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Children's Perceptions of Mothers' and Fathers' Parental Rearing in White and Hispanic Families

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Children's Perceptions of Mothers' and Fathers' Parental Rearing in White and Hispanic
Families

by

Ariz Rojas-Cifredo

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Psychology
College of Arts and Sciences
University of South Florida

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Dedication

I dedicate this work to my parents, Jose Rojas and Elsie Garcia, for all of their love and support during my academic career. You have always strived to give me an enriching environment full of hope and ambition. You have relished my accomplishments, provided encouragement during difficult times, and your belief in my potential has never faltered. You will always serve as the inspiration for my work with children and families. I love you!

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Children's Perceptions of Mothers' and Fathers' Parental Rearing in White and Hispanic Families

Ariz Rojas-Cifredo

Abstract

The present study compared children's perceptions of mothers' and fathers' parental rearing styles in White¹ and Hispanic² families. Participants included 173 3rd, 4th, and 5th grade children recruited from after-school care programs in the School District of Hillsborough County, Florida. Children completed measures of perceived parenting for both mothers and fathers and a self-report inventory of their own current psychological symptoms. No differences between perceptions of parental acceptance in Hispanic and White families were expected. However, perceptions of hostile control were predicted to be higher for Hispanic fathers than for White fathers. In contrast, perceptions of maternal inconsistent discipline were hypothesized to be higher for Hispanic mothers than for White mothers. Ethnicity was hypothesized to act as a moderator between perceptions of negative parenting and internalizing and externalizing symptomology. Results indicated that there were few differences in parenting practices between White and Hispanic mothers and fathers. Only perceptions of maternal hostile control were higher for Hispanic participants in comparison to White participants when family socioeconomic status was not controlled statistically. Maladaptive parental rearing behaviors were more

¹ Although there are subtle differences in the meanings, the terms White/Anglo-American/Caucasian/European American are used interchangeably throughout this paper.

² Although there are subtle differences in the meanings, the terms Hispanic/Latino/Latina are used interchangeably throughout this paper.

associated with children's internalizing than externalizing symptomology. These results indicate that Hispanic and White families are more similar in parental rearing styles than theorized originally. For fathers in particular, an emergent view of fatherhood in Hispanic families was supported. Results are discussed in terms of parenting in diverse families.

Introduction

Children's lives are affected greatly by parental behaviors. Parents not only offer financial support for their children, but they provide emotional and social support, guidance, and values. Overall, mothers' and fathers' contributions can impact all facets of children's lives. Research on parenting has identified a number of crucial characteristics including negative parenting styles, which influence psychopathology, and positive parenting styles, which are associated with prosocial behaviors, better adjustment, and resilience.

Theories of Parenting

Baumrind (1966) was among the first to introduce categorizations of parenting based on her research with middle-class Caucasian families. Authoritarian parenting is characterized by harsh, strict, unresponsive, and controlling interactions with children. Permissive parenting consists of providing lenient and indulgent environments, whereby parents are highly responsive, but do not provide monitoring. Authoritative parenting includes aspects of both authoritarian and permissive parenting. Authoritative parenting is considered the optimal form of parenting because it combines a firm and structured environment, but parents are accepting, responsive, and willing to compromise with their children (Baumrind, 1991). Rather than dictate rules to a child (e.g. authoritarian) or provide no rules (e.g., permissive), authoritative parents outline rules and provide explanations as to why rules are necessary. Maccoby and Martin (1983) further refined Baumrind's categorizations by deconstructing permissive parenting into permissive-indulgent and permissive-neglectful. Parents who are permissive-indulgent are high in

responsiveness, but low in demandingness. In contrast, permissive-neglectful parents are low in responsiveness and demandingness. The inclusion of Maccoby and Martin's refinement allows for a more comprehensiveness assessment of parenting styles (Darling & Steinberg, 1993).

Other parenting theories, such as psychodynamic and social learning, have been criticized because they do not offer complete conceptualizations of parenting (Darling & Steinberg, 1993). In a seminal review, Darling and Steinberg (1993) outlined flaws in past theories that were remedied with Baumrind's theoretical framework, which integrated emotional (e.g., parent beliefs) and behavioral (e.g., levels of control) aspects of parenting. Current models of parenting have built on and expanded Baumrind's model. An integrative model of parenting by Darling and Steinberg (1993) posited that parenting practices (e.g., physical punishment, affection, and school involvement) in addition to parenting styles work together to determine child socialization and adjustment. There are also critics of Baumrind's model who argue that her parenting typology is not representative of parental rearing styles in ethnic families because her research was based on Caucasian samples (Cardona, Nicholson, & Fox, 2000), while others believe her model is also applicable in collectivist cultures (Sorkhabi, 2005).

Lindahl and Malik (1999) provided an alternative way of describing parenting in ethnic families. Three parenting styles based on observations were derived from Baumrind's and Maccoby and Martin's typologies: democratic, hierarchical, and lax or inconsistent. Democratic parenting is characterized by problem solving as a family unit whereby the child's independent thinking is encouraged. This form of parenting most resembles an authoritative style. In hierarchical parenting, either one or both parents hold

authority, but the rules are dictated and the child has little contribution to the family process. This parenting style is most similar to authoritarian parenting. Lastly, lax or inconsistent parenting, which parallels permissive parenting, is when neither parent holds authority. Lindahl and Malik (1999) piloted this model with 50 Hispanic families, 32 European American families and 31 biethnic (Hispanic/European) families. Families consisted of a mother, father, and a 7- to 11-year old son. The results suggested that, although Hispanic and European American families were more similar than different, there were some differences. The most significant difference was that, for European American and biethnic families (both mothers and fathers), hierarchical parenting was associated with clinically significant externalizing symptomology in sons. However, this pattern was not true for Hispanic families, suggesting that hierarchical parenting is not universally associated with negative outcomes. Across all three groups, lax and inconsistent parenting was associated with more behavioral problems than democratic parenting. For Hispanic fathers only, lax and inconsistent parenting were associated with greater externalizing symptomology than was hierarchical. Thus, hierarchical parenting may serve as a protective factor for Hispanic sons.

Previous models of parenting are also limited because they do not take into consideration social or environmental factors like parent gender, acculturation, and socioeconomic status. Baumrind's work in particular includes both mothers and fathers, but fails to delineate the independent contributions of mothers and fathers in children's functioning (Lamb & Lewis, 2004). This is a serious problem in previous and current literature because the lumping of mothers and fathers together in child and adolescent research may conceal or moderate actual differences in parenting. As a result, the

analysis of parent-child dyads (i.e., father-son, father-daughter, mother-son, and mother-daughter) in relation to children's adjustment cannot be investigated. Somewhat less obvious than parent gender is the consideration of the neighborhood context in which children are raised (Bamaca, Umana-Taylor, Shin, & Alfaro, 2005; Bronfenbrenner, 1979). Dearing (2004) underscores the importance of understanding restrictive parenting as a function of the type of neighborhood and the ethnicity of the familial unit. His research suggests that, for European American children, restrictive parenting in risky neighborhoods is related to poor academic success and depression. In contrast, for African American and Latino children, it serves as a protective factor. Supportive parenting in low-quality neighborhoods was associated with positive child outcomes across ethnicities. In summary, factors outside and within the family environment warrant attention.

Given the dearth of adequate studies on ethnicity within the United States (US), models addressing parenting cross-culturally may be informative. Keller and her team of researchers (2006) conducted a multi-country study with 204 mothers and their children from Cameroon, India, Mexico, Costa Rica, US, China, Germany, and Greece. Parenting styles were thought to be influenced by the socialization of the cultural model. Three cultural models were tested: independent, interdependent, and autonomous-related. An independent cultural model emphasizes self-enhancement and individualism and was found to characterize Greeks, Germans, and European Americans. The interdependent cultural model is collectivist and the values of the social unit (e.g., family) are of priority as in Cameroonians and Indian Gujarati villagers. The last cultural model, autonomous-related, acknowledges the role of the family as well as the individual. These families are

urban and educated, but have an interdependent cultural heritage as in Costa Ricans, Chinese, Mexicans, and Indians. Keller et al. (2006) found that all three models differ in terms of familism (i.e., loyalty to the familial unit), child socialization goals (*autonomous*- emphasis on self-confidence and competitiveness; or *relational*-obeying others and taking care of elders), and parenting ethnotheories (*autonomous*-emphasis on infant self-regulation, object stimulation, and face-to-face interaction; or *relational*-emphasis on body contact and prompt satisfaction of child needs).

Mothers classified as independent were lowest in familism, high in autonomous-socialization of children, and high in autonomous-parenting ethnotheory. On the other hand, interdependent mothers were highest in familism, relational-socialization of their children, and relational-parenting ethnotheory. Findings were less clear for autonomous-related mothers, who were similar to independent mothers on socialization and parenting practices, but had higher degrees of familism. Overall, the Keller et al. (2006) study suggests that cultural background influences parenting behaviors. Given the connections between parental behavior and child functioning, more studies addressing contributions to child problems in relation to cultural issues are warranted.

In consideration of the various factors that influence actual parenting behaviors and children's perceptions of parenting behaviors, the present study tested whether ethnicity, socioeconomic status (SES), and parent gender is associated with children's mental health problems within a developmental psychopathology framework (see Figure 1). It is important to note that this research is correlational in nature and does not address causation. The following sections review current relevant research conducted with

mothers and fathers in White and Hispanic families in relation to child psychopathology and adjustment problems.

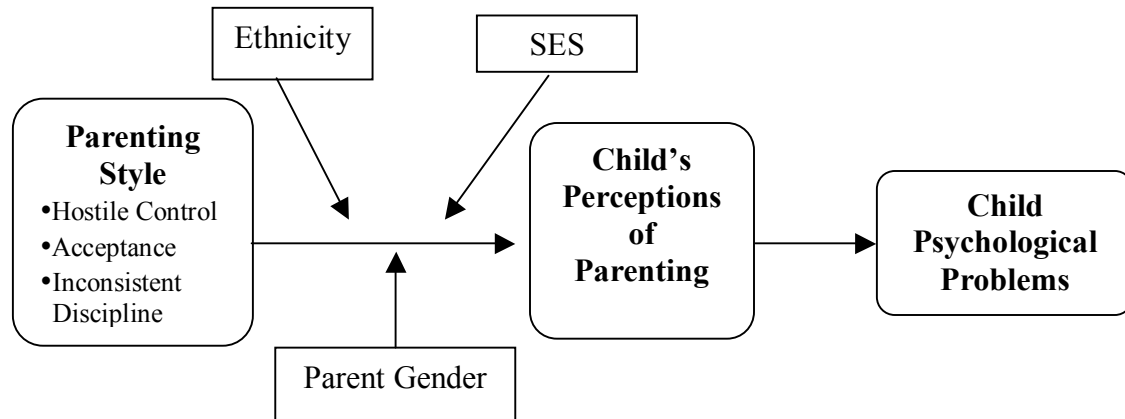


Figure 1. Proposed child report model for the relationship between ethnicity, parenting styles and children's psychological problems.

White Families

The overwhelming amount of research in parenting has focused primarily on middle-class White families (Kaufmann, Gesten, Santa Lucia, Salcedo, Rendina-Gobioff, & Gadd, 2000). White parents, also known as Anglo-Americans, “raise their children to be self-contained, principled, responsible, independent, self-reliant, self-determining, and, perhaps, from the vantage point of other cultures, self-centered individuals” (Giordano & McGoldrick, 2005, p. 525). Until recently, parenting style inventories and observational coding schemes were modeled after Baumrind's and Maccoby and Martin's typologies. However, more researchers are beginning to acknowledge that demographic and environmental factors contribute to parenting behaviors. The overall pattern of research findings suggests that authoritative parenting is most highly associated with academic success and healthier psychosocial adjustment in European-American youth (Lamborn, Mounts, Steinberg, & Dornbusch, 1991), a pattern that is maintained into adolescence

(Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994). Authoritative parenting is most commonly connected with White families, but ethnic children also benefit from such parenting (Lamborn et al., 1994; Radziszewska, Richardson, Dent, & Flay, 1996; Steinberg, Mounts, Lamborn, & Dornbusch, 1991). However, the advantages of authoritative parenting are not necessarily associated with academic success in ethnic children when compared with White children (Park & Bauer, 2002).

