of colleagues who were currently working with this population. Selected items were taken from the Lewis "Feeling Bad Scale" (1984), the Oetting/Beauvais "Worry Scale" (1985) and the Coddington Life Events Checklist (1972). Additional items were also generated from interviews with urban black school children about what things made them "feel bad or worried."

The final questionnaire contained 59 items. All questionnaires were read to the subjects by trained health researchers to control for differences due to reading ability. Each respondent indicated to the interviewer, using a five-point Likert scale, how often a particular event happened to the child

during the previous 12 months (range: "Never" to "All the Time"), and a subjective rating indicating how bad it made the child feel when (if) it did happen (range: "Not Bad" to "Terrible").

Identical questionnaires were administered independently to each mother and child, with both responding about life stress in the child's life.

Each of the 59 life stressors was classified independently by colleagues into one of 14 categories. Ten items were dropped for lack of agreement on category assignment and the remaining 49 were assigned to eleven categories of stress addressing children's concerns relative to home environment, family, school, drugs and alcohol, money, peers, interpersonal conflict, fear of physical harm, continuity/discontinuity (disruptive changes, e.g., moving), health, and lifestyle.

RESULTS

Responses within each category were used to compare mothers' assessments with those of the children. For the group as a whole, mothers underreported the frequency of events in all categories, when compared with their children. Paired t -tests yielded significant differences ($p \leq .05$) between mothers' and children's reports for total life stress events as well as the stress categories of home environment, family, drugs and alcohol, health, conflict, physical harm, continuity/discontinuity, and

lifestyle. A strong trend was also apparent for mothers reporting a lower frequency than the children for money problems ($p \leq .08$).

Mothers also tended to give lower subjective ratings of negative feelings than did the children. For each category, the child reported a higher level of negative feelings than the mother reported the child experienced. Paired t -tests indicated that this finding was significant ($p \leq .05$) for total stress and the categories of home environment, family, school, health, continuity/discontinuity, and physical harm, while a similar trend was found for the lifestyle category ($p \leq .08$).

Pearson correlations between mothers' and children's responses were generally low to moderate in strength, similar to those found by Gilbert (1985). Significant correlation coefficients for frequencies ranged from .18 to .52 ($p \leq .05$) within all categories except peer relations, home, and health (correlations for the latter two were .11, $p = .09$ and .12, $p = .07$). Subjective ratings by the mothers and their children were correlated in all categories except health, with r s ranging from .14 to .40 ($p \leq .05$).

Analyses also compared responses based on the gender of the child, to determine if gender influenced the comparisons of mothers and their children. It was expected that reports by mothers of girls would be more like the reports of their daughters; however, a series of paired t -tests comparing mothers

with girls and mothers with boys indicated that this was not the case. Mothers' reports differed significantly from boys reports on only five of twelve categories (total life Stress, school, drugs and alcohol, health, and physical harm). Their subjective ratings of negative feelings differed significantly within only four categories (home environment, health, physical harm, and continuity/discontinuity).

The discrepancies between mothers and daughters were much more apparent, with significant differences in all categories but one for frequency (school) and all but three categories for the subjective ratings of negative feelings (drugs and alcohol, money, and conflict).

In light of these findings, further comparisons were made between the reports of boys and girls, and between the reports of mothers of boys and mothers of girls. There was no pattern of differences between the two groups of mothers. Girls, however, had a tendency to report both higher frequencies and higher subjective ratings than the boys. These gender differences were significant for only a few categories, but there was a clear trend for frequencies and subjective ratings reported by girls to be higher than boys within all categories except conflict and school. There was no gender of subject by gender of interviewer effect, eliminating this as a possible influence on this finding.

Significant correlations of boys' and girls' reports of frequency of events ranged from .19 to .58. Responses of boys

were not correlated with responses of mothers on home, money, peers and health, while the girls' reports were correlated with mothers on all categories except peers and health. Patterns of correlations were similar for the subjective ratings, with significant correlations ranging from .20 to .51. The boys' reports were correlated with mothers' reports on all categories except health, physical harm and lifestyle. Girls' reports were correlated with those of their mothers, except for the categories of money, peers, health, and lifestyle.

