DOCUMENT RESUME

ED 460 509 EC 306 885

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TITLE The Effects of Conflict and Marital Status on Child Behavior.

PUB DATE 1996-02-00

NOTE 6p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Tables are not available from ERIC.

AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thproc.index.htm.

PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Adolescents; Age; Children; *Conflict; *Emotional Disturbances; *Family Environment; *Family Influence; *Family Relationship; *Marital Status; Mental Disorders; Predictor Variables; Race; Sex; Socioeconomic Status; Symptoms (Individual Disorders)

ABSTRACT

This paper reports the outcomes of a study that investigated the effects of family conflict on childhood functioning. The sample consisted of 95 children (ages 3-17) applying for clinical services at the Yale Child Study Center Outpatient Clinic. Forty-nine children were from families in which the custodial parents were currently married, 33 were from divorced homes, and 13 came from homes in which the parents were separated. The study first conducted hierarchical regression analyses in which socio-economic status, child race, gender, and age were analyzed as a first block, followed by marital status in a second block, and then family conflict in block 3. In this ways, the study accounted for the variance attributable to demographic variables and marital status. Findings indicated that family conflict made an additional, unique contribution in predicting child externalizing problems and total symptom level. However, family conflict was not predictive of internalizing problems or global functioning as rated by the clinician. Furthermore, marital status did not make a significant contribution in predicting child functioning on any of the dependent measures after demographic variables were entered. (Contains 15 references.) (CR)

The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

The Effects of Conflict and Marital Status on Child Behavior

Introduction

Although divorce is generally considered a risk factor for the development or exacerbation of children's behavioral and emotional problems (Buchanan, Maccoby, & Dornbusch, 1991; Fine, Morelad, & Sachwebel, 1983), family conflict and marital discord may be equally or even more detrimental to children's well-being (Garber, 1991; Long & Slater, 1988; Tschann, Johnston, Kline, & Wallerstein, 1990; Wallerstein, 1991). Thus, the effects of marital conflict may supersede the benefits of a physically complete family unit. We sought to replicate the findings of these studies in a racially/ethnically and socio-economically diverse, urban child guidance setting. We hypothesized that family conflict would account for significant variance in predicting childhood functioning over and above the influence of marital status (i.e., married, divorced, or separated) and other demographic variables.

Method

The sample consisted of 95 children applying for clinical services at the Yale Child Study Center Outpatient Clinic. The children ranged in age from 3 to 17 years (M = 9.3) and represented a number of racial, ethnic, and social backgrounds (see Table 1). Forty-nine children (52%; 24 boys/25 girls) were from families in which the custodial parents were currently married, 33 (35%; 18 boys/15 girls) were from divorced homes, and 13 (14%; 7 boys/6 girls) came from homes in which the parents were separated. In total, three-quarters (n = 71) of the children were Caucasian and one-quarter (n = 24) minority.

Following a phone intake interview during which general demographic and symptom data were gathered, parents were mailed and asked to complete the Family Environment Scale (FES; Moos & Moos, 1986) and the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). During an initial evaluation period, intake clinicians assessed and provided estimates of children's global functioning using the Children's Global Assessment Scale (CGAS; Shaffer et al., 1983) and the Global Assessment of Functioning scale (GAF; Diagnostic and Statistical Manual of Mental Disorders-III-R, 1987).

Results

Preliminary Analyses

In order to assess group (married, divorced, separated) equivalence on demographic variables, omnibus chi-square analyses were conducted. Results indicated significant differences in social class [Hollingshead Five Factor Index of Social Status (1975) was collapsed into three categories], $c2$ (4, N = 91) = 12.05, $p < .05$, and geographical location (urban vs. suburban), $c2$ (2, N = 95) = 15.17, $p < .001$. Differences in ethnic distribution (Caucasians vs. minorities) among the three groups approached but did not reach statistical significance, $c2$ (2, N = 95) = 5.40, $p < .07$. (see Table 1 for specific cell counts and percentages). The three groups did not differ in terms of child age, gender, or referral source (formal/coercive vs. informal/non-coercive; see Table 2).

In order to compare the functioning of children from married, divorced, and separated families, the means of these three groups on the CBCL, CGAS, GAF, and Conflict subscale of the FES were examined using Oneway Analysis of Variance (ANOVA); Tukey's Honestly Significant Difference Test was used for comparisons between the three groups (see Table 2). Results indicated no statistical differences between the three groups on any measures as rated by the parent or clinician. Furthermore, there were no significant differences between minorities and non-minorities on these measures of child behavior, functioning, and family conflict.

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Main Analyses

In order to examine our primary hypothesis that family conflict would contribute unique variance in predicting child functioning and symptom level, we conducted hierarchical regression analyses in which SES, child race, gender, and age were analyzed as a first block, followed by marital status in a second block, and then family conflict on block 3. In this way, we accounted for the variance attributable to demographic variables and marital status before considering the influence of family conflict. Findings indicated that family conflict made an additional, unique contribution in predicting child externalizing problems and total symptom level. However, family conflict was not predictive of internalizing problems or global functioning as rated by the clinician. Furthermore, marital status did not make a significant contribution in predicting child functioning on any of the dependent measures after demographic variables were entered.

Discussion

The current work partially replicates the findings of previous studies that demonstrate the impact of familial conflict on child impairment over and above marital status. Specifically, we found that family conflict predicted child externalizing behavior as reported by the caretaker (usually the mother). Family conflict was not predictive of internalizing problems as reported by the parent nor of functioning as rated by the clinician. One might hypothesize that children in stressful family situations often become the recipients of parental projections and thus become viewed negatively by caretakers (Armbruster, Dobuler, Fischer, & Grigsby, 1996). Although level of conflict may have influenced a parent's perception of the child's externalizing problems, reported familial conflict did not appear to affect the clinician's assessment of the child's functioning. This finding once again highlights the importance of considering the informant when evaluating children's pathology (see Achenbach, McConaughy, & Howell, 1987) and appears consistent with other studies which have found that mothers tend to over-report negative child behaviors (Christensen, Margolin, & Sullaway, 1992).

In the current environment it is important to note that minorities and non-minorities in our study did not differ in behavior and functioning as rated by caretakers and clinicians. This is important in light of the finding that minorities are often perceived as having more severe impairment than non-minorities (Cheung & Snowden, 1990). Future studies may want to examine the relation of ethnicity and child/family pathology within separate marital categories.

A major limitation of our study is the absence of father and child reports of behavior, as well as ratings of parent psychopathology. Such information may shed light on why

psychopathology. Such information may shed light on why caretaker's perception of conflict predicts externalizing but not internalizing problems. We hope to include such measures in future studies that will allow us to examine the complex relationships between child impairment, different informants, and caretaker's psychopathology across child's gender, race, SES, and age.

See Table 3 for Regression Analyses.

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Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.

EC 306885

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