It is important to note that some of the literature discussed in the following sections (i.e., White mothers and fathers) contained samples with various ethnicities. However, because the samples constituted mostly White mothers, fathers, and/or children, the results obtained are more generalizable to White families.

White mothers. Historically, White mothers have served as the focal point for research investigating parental characteristics in relation to children's social, emotional, behavioral, and academic problems (Phares, 1996). Mothers continue to serve as the primary caregiver of children, although the gap has decreased in recent years as more mothers are entering the work force and fathers are sharing in caregiving responsibilities (Halpern, 2005). Thus, maternal contributions to child outcomes are important to acknowledge and explore.

In a study by Kaufmann and colleagues (2000), 1,230 mothers (88% Caucasian) self-reported parenting practices and children's socio-emotional adjustment for their 1st through 5th grade children as part of a longitudinal research project. Consistent with previous research, maternal authoritative parenting was a robust predictor of children's healthy adjustment, and it was correlated negatively with emotional and behavioral problems. The findings remained significant after demographic variables were controlled.

Surprisingly, authoritative parenting promoted competence more than it mediated maladjustment, which suggests that authoritative parenting may serve more as a protective factor to prevent problems from developing.

Bosco, Renk, Dinger, Epstein, and Phares (2003) recruited a sample of 150 biological mother, father, and adolescent triads to investigate adolescents' perceptions of parenting and interparental conflict. Although the sample was mixed ethnically, it was primarily Caucasian (82%). The researchers found that perceptions of low maternal acceptance were associated with sons' behavioral problems whereas low maternal control was associated with daughters' internalizing problems.

Physical discipline patterns are also different for White mothers when contrasted with mothers from other races/ethnicities. Polaha, Larzelere, Shapiro, and Pettit (2004) asked 112 European American and African American mothers, their children, and their children's teachers to complete measures of discipline use and report on children's externalizing problems. In accordance with previous research, European mothers who engaged in higher levels of physical discipline had children with more externalizing problems, regardless of child gender. Although this pattern was also true for African American mothers, the findings were not as robust given that there were fewer reports of externalizing problems, especially for sons. Since physical discipline may be a form of hostile control, it is important for the relationship between maternal hostile control and externalizing problems in children of White mothers to be explored.

In summary, there is a large amount of evidence to suggest that White mothers fit in Baumrind's typology nicely, especially because White mothers serve as the standard of comparison in the majority of parenting studies (e.g., see Baumrind, 1989; Steinberg et

al., 1991). When mothers are authoritative, optimal child outcomes are reported (Baumrind, 1991). On the other hand, when White mothers deviate from an authoritative style, externalizing (Rothbaum & Weisz, 1994) and internalizing symptomology in children is apparent (Garber, Robinson, & Valentiner, 1997).

White fathers. Literature in child and adolescent psychopathology has shown significant connections between paternal involvement, paternal psychopathology, and children's mental health (Phares, 1992). However, fathers of all races continue to be rare in research on child and adolescent psychopathology (Phares, Fields, Kamboukos, & Lopez, 2005) even though positive father engagement has been consistently related to positive outcomes in children (Pleck & Masciadrelli, 2004). In fact, it has only been since the 1980s that researchers have made a concerted effort to investigate paternal influences in child and adolescent functioning (e.g., positive and negative contributions; Lamb & Tamis-LeMonda, 2004).

Research investigating the connections between paternal involvement and children's mental health problems, though sparse, has shown some meaningful patterns. Bosco et al. (2003) found that adolescents' perceptions of high paternal control and low acceptance were associated with internalizing symptomology in daughters. Similar findings were also reported by Culp, Schadle, Robinson, and Culp (2000), who found that higher father involvement in predominantly White families was associated with more child internalizing problems, but fewer externalizing problems. In contrast, greater father involvement was related to higher levels of paternal acceptance.

Noting the limited amount of research investigating gender differences in parent-child relations, Starrels (1994) obtained data from the National Survey of Children, which

included data from over 2,000 children and one parent. A random sample of 1,004 participants was selected, and measures of closeness, nurturance, and discipline were analyzed. Results indicated that fathers did not differ from mothers in terms of authoritativeness, but were less involved (i.e., less affectionate, close, and nurturing) with their daughters than with their sons to whom they evidenced more discipline, closeness and nurturance. Furthermore, sons felt greater satisfaction with paternal involvement than did daughters.

In terms of caretaking behaviors, White fathers fall behind African American and Hispanic fathers in relation to involvement when part of a two-parent family (Sanderson & Sanders Thompson, 2002). As part of a study investigating paternal involvement in families, Sanderson and Sanders Thompson (2002) reported that African American fathers had higher levels of paternal involvement in caretaking behaviors with associated responsibilities than did European American fathers, a finding that is consistent in the literature (Toth & Xu, 1999). However, when White fathers were involved in day-to-day caretaking activities, albeit to a lesser extent than Black or Hispanic fathers, their overall parenting styles were rated as more positive. Varela and colleagues (2004) conducted a study with 154 children and their mothers and fathers of Caucasian and Mexican ethnicity. Their analyses revealed that both mothers and fathers were more authoritative than authoritarian, but that Mexican American fathers were more authoritarian than Caucasian fathers. Furthermore, Caucasian fathers were more authoritative when their child was a boy.

Hispanic and African American fathers also place more emphasis on obedience than do Caucasian fathers (Julian, McKenry, & McKelvey, 1994). However, regardless

of race (i.e., White, Hispanic, or African American), fathers are equally likely to be accepting and encouraging of their children (Toth & Xu, 1999). Thus, when fathers from different racial/ethnic groups are compared, meaningful differences emerge in some, but not all, parenting domains.

Overall, the small amount of literature examining paternal characteristics in relation to parenting and children's mental health problems suggests that White fathers exhibit an authoritative and responsive parenting style (much like White mothers), but maintain fewer caregiving responsibilities. More research is necessary to explicate paternal versus maternal contributions to daughters' and sons' psychological adjustment.

Hispanic Families

It is projected that by 2050 the Hispanic population in the United States will triple in size (an 188% increase), while the non-Hispanic population is expected to decline (U.S. Census Bureau, 2004b). As a result, the Hispanic population is expected to be the largest minority group in the nation (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2002). Hispanic children currently represent 21% of the total number of preschoolers in the United States (U.S. Census Bureau, 2004a). Given these patterns, it is surprising that researchers have largely ignored Hispanic families until recently (McLoyd, Cauce, Takeuchi, & Wilson, 2000). Even less research has investigated how parenting in Hispanic families contributes to child outcomes (Carlson, Uppal, & Prosser, 2000). McLoyd (1998a) acknowledged that research on minority children is scarce, and the limited amount of research focuses largely on African American children.

When Hispanic children are studied, meaningful patterns emerge. For example, Steinberg and colleagues (1994) discovered that parental authoritarianism was not as

harmful to the well-being of minority children (including Hispanics) as to European-American children, although those analyses were not the focus of their study. They suggested that authoritarian parenting, characterized by high control, may serve as a protective factor for at-risk youth. Thus, research concerning precursors to and protective factors of mental health problems in Hispanic children is warranted.

It is important to acknowledge that the term *Hispanic* or *Latino(a)* is simply a way to categorize a heterogeneous group of people with a shared Spanish origin and language (Garcia-Preto, 2005), but there is also diversity within specific subgroups as a result of acculturation processes (Ponterotto & Casas, 1991). De Von Figueroa-Moseley and colleagues (2006) identified interesting variations in parenting of young children among Latino subgroups (i.e., Mexican Americans, Puerto Ricans, and El Salvadorians). Puerto Rican parents were found to be more nurturing than Mexican Americans and El Salvadorians, though all families scored highly on a measure of nurturance. In addition, Puerto Rican parents had more consistent parenting, but their responsiveness was not related to academic success in their children. In contrast, parental responsiveness for El Salvadorian parents was related to better child cognitive development. There were no differences in parental control, non-restrictive aptitudes, and anger management among the parents (De Von Figueroa-Moseley et al., 2006). Thus, when possible, it is important to test for between-group differences in Hispanic parenting.

Hispanic mothers. Unlike White mothers, Hispanic mothers have not received much attention in the literature, and there is little agreement as to how to categorize their parenting. Although White mothers serve as primary caregivers, Hispanic mothers report

egalitarian forms of parenting (Pesquera, 1993) where Hispanic fathers are very involved in the parenting of their children (McLoyd et al., 2000).

Cardona and colleagues (2000) conducted a study of parenting differences among Anglo-American and Hispanic mothers. Using a sample of 38 mothers from each group, they found that Hispanic mothers were less nurturing and disciplined their children more frequently than did Anglo-American mothers. However, the authors speculated that the lower level of nurturance may have been due to the nature of the inventory used, which contains few items on displays of affection. Furthermore, the elevated level of discipline for Hispanic mothers, while statistically significant, did not appear to be clinically significant (i.e., *t* score of 57). Similar trends were also identified by Varela, Vernberg, Sanchez-Sosa, Riveros, Mitchell, and Mashunkashey (2004), who reported that Mexican American mothers were more authoritarian than Caucasian mothers in their study of parenting styles. Finkelstein, Donenberg, and Martinovich (2001) found that, in contrast to Caucasian girls, Latina adolescents reported significantly higher levels of maternal control; however, no connection to depression was found. These results suggested that maternal control may have served as a protective buffer for Latina adolescents.

Calzada and Eyberg (2002) examined 240 immigrant or first-generation Dominican and Puerto Rican mothers with young children to obtain normative information about actual parenting practices and beliefs. Mothers were given measures translated into Spanish that assessed parenting styles and practices, as well as acculturation. Analyses revealed that Dominican and Puerto Rican mothers did not endorse a punitive and inconsistent authoritarian style, but rather were authoritative with

highly positive parenting practices. Acculturation³ was positively related to maternal warmth and involvement for Puerto Rican mothers, with marginal significance for Dominican mothers. Thus, there are conflicting findings regarding Hispanic mothers' levels of authoritarianism, with some studies (Varela et al., 2004) finding higher levels than others (Calzada & Eyberg, 2002). One reason for this discrepancy may be the fact that some studies only compare within-groups (e.g., Puerto Rican vs. Cuban), whereas others compare across-groups (e.g. Latina versus Caucasian). As a result, more research is necessary to disentangle the findings.

Because of the inconsistent findings concerning maternal Hispanic parenting, Hill, Bush, and Roosa (2003) sampled 344 children and their mothers of Mexican American and European American ethnicity for the purposes of clarifying this issue. Mothers reported on children's behavior problems and their child rearing practices, while children reported depressive symptoms. After controlling for sociodemographic characteristics (e.g., income and neighborhood), a few differences appeared. Mexican American mothers and children reported greater maternal hostile control and inconsistent discipline than did European American mothers. For Spanish speaking Mexican American mothers, hostile control correlated with acceptance, but this was not true for English-speaking Mexican American and European American mothers. Interestingly, depressive symptoms were higher for English-speaking Mexican American and European American children than for Spanish-speaking Mexican American children. Because all the mothers were residing in low income communities, Hill and colleagues (2003)

³ Acculturation is historically defined by Redfield, Linton, and Herskovits (1936) at "those phenomena, which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original patterns of either or both groups" (p. 149).

suggested that acculturative factors, like language preference, are adaptive in this context for Mexican mothers.

Altogether, there is equivocal evidence regarding Hispanic mothers' parenting styles in relation to their children's mental health. Whereas maternal acceptance appears more consistently linked to positive outcomes in previous research with White and Hispanic families, the impact of maternal control and discipline consistently fluctuates in the Hispanic literature. Further clarification is necessary.