Discussion

These correlations indicate that mothers may be valid judges of the relative stress of their children in many categories when compared to other children. However, the results of the direct comparisons suggest either that mothers are underreporting the frequency and salience of life stress events in their children's lives, or that children, particularly girls, overreported the frequency and magnitude of life stress events in their lives. This notion is consistent with the previous findings of Gilbert (1985) and supports the conclusions of Johnson (1986) and Williams and Uchiyama (1989). Mothers tended to underreport life stress compared with their children, particularly girls, although the differences varied with the specific nature of the life stressors.

These findings have implications for the interpretation of

findings based on parent/child reports. Individual characteristics may influence reports, whether it is a mother reporting what she thinks happens to or is felt by her child, or a child whose self-assessment of stress may be colored by a particular associated event. A degree of caution needs to be applied whenever children's life events measures are used, irrespective of the respondent.

Further, consideration needs to be given to the stress context. Mothers' and children's reports may be more similar in some areas (e.g., subjective ratings of events related to drugs and alcohol) than in others (e.g., subjective ratings and frequencies of events related to health).

It is easy to recommend that both parent and child reports be collected when assessing the frequency and salience of life events, but this does not answer the question of how they should be used together, and if one is more effective than the other as a predictor of particular outcomes. Examinations of whether these two reports are associated with outcomes such as health and illness are needed, as well as models to test the combined predictive power of measures completed by the two different reporters. Further, these tests need to be conducted with clear consideration for the particular context of the stressful events.

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Table 1.

Significant Differences Between Mothers' and Children's Reports of Life Stress Events in the Children's Lives.

Category	Frequency of Events			Subjective Rating of Events ¹		
	All	Mothers With Boys	Mothers With Girls	All	Mothers With Boys	Mothers With Girls
Home	C ***	--	G ***	C ***	B **	G ***
Family	C **	--	G **	C **	--	G ***
School	--	B *	--	C *	--	G ***
Drugs & Alcohol	C ***	B ***	G ***	--	--	--
Money	--	--	G *	--	--	--
Peers	--	--	G **	--	--	G *
Health	C ***	B ***	G ***	C ***	B ***	G ***
Conflict	C ***	--	G **	--	--	--
Physical Harm	C ***	B **	G ***	C ***	--	G ***
Continuity	C **	--	G **	C ***	B *	G ***
Lifestyle	C **	--	G *	--	--	--
Total Life Events	C ***	B *	G ***	C ***	--	G ***

Note. ¹ Subjective Rating refers to any negative feelings associated with each life event.

Letters refer to the person in the paired comparison who reported higher: M = Mother; C = Child (Boys and Girls combined); B = Boy; G = Girl.

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 2

Correlations of Mothers' and Children's Reports of Life Stress Events in the Children's Lives.

Category	Frequency of Events			Subjective Rating of Events ¹		
	All	Mothers With Boys	Mothers With Girls	All	Mothers With Boys	Mothers With Girls
Home	.11	.03	.19*	.28***	.24*	.29**
Family	.31***	.42***	.24**	.26***	.24*	.30**
School	.33***	.32**	.36***	.24***	.24*	.24*
Drugs & Alcohol	.52***	.58***	.48***	.40***	.51***	.34***
Money	.20**	.08	.29**	.17*	.20*	.15
Peers	.07	.17	.03	.14*	.28**	.05
Health	.12	.16	.09	.08	.03	.12
Conflict	.36***	.44***	.30**	.23***	.23*	.22*
Physical Harm	.32***	.36***	.32**	.21***	.13	.27**
Continuity	.42***	.32**	.48***	.36***	.30**	.40***
Lifestyle	.18**	.17	.19*	.14*	.14	.14
Total Life Events	.38***	.45***	.36***	.34***	.39***	.32***

Note. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$