Hispanic fathers. There is a paucity of research on Hispanic fathers and their influence on children (Cabrera & Garcia Coll, 2004). Given that most Hispanic fathers reside in the same home as their biological children, are in frequent contact with them, and have stable father-child relationships (Cabrera & Garcia Coll, 2004; Casper & Bianchi, 2002; Hofferth, 2003; Toth & Xu, 1999), Hispanic fathers present a great opportunity to learn about father-child interactions that are connected to child adjustment. In fact, according to the U.S. Census Bureau (2004c), 65% of Hispanic children reside with both parents in contrast to 35% of African American children.

Historically, Hispanic fathers and families were thought to operate under a traditional-authoritarian lifestyle, whereby fathers were the dominant force and mothers submissively complied with requests (Mirande, 1991). However, enlightening research by Toth and Xu (1999) has revealed that contemporary Hispanic fathers are egalitarian in their beliefs and behaviors, which is consistent with the emergent view of fatherhood (Mirande, 1991). Furthermore, Hispanic fathers are likely to place a lot of emphasis on the well-being of the family, a concept known as *familismo* (Harwood et al., 2002), and they are viewed as being very accepting and supportive (Cabrera & Garcia Coll, 2004).

Perceptions of fathers' support have been related to sons' and daughters' self-esteem (Bamaca et al., 2005), which highlights the association between positive parenting and child outcomes in Latino families.

Hofferth (2003) analyzed a large sample of data from the Child Development Supplement of the Panel Study of Income Dynamics, which includes a representative sample of US mothers, fathers, and children of diverse ethnicity. A total of 1,229 children and their fathers reported on parental involvement and parenting practices (i.e., responsibilities and parental warmth, control and monitoring). After controlling for child age, gender, number of children, and father's age and biological status, Hispanic fathers were found to be less controlling and to hold more responsibilities than White fathers and were as warm with their children as White fathers. In sum, Hofferth (2003) classified Hispanic fathers as more permissive and less controlling than White fathers, a sharp contrast with stereotyped beliefs.

Not all researchers find Hispanic fathers to be permissive. A small qualitative study by Way and Gillman (2000) with Latina and African American daughters found that minority daughters saw their fathers as teachers and preferred activity-oriented relationships with them. Although daughters felt that their fathers were overprotective, the authors reasoned that such a display of protection may be an expression of paternal love for their adolescent daughters. Fathers' monitoring has also been associated with sons', but not daughters', self-esteem (Bamaca et al., 2005).

In summary, the limited amount of available research on Hispanic fathers suggests that they place a high value on family, are likely to be highly involved with their children, and monitor their children to a greater degree than do White fathers. As such,

the emergent view of fatherhood in Hispanic families suggests that they may be more similar to White families than originally theorized (Cabrera & Garcia Coll, 2004).

Educational Significance

There is a flourishing literature base that consistently identifies relationships between parenting behaviors and adolescent academic performance (Bean, Bush, McKenry, & Wilson, 2003; Bronstein, Ginsburg, & Herrera, 2005; Eamon, 2005; Spera, 2005). However, less is known about how parenting practices influence academic outcomes in elementary school-aged children (Taylor, Clayton, & Rowley, 2004). Understanding how parental rearing behaviors relate to children's emotional and behavioral problems is crucial, because children's psychological problems greatly influence academic outcomes (Masten et al., 2005). Research that has been conducted with adolescents suggests that authoritative parenting styles are closely related to higher levels of academic achievement (Spear, 2005), although the effects may vary by ethnicity (Park & Bauer, 2002).

Bronstein, Ginsburg, and Herrera (2005) investigated children and their parents to determine how parenting characteristics related to children's academic achievement during 5th grade and how it subsequently predicted motivational orientation during 7th grade. Ninety-three parents of predominantly Caucasian ethnicity completed measures of family and parenting styles, reactions to children's grades, and children's motivational orientation, among others. Results indicated that parenting behaviors predicted children's achievement across time. Specifically, parents who reported greater external control (e.g., demands, punishments, criticisms) and inconsistent discipline had children who were less academically successful in 5th grade and maintained an extrinsic motivational

orientation (e.g., dependence on others) in 7th grade. In contrast, children whose parents provided support and encouraged autonomy had higher academic achievement, more confidence, and were motivated intrinsically (e.g., were independent and ambitious).

There is also limited information regarding parental influences on Hispanic children's academic performance. Hispanic parents who provide cognitive stimulation tend to be low in parent-child conflict, have children who are highly involved in school-related activities, and be more likely to have children with higher reading and mathematic scores than those parents who provide little or no stimulation (Eamon, 2005). Similar findings were reported by Martinez, DeGarmo, and Eddy (2004), who found that Latino youths whose parents were highly encouraging and involved were less likely to drop-out of school and more likely to complete homework assignments than were youths with non-responsive parents. Additionally, Latino youth who were less acculturated had less academic success and were more likely to drop-out. Thus, parenting practices and level of acculturation appear to influence children's school success. Hence, parenting practices appear to contribute to children's emotional and academic competency in the short- and long-term.

In summary, research examining children's perceptions of parental rearing in relation to children's emotional and behavioral problems provides one way of identifying problems that may relate to academic success or problems during the elementary school years. Early identification of maladaptive parenting behaviors and of children's degree of acculturation may serve as a powerful prevention tool for teachers, school psychologists, and counselors, and may also inform family intervention efforts.

Present Study

Taken together, previous research in parenting is limited due to a reliance on mothers' reports of parenting and child outcomes (Phares, 1992), attention to middle-class Caucasian families (Kaufmann et al., 2000), little emphasis on children's perceptions of parenting (Michaels, Meese, & Stollak, 1983; Phares & Renk, 1998), and a focus on early rather than later childhood development (Lamb & Lewis, 2004). Therefore, the present study attempted to compare how children in late childhood/early adolescence perceived mothers' and fathers' parental rearing styles in White and Hispanic families.

According to the U.S. Census Bureau (2001), individuals of Hispanic origin are Cuban, Mexican, Puerto Rican, South or Central American, or of some other Spanish culture or origin. Hispanic ethnicity is considered independent of race; thus, Hispanic children may be of any race. For the purposes of this study, however, only White Hispanic families were included in the Hispanic group in order to decrease variability due to race. Parenting styles were assessed through children's perceptions of mothers' and fathers' acceptance, hostile control, and inconsistent discipline. Consistent with contemporary research (Calzada & Eyberg, 2002; Galambos, Barker, & Almeida, 2003; Lengua & Kovacs, 2005), parenting behaviors were explored as continuous variables rather than being used to group parents into formal categories such as authoritative, authoritarian, and permissive. In addition, parenting styles were examined independently as opposed to variables being aggregated because specific parenting styles are suggested

to relate to outcomes differently (Bean et al., 2003). Children's psychological well-being was explored in terms of externalizing (i.e., attention problems and hyperactivity) and internalizing (i.e., anxiety and depression) problems.

Hypotheses

Based on previous research, the following hypotheses were investigated:

1. Perceptions of maternal and paternal acceptance will be correlated negatively with internalizing and externalizing symptomology.
2. Perceptions of maternal and paternal hostile control will be correlated positively with internalizing and externalizing symptomology.
3. Perceptions of maternal and paternal inconsistent discipline will be correlated positively with externalizing symptomology.
4. There will be no differences between perceptions of parental acceptance in Hispanic and White families after controlling for SES.
5. Perceptions of hostile control will be higher for Hispanic fathers than for White fathers after controlling for SES. No differences are expected for mothers.
6. Perceptions of maternal inconsistent discipline will be higher for Hispanic mothers than for White mothers after controlling for SES. No differences are expected for fathers.
7. Ethnicity will act as a moderator between perceptions of hostile control and internalizing and externalizing symptomology. Specifically, parental hostile control will be related to higher internalizing and externalizing symptomology for White children, whereas for Hispanic children, parental hostile control will

not be significantly associated with internalizing and externalizing symptomology (See Figure 2).

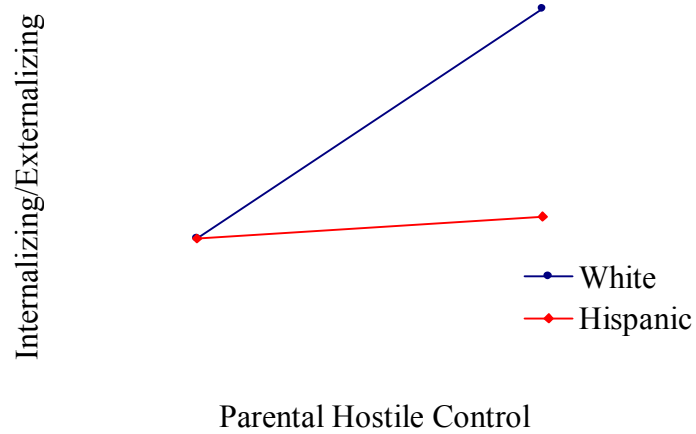


Figure 2. Predicted moderation of parental hostile control and children's internalizing/externalizing problems by ethnicity.

Method

Participants

Participants included 173 third ($n=74$), fourth ($n=62$) and fifth ($n=37$) grade students recruited from after-school care programs in the School District of Hillsborough County, Florida. Participants were between the ages of 8 and 11 years ($M=9.08$ years, $SD=.87$), and there were more younger (8-9 years) than older (10-11 years) children, $\chi^2(3)=40.06$, $p<.001$. The majority of participants were female ($n=104$) rather than male ($n=69$; $\chi^2(1)=7.08$, $p<.01$), and this pattern was not statistically different among the racial/ethnic groups, $\chi^2(1)=.05$, $p>.05$. There were more 3rd and 4th grade students than 5th grade students, $\chi^2(2)=12.36$, $p<.01$, but this pattern was also not statistically different among the racial/ethnic groups, $\chi^2(2)=.08$, $p>.05$. Parents reported child's race/ethnicity and Hispanic heritage if applicable (see Table 1). The majority of participants were born in the United States (U.S.) or Puerto Rico. Of the Hispanic children born outside of the U.S., three were born in Columbia, three in Cuba, and one in the Dominican Republic. Only one child classified as White was born outside of the United States (i.e., Sweden). Based on a power analysis with alpha set at .05 and power at .80, 64 participants per group (Hispanic vs. White) were needed in order to detect a medium effect size (Cohen, 1992). Thus, the current sample is sufficient to test the hypotheses adequately.

Participants reported the parenting of their biological mother (98.8%) and biological father (89.1%) predominantly. Mothers were between the ages of 24 to 51 years ($M=37.31$ years, $SD=5.82$), fathers were between the ages of 24 and 59 years

Table 1.

<i>Demographics</i>				
	Combined N = 173	White N = 101	Hispanic N = 72	White vs. Hispanic
Gender				$\chi^2(1)=.05$, NS
Male	69	41	28	
Female	104	60	44	
Age (in years)				$\chi^2(3)=.92$, NS
8	51	28	23	
9	67	42	25	
10	45	25	20	
11	10	6	4	
School Grade				$\chi^2(2)=.08$, NS
3 rd	74	44	30	
4 th	62	36	26	
5 th	37	21	16	
Free or Reduced Lunch				$\chi^2(1)=33.41$, $p<.05$
No	124	89	35	
Yes	45	10	35	
Hispanic Heritage				
Puerto Rican	-	-	28	
Cuban	-	-	14	
Mexican	-	-	7	
Dominican	-	-	4	
Columbian	-	-	3	
Peruvian	-	-	1	
Venezuelan	-	-	1	
Combination	-	-	9	
Living Arrangements				
Mother and Father	109	70	39	
Mother, but visits Father	37	20	17	
Father, but visits Mother	2	1	1	
Mother only	15	4	11	
Other	9	6	3	
Time during Waking Hours				Mother vs. Father
Weekday				$t(157)=9.83$, $p<.001$
Mother	5.31 hrs	5.14 hrs	5.57 hrs	
Father	3.16 hrs	3.46 hrs	2.70 hrs	
Weekend				
Mother	11.20 hrs	11.15 hrs	11.28 hrs	$t(152)=6.81$, $p<.001$
Father	8.65 hrs	9.24 hrs	7.68 hrs	

Note: Ns may vary because of missing data. NS = Not significant

($M=39.55$ years, $SD=6.38$), and the majority of participants lived with both biological parents (63.4%). The remainder of the sample consisted of children living with their mother, but visiting their father (21.5%), living with their mother only (8.47%), living with their father, but visiting their mother (1.2%), or living in some other capacity with their mother or father (e.g., parent and step-parent, split custody; 5.2%). Parents were asked to indicate the number of hours the child spent with his/her mother and father during “waking hours” on a typical weekday and weekend day. In the case that parents provided implausible or impossible information (e.g., 24 hours), a predetermined formula was utilized. Specifically, on weekdays, 24 hours was changed to 8 hours to account for a total of 16 hours of school and sleeping. On weekends, 24 hours was changed to 12 hours to account for an additional 12 hours of sleep and other weekend activities that may not include parents. Paired sample *t*-tests revealed that parents reported mothers as spending more time with their children than fathers during waking hours on the weekdays ($t(157)=9.83, p<.001$) and weekends ($t(152)=6.81, p<.001$). The same gender-related pattern appeared for White (weekday $t(95)=6.80, p<.001$; weekend $t(94)=4.94, p<.001$) and Hispanic (weekday $t(61)=7.37, p<.001$; weekend $t(57)=4.85, p<.001$) families.

Parents also self-reported occupation and years of education for themselves and the child’s other parent. This information was used to calculate SES in accordance with Hollingshead’s (1975) criteria. Maternal and paternal SES was averaged to develop a family SES value. In the event that one parent was unemployed, only the employed parent’s SES was utilized. Although reports of SES may have varied as a result of parental marriage status⁴, parental SES was averaged to generate an approximate index of the participant’s SES level regardless of the child’s living arrangements. Family SES

⁴ Parental marriage status was not obtained in this study.

ranged from 13 to 66 ($M= 45.93$, $SD= 9.92$) on the Hollingshead (1975) index. The means for family SES in both White and Hispanic families fell into the social strata of medium-sized business owners, minor professionals, and technical workers (Hollingshead, 1975). Family SES level was significantly higher for the White participants ($M=48.09$, $SD=8.95$) than the Hispanic participants ($M=42.83$, $SD=10.46$), $t(166)=3.5$, $p<.01$). The same pattern was found for participants on free or reduced lunch, which can also serve as a rough proxy of SES level. Significantly more Hispanic ($n=35$) participants were on free or reduced lunch than White ($n=10$) participants, $\chi^2(1)=33.41$, $p<.001$. Table 1 provides a detailed account of demographic characteristics by group.

Measures

Perceived parenting styles. Perceived parental acceptance, hostile control, and inconsistent discipline were assessed using the Children's Report of Parental Behavior Inventory-Revised (CRPBI-R; Schludermann & Schludermann, 1971). The CRPBI-R is a 108-item inventory that evaluates 18 different parental rearing behaviors and is completed separately for mothers and fathers. The revised version is considered to be more appropriate for use with minority groups (Schludermann & Schludermann, 1971). For the present study, only parental acceptance, hostile control, and inconsistent discipline were used because those behaviors map onto Baumrind's parenting typology, and previous research has found differences in control, acceptance, and discipline in White and Hispanic families, as well as with mothers and fathers (see Appendix A). Furthermore, this shorter version was less time consuming to complete than the entire inventory. The abbreviated inventory consisted of 42-items (21-items each for mother

and father). Participants rated each parent on a 3-point scale: 1=Not Like, 2=Somewhat Like, and 3=Like. For the purposes of this study, children were asked to complete the parenting measures on the parents with whom they spent the most time (regardless of whether the parent was a biological-, step-, or adoptive-parent).

Both the original CRPBI (Schaefer, 1965) and the CRPBI-R (Schludermann & Schludermann, 1971) demonstrate high internal consistency and convergent validity. Substantially shorter forms of the CRPBI report a consistent factor structure and adequate reliability with 4th, 5th, and 6th graders (Burger & Armentrout, 1971; Margolies & Weintraub, 1977). Reliability results for the current study were moderate to high. Internal consistency was highest for the Acceptance (Mother $\alpha=.73$; Father $\alpha=.80$) subscale and moderate for the Hostile Control (Mother $\alpha=.62$; Father $\alpha=.63$) and Inconsistent Discipline (Mother $\alpha=.51$; Father $\alpha=.49$) subscales. These reliability estimates are consistent with previous research (Kamboukos, 2005).

Psychological symptoms. Children's psychological symptoms were reported using the Behavior Assessment System for Children, 2nd Edition (BASC-2; Reynolds & Kamphaus, 2004). The BASC-2 is useful in describing children's psychological well-being because it utilizes a dimensional approach to describing children's behavior. For the purposes of the present study, the Self-Report of Personality for Children (SRP-C) for ages 8-11 years was the only component of the BASC-2 comprehensive system that was utilized. The SRP-C contains 139-items that assess a variety of child behaviors such as school behaviors, adjustment, internalizing, and externalizing problems. Due to time constraints and potential participant fatigue, the externalizing composite (i.e., attention problems and hyperactivity subscales) and the internalizing subscales of anxiety and

depression were the only subscales that were administered (see Appendix B). Because the anxiety and depression subscales were highly correlated ($r=.53, p<.01$), they were combined to create an internalizing composite. Participants responded to 40 items on a True/False or Likert-type scale (i.e., 0=Never, 1=Sometimes, 2=Often, 3=Almost Always).

The BASC-2 was normed on a large US sample with diversity in terms of race/ethnicity, geographical region, and parental education. Separate norms based on age, sex, and clinical conditions are available. General norms for the SRP-C were based on 1,500 children. The SRP-C has high internal consistency (externalizing composite: $\alpha=.85$, anxiety: $\alpha=.86$, depression: $\alpha=.84$), adequate test-retest reliability at two weeks (externalizing composite: $r=.77$, anxiety: $r=.72$, depression: $r=.71$), questionable convergent validity with the Children's Depression Inventory (CDI; Kovacs, 1992), and modest convergent validity with the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 2000). Reliability results for the present study were strong overall. Internal consistency was high for the Anxiety ($\alpha=.81$) and Depression ($\alpha=.74$) subscales and moderate for the Hyperactivity ($\alpha=.71$) and Attention Problems ($\alpha=.63$) subscales. These internal consistency results are consistent with those found in previous research (Reynolds & Kamphaus, 2004). The BASC-2 was chosen over the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) because the Youth Self Report of the CBCL is only appropriate for children ages 11 and older.

Demographics. Parents provided demographic information about their child as well as themselves as part of the parental consent procedure (see Appendix C). Parents completed questions that pertained to mother, father, and child ethnicity, educational

levels for mother and father, occupation of mother and father, whether the child was on free or reduced lunch, and mother's and father's levels of involvement with the child.

Procedure

Prior to beginning the present study, the University of South Florida's Institutional Review Board and the School District of Hillsborough County, Florida reviewed the protocol of this study and provided formal approval. After-school care programs were selected from a list of public schools that participated in the School Age Child Care Program (SACC), sponsored by the School District of Hillsborough County, Florida. This program was chosen because it is the largest after-school care program in Hillsborough County, it offers reduced membership fees, and recruitment through this program increased the likelihood of obtaining a representative sample of White and Hispanic children from a variety of socioeconomic statuses. Families from 38 after-school care programs participated in the present study (see Table 2)⁵. Eight research assistants (five of whom are of Hispanic nationality and fluent in Spanish) were fingerprinted and trained in human participants' protections and the study protocol. All parent information was translated into Spanish by a Columbian research assistant. A Mexican American advanced psychology graduate student who was blind to the purpose and hypotheses of the study verified the translations and readability of the materials. Finally, a Puerto Rican mother of a child in the study's demographic range reviewed the documents for translation errors and readability.

An active consent procedure was employed in which a biological parent provided parental consent for his/her child to participate in the present study (see Appendix D).

⁵ A total of 82 schools were invited to participate. Forty-five schools agreed to participate (no data was collected at 7 of the schools), 13 declined participation, and 24 failed to respond.

Table 2.

Participation by After-School Program

Program	Combined N = 173	White n = 101	Hispanic n = 72
Alexander	5	1	4
Bellamy	10	5	5
Boyette Springs	6	1	5
Brooker	6	5	1
Bryan	1	0	1
Cannella	7	1	6
Chiaramonte	2	2	0
Chiles	4	2	2
Clair Mel	2	1	1
Clark	3	3	0
Colson	4	2	2
Cork	8	7	1
Corr	4	4	0
Davis	5	1	4
Deer Park	7	6	1
Dickenson	3	1	2
Doby	2	2	0
Dover	3	1	2
Egypt Lake	1	0	1
FishHawk Creek	6	5	1
Folsom	6	5	1
Heritage	1	1	0
Hunter's Green	3	3	0
Lainer	2	1	1
Lee	9	5	4
LockHart	2	1	1
Lowry	13	11	2
Mabry	1	1	0
Maniscalco	8	6	2
Mendenhall	3	0	3
Riverview	11	8	3
Schwarzkopf	5	2	3
Seminole	2	2	0
Shore	4	3	1
Summerfield	6	1	5
Symmes	1	1	0
Tampa Bay	6	0	6
Temple Terrace	1	0	1

Students in SACC programs were informed of the present study and were provided with a packet to take home to their parents. The packet contained a brief letter outlining the objectives of the study, the procedures, incentives, and researcher contact information. Information was sent to parents in English or Spanish format (based on student request). Parents provided written consent for their child to participate and they completed several demographic questions about the child and separate questions about themselves and the child's other parent. After the student returned the appropriate forms to his/her SACC instructor, written child assent was obtained by a member of the study team (see Appendix E). All students who return completed signed consent forms (regardless of whether consent to participate was provided) were entered into a drawing to win one of two \$25 gift certificates.

Child participants completed their measures in small group sessions (i.e., no more than five students per group) in a quiet, non-distractible environment (e.g., teacher's lounge or outside hall). All efforts were made to test children individually or in small groups by grade level. The researcher or a research assistant orally read directions and each item of every questionnaire and prompted participants to read along. This method was considered optimal because participants may have varied in their reading levels. Participants marked their responses individually on the respective questionnaires. No order effects were expected. Questionnaires were administered in the following order: CRPBI-R then BASC-2. The average total procedure time was approximately 30 minutes. Following participation, children were able to select a small age-appropriate toy as compensation for their time.

All children were allowed to participate in the study, but only the data from White and Hispanic children were analyzed. Also, all children were allowed to participate in the study regardless of their level of contact with their mother or father. Children who could not complete the CRPBI-R (due to any reason, including no contact with one of their parents) were dropped from the analyses.

Results

Descriptive Statistics

Descriptive statistics for the study variables are presented in Tables 3 and 4. Higher scores on the CRBPI-R indicate that the behavior is more reflective of the parent's parenting style in that domain according to the participant. Total scores on the Acceptance and Hostile Control subscales could range from 1-24 and between 1-15 on the Inconsistent Discipline subscale. The means obtained in this sample indicate that participants perceived their mothers and fathers to display high levels of acceptance and moderate levels of hostile control and inconsistent discipline. These means are consistent with other community samples that have utilized the CRPBI-R (Phares & Renk, 1998). Paired *t*-tests were conducted separately for boys and girls to determine whether there were parental gender differences in perceptions of parenting style. To control the Type I error rates associated with multiple comparisons, a Bonferroni adjustment was utilized ($p=.008$). There were no significant perceived parental gender differences for parental hostile control and inconsistent discipline. However, daughters perceived their mothers to be more accepting than their fathers, $t(99)=3.66, p<.001$, whereas, sons did not perceive a difference, $t(64)=1.70, p>.05$. This mean difference, while statistically significant, does not appear to reflect a clinically significant difference. Additional analyses were conducted to determine whether there were child differences with respect to perceptions of their mothers and fathers parenting style. Univariate analyses identified no gender differences between boys and girls for any parental rearing behaviors. Thus,

boys' and girls' reports of parental behavior were combined for subsequent analyses.

Table 3.

Means and Standard Deviations for CRPBI-R

Subscale	Combined		n	White		Hispanic	
	N	Mean		Mean	n	Mean	
Acceptance							
Mother	173	21.98 (2.42)	101	21.79 (2.56)	72	22.24 (2.19)	
Father	165	20.91 (3.32)	99	20.47 (3.71)	66	21.56 (2.53)	
Hostile Control							
Mother	173	15.86 (3.16)	101	15.37 (2.96)	72	16.54 (3.32)	
Father	165	15.81 (3.32)	99	15.52 (3.07)	66	16.26 (3.63)	
Inconsistent Discipline							
Mother	173	9.72 (2.37)	101	9.43 (2.43)	72	10.14 (2.24)	
Father	165	9.85 (2.36)	99	9.64 (2.50)	66	10.17 (2.10)	

Note: Standard deviation in parenthesis. CRPBI-R = Children's Report of Parental Behavior Inventory-Revised

Higher scores on the BASC-2 indicate psychological symptoms as reported by the child participant. Total scores on the Anxiety subscale could range from 0 to 37, 0 to 23 for Depression and Hyperactivity, and 0 to 24 for Attention Problems. On average, the sample reported moderate levels of anxiety and low levels of depression, attention problems, and hyperactivity (see Table 4). The BASC-2 also provides Borderline/Clinical cutoff scores for community and clinical samples. Based on the cutoff criteria for community samples (i.e., 8-11 years, combined gender), 38.7% of the sample fell into the Borderline/Clinical range for anxiety, with 11.0% for depression, 15.6% for hyperactivity, and 23.1% for attention problems.

Table 4.

Means and Standard Deviations for BASC-2

Subscale	Combined N=173		White n = 101		Hispanic n = 72	
	Mean	Borderline/ Clinical	Mean	Borderline/ Clinical	Mean	Borderline/ Clinical
Anxiety	16.14 (7.04)	38.7%	15.84 (7.13)	38.6%	16.57 (6.93)	38.9%
Depression	5.66 (4.21)	11.0%	5.36 (4.29)	10.9%	6.10 (4.10)	11.1%
Hyperactivity	7.35 (4.40)	15.6%	7.79 (4.46)	18.8%	6.72 (4.26)	11.1%
Attention Problems	7.92 (4.58)	23.1%	7.99 (4.49)	25.7%	7.82 (4.73)	19.4%
Internalizing Composite ⁶	15.27 (8.19)	-	21.20 (9.94)	-	22.67 (9.96)	-
Externalizing Composite	21.81 (9.94)	-	15.78 (8.21)	-	14.54 (8.16)	-

Note: Standard deviation in parenthesis. BASC-2 = Behavioral Assessment System for Children-2nd Edition

Correlational Analyses

Correlations were performed to identify the relationship among all the variables in the present study (see Table 5). Due to their high association ($r = .53, p < .05$) on the BASC-2, the Anxiety and Depression subscales were combined to create an Internalizing composite score. Likewise, an Externalizing composite was created from the Attention Problems and Hyperactivity subscales due to their high association ($r = .66, p < .01$). The combination of these variables led to a reduction in the number of tests in an attempt to control the Type I error rate. The means and standard deviations for the composite scores are presented in Table 4. There were no differences between males' and females' scores with respect to the internalizing ($t(171) = 1.5, p > .05$) and externalizing ($t(171) = -.75, p > .05$) composites; thus, these scores were combined for subsequent analyses.

⁶ Borderline/Clinical ranges could not be computed for the Externalizing and Internalizing Composites.

Table 5.

Correlations Between SES, Child Gender, Child Ethnicity, Parenting Styles and Psychological Symptoms

	SES	Gender	ETH	ANX	DEP	HYPER	ATTN	Accept Mother	Accept Father	Control Mother	Control Father	Discipline Mother	Discipline Father
SES	—												
Gender	-.18*	—											
Ethnicity	-.26**	.02	—										
ANX	-.30**	.05	.05	—									
DEP	-.06	.05	.09	.53**	—								
HYPER	.00	-.04	-.12	.49**	.39**	—							
ATTN	.05	-.17*	-.02	.47**	.46**	.66**	—						
Accept Mother	.05	.03	.09	-.12	-.26**	-.13	-.25**	—					
Accept Father	-.11	-.03	.16*	-.15	-.20**	-.12	-.10	.21**	—				
Control Mother	-.16*	.02	.18*	.19*	.24**	.13	.18*	-.18*	.08	—			
Control Father	-.08	-.04	.11	.16*	.31**	.09	.13	-.05	-.06	.65**	—		
Discipline Mother	-.12	.05	.15	.16*	.20**	.05	.12	-.06	-.06	.28**	.26**	—	
Discipline Father	-.15	.02	.11	.16*	.17*	.08	.16*	.00	-.06	.31**	.31**	.72**	—

Note: SES=Socioeconomic status; Gender (boy=1, girl =2); ETH = Ethnicity (White=1, Hispanic=2); ANX=Anxiety; DEP=Depression; HYPER=Hyperactivity; ATTN=Attention Problems; Accept=Acceptance; Control=Hostile Control, Discipline=Inconsistent Discipline; Point by serial correlations were computed for Gender and Ethnicity; * $p < .05$; ** $p < .01$

Correlations were performed between the new internalizing and externalizing composites and parental rearing styles (see Table 6).

Table 6.

Correlations Between Internalizing and Externalizing Composites and Parenting Styles

	Internalizing Composite	Externalizing Composite
Accept		
Mother	-.19*	-.21**
Father	-.19*	-.12
Control		
Mother	.24**	.17*
Father	.25**	.12
Discipline		
Mother	.20**	.09
Father	.18*	.14

Note: Accept=Acceptance; Control=Hostile Control, Discipline=Inconsistent Discipline
* $p < .05$; ** $p < .01$

Additionally, correlations were conducted separately by race/ethnicity group in order to explore associations within each group (see Table 7). Next, these analyses are discussed in the context of the hypotheses.

Table 7.

Correlations Between Internalizing/Externalizing Composites and Parenting Styles by Group

	Internalizing		Externalizing	
	White	Hispanic	White	Hispanic
Accept				
Mother	-.27**	-.08	-.26**	-.11
Father	-.23*	-.17	-.13	-.05
Control				
Mother	.25*	.19	.30**	.04
Father	.24*	.25*	.19	.05
Discipline				
Mother	.23*	.12	.14	.05
Father	.19	.17	.18	.08

Note: Accept=Acceptance; Control=Hostile Control, Discipline=Inconsistent Discipline
* $p < .05$; ** $p < .01$

Hypothesis 1: Perceptions of maternal and paternal acceptance will be correlated negatively with internalizing and externalizing symptomology.

Maternal acceptance was correlated negatively with internalizing ($r = -.19, p < .05$) and externalizing symptomology ($r = -.21, p < .01$). Paternal acceptance was only correlated negatively with internalizing symptomology ($r = -.19, p < .05$); therefore, this hypothesis is partially supported. When these associations were examined in terms of racial/ethnic group, maternal ($r = -.27, p < .01$) and paternal ($r = -.23, p < .05$) acceptance was correlated negatively with internalizing symptoms for White participants only. Additionally, only maternal acceptance for externalizing symptoms was correlated negatively for White participants ($r = -.26, p < .01$).

Hypothesis 2: Perceptions of maternal and paternal hostile control will be correlated positively with internalizing and externalizing symptomology.

Maternal hostile control was correlated positively with internalizing ($r = .24, p < .01$) and externalizing symptoms ($r = .17, p < .05$). As with acceptance, paternal hostile control was correlated positively with internalizing symptoms ($r = .25, p < .01$), but not externalizing symptoms. Thus, this hypothesis was partially supported. Examination of the associations by racial/ethnic group revealed that maternal ($r = .25, p < .05$) and paternal ($r = .24, p < .05$) hostile control were correlated positively with internalizing symptoms for White participants. However, only paternal hostile discipline was associated positively with internalizing symptoms for Hispanic participants ($r = .25, p < .05$). Again, only maternal hostile control for externalizing symptoms was correlated positively for White

participants ($r = .30, p < .01$).

Hypothesis 3: Perceptions of maternal and paternal inconsistent discipline will be correlated positively with internalizing and externalizing symptomology.

Maternal inconsistent discipline was only correlated positively with internalizing symptoms ($r = .20, p < .01$). Similarly, paternal inconsistent discipline was only correlated positively with internalizing symptoms ($r = .18, p < .05$). Since parental inconsistent discipline was not associated with externalizing symptoms, this hypothesis is only partially supported. Additionally, maternal inconsistent discipline was associated with internalizing symptoms for White participants only ($r = .23, p < .05$).

In summary, perceptions of maternal parenting styles (i.e., acceptance, hostile control, and inconsistent discipline) were consistently associated with internalizing problems for sons and daughters, specifically for White participants. On the other hand, only maternal acceptance and hostile control were related to externalizing symptoms, again for White participants only. Paternal parenting styles were also associated with internalizing symptoms; however, this was mostly true for White participants, with the exception of paternal hostile control, which was also correlated for Hispanic participants. No paternal rearing behaviors were associated with externalizing problems for White or Hispanic participants.

Comparisons between Race/Ethnicity

A series of Multivariate Analyses of Variance (MANOVAs) was conducted to determine whether parental rearing styles differed for White and Hispanic participants. Because there was a significant difference in SES between the White and Hispanic families, results are presented with and without control for SES. Multivariate Analysis of

Covariance (MANCOVA) was employed to control SES statistically. Analysis of Variance (ANOVA) was used as a follow-up to identify whether maternal or paternal parenting styles were significantly different. Because MANOVA is a conservative, robust and powerful statistic, Bonferroni adjustments were not employed. However, ANOVA follow-up tests utilized a Bonferroni adjusted alpha ($\alpha = .025$).

Hypothesis 4: There will be no differences between perceptions of parental acceptance in Hispanic and White families after controlling for SES.

A one-way MANOVA was conducted to determine whether there was a significant difference between the means on the set of parental acceptance variables. Results indicated that there was a marginal difference between the groups, $A=.97$, $F(2, 162)=2.59$, $p<.10$. However, these results no longer approached significance after controlling for SES ($A=.97$, $F(2, 156)=2.19$, $p>.05$) as expected.

Hypothesis 5: Perceptions of hostile control will be higher for Hispanic fathers than for White fathers after controlling for SES. No differences are expected for mothers.

Another one-way MANOVA was performed to determine whether there was a significant difference between the means on the set of parental hostile control variables. The results revealed a significant difference between White and Hispanic participants, $A=.96$, $F(2, 162)=3.29$, $p<.05$. Univariate follow-up testing indicated that maternal hostile control ($F(1, 164)=6.53$, $p=.012$), but not paternal hostile control ($F(1, 164)=2.00$, $p>.05$), was significantly different between the groups. Hispanic participants rated their mothers ($M=16.54$, $SD=3.32$) as more controlling than did White participants ($M=15.37$, $SD=2.96$). Unfortunately, these results were not significant after controlling for SES level ($A=.98$, $F(2, 156)=1.85$, $p>.05$). Even without controlling for SES, this hypothesis

failed to be supported due to group differences for mothers but not fathers. However, after controlling for SES, this hypothesis was partially supported in that there were no differences between groups for mothers.

Hypothesis 6: Perceptions of maternal inconsistent discipline will be higher for Hispanic mothers than for White mothers after controlling for SES. No differences are expected for fathers.

A final one-way MANOVA was conducted to determine whether there was a significant difference between the means on the set of parental inconsistent discipline variables. Results indicated that there were no differences between race/ethnicity on parental inconsistent discipline, $A=.98$, $F(2, 162)=2.03$, $p>.05$. The same results were found when controlling for SES, $A=.98$, $F(2, 162)=1.50$, $p>.05$. Thus, this hypothesis was partially supported in that there were no differences observed between groups for fathers.

Overall, the results indicate that there were very few, if any, ethnic differences in children's reports of parenting between White and Hispanic families (see Table 8). Prior to controlling for family SES level, only perceptions of maternal hostile control were higher for Hispanic participants than for White participants.

Table 8.

Multivariate and Univariate Analyses for Race/Ethnicity and Parental Rearing Style

Parenting Style	Source	<i>A</i>	DV	SS	df	MS	<i>F</i>
Acceptance							
	Race/Ethnicity	.97	-	-	2, 162	-	2.59 ^{a, b}
Hostile Control							
	Race/Ethnicity	.96	-	-	2, 162	-	3.29 ^{a, b}
			Mother	64.66	1	64.66	6.53*
			Father	21.83	1	21.83	
	Error		Mother	1613.85	164		
			Father	1781.35	164		
Inconsistent Discipline	Race/Ethnicity	.98	-	-	2, 162	-	2.03

^a $p < .10$, ^{*} $p < .05$

^bNo longer significant after controlling for SES.

Moderator Analyses

In order to determine whether parental rearing styles influenced psychological symptoms as a function of ethnicity, moderator analyses were conducted. These analyses were achieved using regression where ethnicity, parental rearing styles, and their interaction were regressed onto internalizing or externalizing symptomology. Moderator analyses were conducted with and without controlling for SES. The following regression formula was used for the moderator analyses:

$$\hat{Y} = a + b_1E + b_2M + b_3D + b_4EM + b_5ED$$

Where: a = intercept; b_i = standardized beta weight; E = ethnicity; M = maternal parenting style; D = paternal parenting style; EM = interaction between ethnicity and maternal style; and ED = interaction between ethnicity and paternal style.

Socioeconomic status was added as another predictor for control analyses.

Hypothesis 7: Ethnicity will act a moderator between perceptions of hostile control and internalizing and externalizing symptomology. Specifically, parental hostile control will be related to higher internalizing and externalizing symptomology for White children, whereas for Hispanic children, parental hostile control will not be significantly associated with internalizing and externalizing symptomology.

A multiple regression was conducted with the predictor variables of ethnicity, maternal hostile control, paternal hostile control, and the interaction of the two with ethnicity regressed onto the internalizing composite. The overall model was significant, $R^2=.08$, $F(5, 164)=2.68$, $p<.05$; however, there were no group nor group by ethnicity interactions. Therefore, moderation was not supported. A second multiple regression was performed by regressing the previous predictor variables onto the externalizing composite. The overall model was significant, $R^2=.07$, $F(5, 164)=2.40$, $p<.05$, and there was a main effect for maternal hostile control indicating that high maternal hostile control ($\beta=.31$, $p<.05$) was related to child internalizing symptomology. There was no group by ethnicity interaction; thus, moderation was not supported. When the regressions were re-run controlling for SES, the overall models for internalizing ($R^2=.07$, $F(5, 159)=1.95$, $p>.05$) and externalizing symptomology ($R^2=.07$, $F(5, 159)=1.90$, $p>.05$) were no longer significant. Taken together, these results suggest that there is no moderation effect of ethnicity on internalizing and externalizing symptoms in relation to perceived parental hostile control (see Table 9).

Table 9.

Standardized Beta Weights of Ethnicity and Parental Rearing on Psychological Symptoms

Predictors	Outcomes	
	Internalizing Composite	Externalizing Composite
Child Ethnicity	.32	.58
Hostile Control		
Mother	.21	.31* ^b
Father	.15	.04
Hostile Control Interaction		
Mother and Ethnicity	-.59	-.73
Father and Ethnicity	.25	-.04
Child Ethnicity	-.66	-1.37
Acceptance		
Mother	-.22*	-.23
Father	-.17 ^a	-.09
Acceptance Interaction		
Mother and Ethnicity	.87	1.30
Father and Ethnicity	-.11	.01
Child Ethnicity	-.37	.09
Inconsistent Discipline		
Mother	.13	.03
Father	.06	.15
Inconsistent Discipline Interaction		
Mother and Ethnicity	-.11	-.18
Father and Ethnicity	.51	-.04

^a $p < .10$, * $p < .05$

^bNo longer significant after controlling for family SES

Additional moderation analyses were conducted on parental acceptance and inconsistent discipline. These analyses were solely for exploratory purposes and no a priori hypotheses were made.

Parental acceptance. Two multiple regressions were completed for maternal acceptance on internalizing and externalizing symptoms. The model for internalizing symptoms was significant ($R^2 = .08$, $F(5, 164) = 2.67$, $p < .05$) and there was a main effect for maternal acceptance ($\beta = -.22$, $p < .05$) and a trend for paternal acceptance ($\beta = -.17$,

$p < .10$), suggesting that lower maternal and possibly paternal acceptance were related to higher internalizing symptoms in the sample. There was no moderation for ethnicity on internalizing behavior. These results remained significant even after controlling for SES ($R^2 = .08$, $F(5, 159) = 2.16$, $p = .05$). The model for externalizing behavior was not significant before ($R^2 = .06$, $F(5, 164) = 2.04$, $p > .05$) or after controlling for SES ($R^2 = .06$, $F(5, 159) = 1.68$, $p > .05$).

Parental inconsistent discipline. Multiple regressions were performed for maternal inconsistent discipline on internalizing and externalizing behavior. The overall model for internalizing symptoms reached marginal significance ($R^2 = .06$, $F(5, 164) = 1.90$, $p < .10$), whereas the model for externalizing symptoms did not reach significance ($R^2 = .03$, $F(5, 164) = 1.14$, $p > .05$). Neither model provided support for a moderation effect. Again, these results were not significant after controlling SES statistically for internalizing ($R^2 = .06$, $F(5, 159) = 1.51$, $p > .05$) and externalizing behavior ($R^2 = .04$, $F(5, 159) = .99$, $p > .05$).

These analyses also failed to identify a moderating effect of ethnicity on parental rearing behaviors in relation to children's psychological symptoms. Only perceptions of maternal acceptance were found to have an inverse relationship with internalizing behaviors after controlling for SES.

Discussion

The purpose of the present study was to expand the current literature in child and adolescent psychopathology by comparing how children in childhood/early adolescence perceive mothers' and fathers' parental rearing styles in White and Hispanic families. This research is unique in that it included children's, as compared to parents', reports of parenting for both mothers and fathers. Additionally, comparisons between White and Hispanic families provide some direction to a largely neglected area. It was predicted that parenting styles would vary by race/ethnicity and parent gender and that ethnicity would act as moderator between perceptions of negative parenting and internalizing and externalizing symptomology. The results provided some expected and unexpected findings.

In general, White and Hispanic families did not vary much with respect to children's reports of their involvement with their children and their parenting styles. Mothers, regardless of ethnicity, were reported as spending more time with their children than fathers on the weekdays and weekends, suggesting that they serve as the primary caregivers of their children. This finding was consistent with a great deal of previous research (Lyn, 2006). Also consistent with previous research (Bayer, Sanson, & Hemphill, 2006), maternal and paternal rearing behaviors were all associated with children's internalizing symptoms. When these findings were separated by ethnic group, the findings were especially true of White mothers and were the most consistent with previous literature (Garber et al., 1997). Children's externalizing symptoms were only

correlated with maternal acceptance and hostile control. Additionally, these findings were strongest for White participants. A meta-analysis by Rothbaum and Weisz (1994) highlighted the fact that externalizing behaviors are more strongly associated with maternal versus paternal rearing behaviors. In particular, parental approval and lack of coercive control have been found to be related negatively to child externalizing symptoms. Considering that most studies in the past contained mostly White samples, the results obtained in the present study are consistent with meta-analytic findings.

As hypothesized, there were no ethnic differences in perceptions of parental acceptance. In the present study, levels of acceptance (as viewed by the child) were generally high for mothers and fathers regardless of ethnicity, although daughters perceived their mothers to be more accepting than their fathers with sons perceiving no difference. This finding is further supported by Hofferth (2003) who found that Hispanic fathers were rated as warm with their children as were White fathers, which provides some evidence of an emergent view of fatherhood in Hispanic families (Mirande, 1991). On the other hand, Hispanic mothers were rated as having higher rates of hostile control than White mothers. This finding, albeit insignificant after statistical control for SES, is consistent with previous literature (Hill et al., 2003). Other researchers have indicated that Hispanic mothers discipline their children more frequently than White mothers (Cardona et al., 2000), are more authoritarian in their parent-child interactions (Varela et al., 2004) and are reported to have higher levels of control (Finkelstein et al., 2001; Hill et al., 2003) than White mothers according to children's reports. In addition, Hofferth (2003) found that Hispanic fathers were less controlling and held more responsibilities than White fathers, although this finding was not supported in the current study.

In the current study, there were also no differences in perceptions of inconsistent discipline in White and Hispanic parents. Although this finding was contrary to what was predicted, research by Calzada and Eyberg (2002) revealed that Dominican and Puerto Rican mothers were not inconsistent in their disciplinary style, but rather were more authoritative. However, Hill and colleagues (2003) reported that Mexican American children rated their mothers as having greater inconsistent discipline than European Americans. Considering the fact that the present study contained more Puerto Rican than Mexican American children in the Hispanic group, Calzada and Eyberg's (2002) study may be the most appropriate study for comparison. However, because they did not compare parenting practices between Puerto Rican and White families, it is difficult to determine whether these results are consistent with previous literature. Thus, these results are inconclusive at best and warrant future investigation.

Many researchers have acknowledged the moderating effect of race in parenting practices in African American families (Dearing, 2004; Deater-Deckard, Dodge, Bates, & Pettit, 1996), but little is known about Hispanic families. The present study did not support a moderating effect of ethnicity on parenting practices in relation to children's internalizing and externalizing symptoms. Whereas harsher parenting serves as a protective factor for African American children in relation to psychological well-being, Hispanic children in this study were more similar to White children in that harsher, more authoritarian discipline was related to internalizing and to some extent externalizing behavior. Although Dearing (2004) found that Hispanic, but not White children, benefited from restrictive parenting in a low-quality neighborhood, the nature of parenting differences as they related to children's well-being in the current study may be

a function of socioeconomic status and not ethnicity. In the present study, when SES was controlled across groups, ethnic differences in parenting were no longer significant.

In summary, findings from the present study suggest that there are few differences between perceptions of parenting rearing behaviors in White and Hispanic families. Only perceptions of maternal hostile control were higher for Hispanic participants in comparison to White participants before controlling for family SES. Taken together, these results indicate that Hispanic families are not as different from White families as theorized originally. For fathers in particular, an emergent view of fatherhood in Hispanic families was partially supported (Cabrera & Garcia Coll, 2004). Results from White families were similar to reports in the previous literature (Kaufmann et al., 2000; Lamborn et al., 1991), yet findings of Hispanic maternal parenting practices remain inconclusive.

Limitations

One limitation of the present study is that it relies on children's self-report with no parental self-report(s) or other raters as a basis to compare parental ratings of parenting practices. Future studies should use gold standard methodology, which includes observations of active parent-child interactions in addition to surveys and questionnaires that should be completed by both parents and children (McLoyd et al., 2000). In addition, complete comparisons could not be made among different Hispanic heritages due to small sample sizes within each heritage. As it stands, the results of this study are most generalizable to White, Puerto Rican and Cuban families. Future research would benefit from a closer examination of specific Hispanic nationalities that are most prevalent in the United States (e.g., Puerto Rican, Cubans, and Mexican Americans).

Along the same line, the present study did not assess the marital status of child's parents. Future researchers may wish to determine whether there are differences in parenting between divorced or intact families that may account for differences in parenting by gender or by ethnicity.

It is also important to recognize the modest reliability on the CRPBI-R for the Hostile Control (Mother $\alpha=.62$; Father $\alpha=.63$) and Inconsistent Discipline (Mother $\alpha=.51$; Father $\alpha=.49$) subscales. The modest reliability in those subscales makes it more difficult to find differences between groups (Kopriva & Shaw, 1991), and requires more power. It is plausible that the low reliability for those subscales affected the power to detect differences for some analyses (e.g., moderator analysis); however, more research with larger samples is necessary before making such conclusions. Additionally, the ability to detect moderation of ethnicity on parenting styles may have suffered from low power. Ideally, at least 100 participants per group would be necessary to provide sufficient power for a moderator analysis for two groups (Kenny, 2004). Thus, it is possible that the present study is underpowered for moderation analyses.

Finally, the interplay between SES and ethnicity must be highlighted. The American Academy of Pediatrics (2000) states that “demonstrated racial/ethnic and gender ‘effects’ may be intricately related to socioeconomic factors because race/ethnicity interacts with and is confounded by social class or socioeconomic status” (p. 1350). Because of the relationship between SES and ethnicity in the current sample, SES was controlled statistically in the main analyses. However, many authors argue that this action presents limitations in generalizability. Jeynes (2002) pointed out that many researchers control for SES to identify effects that can be explained by SES, to determine the amount of variance that can be accounted for by SES, and to increase the amount of

variance that can be accounted for in any given model.⁷ However, the fact that SES is a catch-all variable and not a causal variable presents a methodological limitation and an oversimplified explanation. It is plausible that parenting styles may vary as a function of SES rather than ethnicity; however, in the real world, SES is not evenly distributed (McLoyd, 1998b). Thus, the control of SES in this study may not generalize to the real world where Hispanics are overrepresented in lower SES households and Whites are overrepresented in higher SES households. Jeynes (2002) argued that simply controlling for SES is not enough. In order to better understand the relationship between SES and other variables, researchers should use other advanced techniques such as sampling SES longitudinally, incorporating earlier measures of SES when possible (e.g., pre-divorce SES), and including variables that help explain the impact of SES on the variable of interest in addition to variables that impact SES.

One researcher even cautioned against using only one index of SES and argued for the use of multiple measures of SES (Williams, 1996). In addition, Williams (1996) argued that for Hispanic populations in particular, measures of migration and/or acculturation should be examined in relation to SES and health. Lau and colleagues (2005) found that children of parents who were more acculturated to the dominant culture had greater functional impairment (e.g., conduct problems), which may have been the result of decreased parental monitoring and involvement as a result of acculturation. Calzada and Eyberg (2002) found that acculturation was positively related to maternal warmth and involvement for Puerto Rican mothers, with marginal significance for

⁷ Jeynes (2002) argued that SES is a variable that incorporates many personality traits and components of individuals' lives that contribute to their educational level, occupation, and income. As a result, SES is one way to include a variable that accounts for a lot of variance and to help create a model that explains a large percentage of the variance in the question of interest.

Dominican mothers. Thus, future studies should investigate whether acculturation moderates the relationship between parenting practices and children's mental health symptoms in Hispanic samples and also determine whether there are differences between acculturated and non-acculturated families in parenting practices as they relate to children's psychological symptoms.

Implications

Overall, the present study helped elucidate the similarities in parental rearing styles between White and Hispanic families and provided further evidence for the relationship between rearing styles and children's psychological well-being. Research that examines children's perceptions of parental rearing in relation to their mental health can provide one way of identifying problems that may relate to academic achievement or other socioemotional problems during the childhood years. Based on this study, early identification of maladaptive parenting practices can help clinicians problem solve and target areas for intervention for families without requiring large alterations for many Hispanic families. Additionally, knowledge of parenting practices as reported by children can help school-based professionals identify family intervention efforts.

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Appendices

Appendix A

Instructions: As children grow up to be teenagers and young adults, they learn more and more about their parents and how their parents are bringing up their sons and daughters. We would like you to describe some of these different experiences. Please read each statement on the following pages and indicate your answer on the right side of the page that most closely describes the way both of your parents act towards you. You will answer first for your mother and then for your father. If you have more than one mother or more than one father (e.g. step-parents), please answer the question for the mother and father with whom you spend the most time.

If you think the statement is NOT LIKE your mother or father, record a “1”.

If you think the statement is SOMEWHAT LIKE your mother or father, record a “2”.

If you think the statement is LIKE your mother or father, record a “3”.

Who are you answering these questions about?	Biological mother Adoptive mother Step-mother Other _____	Biological father Adoptive father Step-father Other _____
--	--	--

	Mother/Step-mother			Father/Step-father		
	Not Like	Some what like	Like	Not Like	Some what Like	Like
1. Makes me feel better after talking over my worries with her/him	①	②	③	①	②	③
2. Soon forgets a rule she/he has made	①	②	③	①	②	③
3. Is always telling me how I should behave	①	②	③	①	②	③
4. Almost always speaks to me with a warm and friendly voice	①	②	③	①	②	③
5. Punishes me for doing something one day, but ignores it the next day	①	②	③	①	②	③
6. Tells me exactly how to do my work	①	②	③	①	②	③
7. Doesn't quickly forget the things I do wrong	①	②	③	①	②	③
8. Smiles at me very often	①	②	③	①	②	③
9. Whether a rule is enforced or not depends on her/his mood	①	②	③	①	②	③

Appendix A (continued)

	Mother/Step-mother			Father/Step-father		
	Not Like	Some what like	Like	Not Like	Some what Like	Like
10. Is able to make me feel better when I am upset	①	②	③	①	②	③
11. Would like to tell me what to do all the time	①	②	③	①	②	③
12. Enjoys doing things with me	①	②	③	①	②	③
13. Only keeps rules when it suits her/him.	①	②	③	①	②	③
14. Loses her/his temper with me when I don't help around the house.	①	②	③	①	②	③
15. Cheers me up when I am sad	①	②	③	①	②	③
16. Wants to control whatever I do	①	②	③	①	②	③
17. Often speaks of the good things I do	①	②	③	①	②	③
18. Is always trying to change me	①	②	③	①	②	③
19. Seems proud of the things I do	①	②	③	①	②	③
20. Doesn't like the way I act at home	①	②	③	①	②	③
21. Changes her/his mind to make things easier for herself/himself	①	②	③	①	②	③

Note to committee:

Acceptance: 1, 4, 8, 10, 12, 15, 17, 19

Hostile Control: 3, 6, 7, 11, 14, 16, 18, 20

Inconsistent Discipline: 2, 5, 9, 13, 21

Appendix B

Instructions: This booklet contains sentences that tell how some boys and girls think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answers: **T** or **F**.

Circle **T** for **True** if you agree with a sentence

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like dogs. **T** **F**

Give the best answer for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and answer every sentence.

		True	False	
D	1.	Nothing ever goes right for me.	T	F
A	2.	I worry about little things.	T	F
At	3.	People tell me I should pay more attention.	T	F
D	4.	I used to be happier.	T	F
D	5.	Nothing goes my way.	T	F
D	6.	Nobody ever listens to me.	T	F
D	7.	Nothing is fun anymore.	T	F
A	8.	I often worry about something bad happening to me.	T	F
At	9.	I think that I have a short attention span.	T	F
H	10.	I often do things without thinking.	T	F
D	11.	I don't seem to do anything right.	T	F
D	12.	Nothing about me is right.	T	F
At	13.	I have attention problems.	T	F

Note to committee:

A: Anxiety

At: Attention Problems

D: Depression

H: Hyperactivity

Appendix B (continued)

For the second group of sentences, you will have four answer choices: **N**, **S**, **O**, and **A**.

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel.

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I like doing homework. **N** **S** **O** **A**

If you wish to change an answer, mark and **X** thorough it, and **circle** your new answer choice, like this:

2. I like doing homework. **N** **S** **O** **A**

			Never	Sometimes	Often	Always
A	14.	I am bothered by thoughts about death.	N	S	O	A
D	15.	I feel depressed.	N	S	O	A
A	16.	I am afraid I might do something bad.	N	S	O	A
At	17.	I forget things.	N	S	O	A
H	18.	I have trouble standing still in lines.	N	S	O	A
D	19.	No one understands me.	N	S	O	A
D	20.	I feel sad.	N	S	O	A
At	21.	I listen when people are talking to me.	N	S	O	A
A	22.	I get nervous.	N	S	O	A
A	23.	I am bothered by not getting enough sleep.	N	S	O	A
H	24.	I have trouble sitting still.	N	S	O	A
A	25.	I am afraid of a lot of things.	N	S	O	A
At	26.	I have trouble paying attention to what I am doing.	N	S	O	A
H	27.	People tell me that I am stubborn.	N	S	O	A
H	28.	People tell me that I am too noisy.	N	S	O	A
At	29.	I get in to trouble for not paying attention.	N	S	O	A
A	30.	Little things bother me.	N	S	O	A
A	31.	I worry but I don't know why.	N	S	O	A
A	32.	I worry when I go to bed at night.	N	S	O	A
H	33.	I talk while other people are talking.	N	S	O	A
A	34.	I get so nervous I can't breathe.	N	S	O	A
At	35.	I give up when learning something new.	N	S	O	A
H	36.	People tell me to be still.	N	S	O	A

Appendix B (continued)

H	37.	I talk without waiting for others to say something.	N	S	O	A
At	38.	I have trouble paying attention to the teacher.	N	S	O	A
A	39.	I worry about what is going to happen.	N	S	O	A
A	40.	I get nervous when things do not go the right way for me.	N	S	O	A

Note to committee:

A: Anxiety

At: Attention Problems

D: Depression

H: Hyperactivity

Appendix C

Dear Parent: Please answer the following questions to the best of your ability.

Person completing this form (please circle): Mother Father Other _____

Child's name: _____

Child's age: _____

Child's race: White Black

Child's ethnicity: Hispanic Asian Native American Other _____

If Hispanic, which heritage (e.g. Cuban, Puerto Rican, Mexican)? _____

Does your child receive free or reduced lunch? Yes No

Who does your child live with? (please circle)

Mother and Father

Mother, but visits Father

Father, but visits Mother

Mother only (never sees Father)

Father only (never sees Father)

Other _____

Please answer these questions about your child's MOTHER.

Mother's age: _____

Mother's race: White Black

Mother's ethnicity: Hispanic Asian Native American Other _____

If Hispanic, which heritage (e.g. Cuban, Puerto Rican, Mexican)? _____

Mother's Occupation/Job (please circle):

Employed as (list job): _____

Unemployed

Retired

Student (full time or part time) _____

Other _____

Appendix C (continued)

Mother's highest level of education **completed** (please circle response):

Grade School Middle School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

In an average **week day**, how many hours does your child spend with his/her mother during waking hours? _____

In an average **weekend day**, how many hours does your child spend with his/her mother during waking hours? _____

What language does the child's mother prefer to use? _____

Please answer these questions about your child's FATHER.

Father's age: _____

Father's race: White Black

Father's ethnicity: Hispanic Asian Native American Other _____

If Hispanic, which heritage (e.g. Cuban, Puerto Rican, Mexican)? _____

Father's Occupation/Job (please circle):

Employed as (list job): _____

Unemployed

Retired

Student (full time or part time) _____

Other _____

Father's highest level of education **completed** (please circle response):

Grade School Middle School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

In an average **week day**, how many hours does your child spend with his/her father during waking hours? _____

In an average **weekend day**, how many hours does your child spend with his/her father during waking hours? _____

What language does the child's father prefer to use? _____

Appendix C (continued)

Querido Padre de Familia: Por favor conteste las siguientes preguntas de la mejor manera posible.

Persona quién llena este formulario (marque con un círculo): Madre Padre Otro _____

Nombre del niño(a): _____

Edad del niño(a): _____

Raza del niño(a): Blanco Negro

Origen étnico del niño(a): Hispano Asiático Nativo Americano Otro _____

¿Si es Hispano, cual es su ascendencia (e.j. Cubano, Puertorriqueño, Mexicano)? _____

¿Su niño(a) recibe almuerzo gratis o con descuento? Si No

¿Con quién vive el niño(a)? (por favor marque con un círculo)

Madre y padre

Madre, pero visita al padre

Padre, pero visita a la madre

Madre solamente, (nunca ve al padre)

Padre solamente, (Nunca ve a la madre)

Otro _____

Por favor responda estas preguntas acerca de la MADRE del niño(a).

Edad de la madre: _____

Raza de la Madre: Blanco Negro

Origen étnico de la madre: Hispano Asiático Nativo Americano Otro _____

¿Si es Hispano, cual es su ascendencia (e.j. Cubana, Puertorriqueño, Mexicano)? _____

Profesión o trabajo de la madre (por favor marque con un círculo):

Empleada como (enumere los trabajos): _____

Desempleada

Retirada

Estudiante (tiempo completo o medio tiempo) _____

Otro _____

Appendix C (continued)

¿Cuál es el grado de educación más alto que **completó** la madre de su niño(a)(por favor marque con un círculo)?

Primaria					Secundaria							Universidad				Especialización					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

¿En un día de **Semana** común, de las horas que su niño(a) está despierto(a), cuantas horas pasa con la madre? _____

¿En un día de **Fin de Semana** común, de las horas que su niño(a) está despierto(a), cuantas horas pasa con la madre? _____

¿Qué idioma la madre del niño(a) prefiere usar? _____

Por favor responda estas preguntas acerca del PADRE del niño(a).

Edad del padre: _____

Raza del padre: Blanco Negro

Origen étnico del padre: Hispano Asiático Nativo Americano Otro _____

¿Si es Hispano, cual es su ascendencia (e.j. Cubana, Puertorriqueño, Mexicano)? _____

Profesión o trabajo del padre (por favor marque con un círculo):

Empleado como (enumere los trabajos): _____

Desempleado

Retirado

Estudiante (Tiempo completo o medio tiempo) _____

Otro _____

¿Cuál es el grado de educación más alto que **completó** el padre de su niño(a)(por favor marque con un círculo)?

Primaria					Secundaria							Universidad				Especialización					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

¿En un día de **Semana** común, de las horas que su niño(a) está despierto(a), cuantas horas pasa con el padre? _____

¿En un día de **Fin de Semana** común, de las horas que su niño(a) está despierto(a), cuantas horas pasa con el padre? _____

¿Qué idioma el padre del niño(a) prefiere usar? _____

Appendix D

Dear Parent or Guardian,

My name is Ariz Rojas and I'm a graduate student working on my Master's Thesis in the Department of Psychology at the University of South Florida in Tampa. I, along with Professor Vicky Phares, Ph.D., am interested in children's ideas about parenting. The School District of Hillsborough County has reviewed our research and given us permission to request your approval to allow your child to participate in our study, entitled *Children's Perceptions About Mothers and Fathers*. We hope this study will allow us to better understand what children think about their own parents. The following information will help you decide if your child is right for this study. You may have questions this letter does not answer. If you do, I will be more than happy to answer them.

Why is my child being asked to take part in this study?

We are asking your child to take part in this study because he/she is in 3rd, 4th, or 5th grade. We think this is a good time to learn about children's thoughts about parents.

How long will my child be asked to stay in the study?

Your child will be asked to spend about half an hour in this study during the after-school-care program. Your child will not lose any important academic time.

What will happen during this study?

Your child will be asked to answer questions about emotions, behaviors, and parenting. We are asking that you complete some questions about yourself and the child's other parent.

What are the benefits that my child will receive if I let him/her take part in this study?

Your child will receive a small toy after participating in this study. Also, all children who return consent forms will be entered into a raffle to win one of two \$25 gift certificates.

What are the risks if my child takes part in this study?

There are no known risks to those who take part in this study.

What will we do to keep your child's study records from being seen by others?

Federal law requires us to keep your child's study records private. This means that no one other than me or the study staff will know how your child answered. However, certain people may need to see your child's study records. By law, anyone who looks at your child's records must keep them private. The only people who will be allowed to see these records are:

Appendix D (continued)

- The study staff.
- People who make sure that we are doing the study in the right way. They also make sure that we protect your child's rights and safety:
 - The University of South Florida's Institutional Review Board (IRB)
 - The United States Department of Health and Human Services (DHHS)
- We may publish what we find out from this study. If we do, we will not use your child's name or anything else that would let people know who your child is.

Although all of your child's answers will be private, there are times when Florida law requires and/or permits us to break confidentiality. For example, if we learn that your child is being abused or if we find that he/she is in imminent danger of hurting themselves or another person, we would inform you about this information.

If you decide not to let your child take part in the study:

Nothing will happen. Your child will not receive any penalty in grading. This study is completely voluntary.

What if you let your child join the study and then later decide you want to stop?

If you decide you want your child to stop taking part in the study, tell your child's after-school-care teacher, me or any member of the study staff as soon as you can. We will take your child out of the study:

- If your child asks us to leave
- If we feel that your child is unhappy during the study

You can get answers to your questions!

If you ever have any questions about this study, please call Ariz Rojas at (813) 974-9222. If you have questions about your child's rights as a person who is taking part in this study, call the University of South Florida's Division of Research Compliance at (813) 974-5638.

I appreciate the time you have given this letter. I hope you decide to let your child participate in this study! Remember, if you ever need to reach me, do not hesitate.

Ariz Rojas, B.A.
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Appendix D (continued)

*It's up to you. You can decide if you want to your child take part in this study.

- I freely give my consent to let my child take part in this study. I also agree to answer questions about myself and my child's other parent. I understand that this is research. I have received a copy of this consent form.**
- I do not want my child to participate in this study.**

Name of child: _____

Signature of Parent

Printed Name of Parent

Date

Signature of Researcher

Printed Name of Researcher

Date

Querido Padre de Familia:

Mi nombre es Ariz Rojas, y soy estudiante de Psicología en la Universidad del Sur de la Florida en Tampa. Actualmente estoy trabajando en mi tesis para obtener mi maestría. Mi directora de tesis, Vicky Phares y yo estamos interesadas en las ideas que los niños tienen acerca de sus padres. El distrito de la escuela del condado de Hillsborough ha revisado nuestra investigación y nos ha dado permiso para buscar la aprobación de usted padre de familia para que su niño participe en este estudio, titulado *Percepciones que los Niños tienen acerca de sus Madres y Padres*. Nosotros esperamos que este estudio nos permita entender mejor lo que los niños piensan acerca de sus propios padres. La siguiente información le permitirá decidir si es conveniente que su niño participe en este estudio. Si este documento no responde a todas las preguntas que usted tiene, por favor siéntase con la plena libertad de formular sus preguntas y nosotros trataremos de responderlas.

¿Por qué ha sido mi niño invitado a participar en este estudio?

Nosotros estamos invitando a su niño a participar en este estudio porque el/ella esta en tercero, cuarto, o quinto grado. Nosotros creemos que este es un buen momento para aprender acerca de los pensamientos que los niños tienen acerca de sus padres.

¿Cuanto tiempo durará el estudio?

El estudio durará media hora. Para evitar que su niño pierda tiempo académico, el estudio será conducido durante el programa de escolar por las tardes.

¿Que tendrá mi niño que hacer durante el estudio?

Su niño tendrá que responder preguntas acerca de emociones, comportamientos, y preguntas acerca de sus padres. También le pediremos a usted que conteste algunas preguntas acerca de usted mismo y acerca del padre o madre del niño.

Appendix D (continued)

¿Que recibirá mi niño a cambio de su participación?

Su niño recibirá un juguete pequeño inmediatamente después de participar en el estudio. Además, todos los niños que nos entreguen este consentimiento escrito participaran en la rifa de uno de dos cupones de \$25.

¿Hay algún riesgo o desventaja para los niños que participan en este estudio?

No. No hay ningún riesgo o desventaja conocida.

¿Quién tiene acceso a la información proporcionada durante el estudio?

Las leyes de Estados Unidos nos exigen que mantengamos completamente privada la información que recolectemos acerca de su niño. Esto significa que solamente personal autorizado tendrá acceso a la información de este estudio. Las únicas personas que serán permitidas acceso a estos archivos son:

- El personal del estudio.
- Las personas que se aseguran de que el procedimiento de investigación usado es el apropiado y aquellos que protegen los derechos y el bienestar de su niño.
 - Comité Examinador Institucional de la Universidad del Sur de la Florida (IRB)
 - Departamento de Salud y Servicios Sociales (DHHS)
- La información obtenida en este estudio puede ser publicada. Sin embargo, ningún tipo de información que identifique a los participantes será utilizada en estas publicaciones.

Aunque las leyes de Estados Unidos nos exigen que mantengamos completamente privada la información que recolectemos acerca de su niño, la ley de la Florida estipula y permite que rompamos la promesa de privacidad en el caso de que encontremos información referente a abuso o peligro de muerte. Si su niño nos hace entender que ha sido abusado o que se encuentra en peligro inminente de hacerse daño a si mismo o de hacerle daño a otra persona, es nuestra obligación informarle al respecto.

¿Que pasará si no permito que mi niño participe en el estudio?

Nada. Su decisión no afectará ni las calificaciones, ni las relaciones de su niño en la escuela.

¿Que pasará si permito que mi niño participe en el estudio y después cambio de opinión y no quiero que participe?

En el caso de que usted cambie de opinión y no desee que su niño continúe participando en el estudio, por favor avisé a cualquier miembro del personal del estudio o con el maestro que dirige el programa escolar por las tardes. Nosotros terminaremos la sesión inmediatamente si usted nos lo pide o en el caso de que:

- su niño nos pida que nos vayamos
- creemos que su niño se encuentra triste, aburrido, o enojado durante el estudio.

Appendix D (continued)

¡Usted puede obtener respuestas a todas sus preguntas!

Si tiene alguna pregunta acerca del estudio, por favor llame a Ariz Rojas al teléfono (813) 974-9222. Si tiene preguntas acerca de los derechos que su niño tiene como participante en este estudio, llame la División de Conformidad de la Investigación de la Universidad del Sur de la Florida al teléfono (813) 974-5638.

Le agradezco inmensamente por el tiempo que ha dedicado en leer este documento. ¡Espero que le permita a su niño participar en este estudio! Por favor no dude en llamarme si tiene alguna duda o inquietud.

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*Depende solamente de usted. Usted es quién decide si quiere que su niño participe o no en este estudio.

Yo voluntariamente doy mi consentimiento para que mi niño participe en este estudio. Y también acepto responder algunas preguntas sobre mi mismo y sobre el padre o madre de mi niño. Yo entiendo que este estudio es una investigación. Yo he recibido una copia de este consentimiento escrito.

Yo no quiero que mi niño participe en este estudio.

Nombre del niño: _____

Firma del Padre

Nombre del Padre

Fecha

Firma del Investigador

Nombre del Investigador

Fecha

Appendix E

Hi _____ (child's name) _____,

My name is (Researcher or Research Assistant) and I want to know if you would like to be in my project. Your parents and your teacher already said that it was okay to talk to you. The reason that I'm asking you to be in my project is because I want to learn about your parents and how you are feeling.

The project will be here in your school and it will take about half an hour. I'm going to read you questions and then you will answer on the paper that I give you. This project should be interesting. There are no right or wrong answers.

No one will know who you are except for me and the people helping me. Your parents and teachers will not know how you answer the questions.

When you are finished with my project, you will get a small toy. This is my way of saying thank you.

If you decide to help me with this project, you can change your mind and quit at any time. No one will be mad. If I think it's time to stop, I will tell you. You can also ask questions about this project at any time. If you want to talk with your parents about this project, it's okay. Remember, if you think of other questions later, you can always ask them. Do you have any questions?

I understand what the researcher is asking me to do.

- Yes, I want to do this project.**
- No, I don't want to do this project.**

Name of Child (signature or print)

Date

Researcher or Research Assistant

Date