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Diana Eleonora Maria Marchetti
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A COMPARATIVE STUDY OF DIVORCED FAMILIES AND FAMILIES UTILIZING SUPERVISED VISITATION SERVICES: CHILD BEHAVIOR, INTERPARENTAL CONFLICT, PARENTING ATTITUDES AND PARENTAL STRESS

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A comparative study of divorced families and families utilizing supervised visitation services: child behavior, interparental conflict, parenting attitudes and parental stress.

Chairperson: Christine Fiore, Ph.D.

Research has repeatedly demonstrated the association between families of divorce and variables of child behavior, interparental conflict and parenting attitudes. However, overall research exploring supervised visitation services and examining these variables in relationship to this population is limited. Furthermore, studies designed to compare these groups (divorced and supervised visitation) is sparse. Overall, children from single parent homes (e.g., divorced and/or supervised visitation situations) tend to have more child behavior and adjustment problems as compared to children of intact families (Hetherington, Cox & Cox; 1982; Portes, Howell, Brown, Eichenberger, & Mas, 1992). However, such problems are not attributed to marital disruption alone but are also impacted by the interparental conflict. In addition, a plethora of literature has suggested that discipline and attitudes toward corporal punishment are associated with child behavior and adjustment problems (Kurtz, Gardin, Wodarski, & Howing, 1993; Strassberg, Dodge, Pettit & Bates, 1994; Tunner & Finkelhor, 1996). Finally there is ample research linking parenting stress and trauma to all of these variables: child behavior, interparental conflict, and parenting practices and beliefs. Thus, the interplay of these variables and the way in which they impact both divorced and supervised visitation families was explored in the present study. Results yielded a number of significant findings. Partner psychological aggression and self negotiation scores were significantly higher in the supervised visitation sample than in the divorced sample. Scores on numerous child behavior indices (e.g., social behavior, attention, and total child behavior) for males were significantly higher than those for females. In addition gender, but not group membership (e.g., divorce or supervised visitation) had a min effect on total child behavior scores. Results demonstrated a significant relationship between partner injury scores (e.g., interparental violence) and child anxiety/depression scores. Implications of results are explored in terms of needed community services, therapeutic groups, and outreach to underserved populations (e.g., ethnic groups, victims of domestic violence, younger parents). In review of the qualitative data, it was very apparent that the expectations of parents at the supervised visitation center paralleled the goals of the centers as a whole (e.g., protection for the child).

Dedication

This final piece of graduate school is dedicated to family and friends for all their love, support, and visits. I especially want to thank mom and dad for their financial backing, shoulders to cry on, constant visits, and encouragement throughout graduate school. Thank you for teaching me the morals and values that laid the foundation for my career. To Johnny for taking a chance on a long distance relationship, being my best friend, having an unselfish heart, and cuddling. Finally, thanks to Bridget and Brian for care packages of sourdough bread and Mrs. Fields cookies, unconditional support, and the honor of being a Zia. Nini, you make me smile. You never forgot Zia Booboos even when I was far away. I will miss the Big Sky, but I am ready to be home.

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Table of Contents

Introduction 9
Supervised visitation centers: An overview 9
Child behavior 11
Child behavior and divorced families 13
Child behavior and families utilizing supervised visitation centers 18
Interparental conflict 21
Interparental conflict and divorced families 24
Interparental conflict and families utilizing supervised visitation centers 29
Parenting attitudes toward corporal punishment 31
Parenting attitudes and families utilizing supervised visitation centers 38
Parental stess: The impact on child behavior, interparental conflict, and parenting beliefs 40
The effects of parental stress and trauma on child behavior 41
The effects of parental stress and trauma on interparental conflict 44
The effects of parental stress and trauma on parenting beliefs 45
Purpose 48
Hypotheses 49
Methods 51
Participants 51
Procedure 52
Recruiting from the community for the divorced sample 52
Recruiting from the supervised visitation center 54
Measures 56
Demographic Questionnaire 56
Revised Conflict Tactic Scale (CTS2) 56
Child Behavior Checklist for Ages 6-18 (CBCL) 58
Adult Adolescent Parenting Inventory 2 (AAPI2) 61
Parenting Stress Index (PSI) 63
Thought Questionnaire 67
Results 68
Demographic Characteristics 68
T-tests 70
Conflict Tactic Scale 2 (CTS2) 70
Child Behavior Checklist (CBCL) 71
Adolescent Adult Parenting Inventory 2 (AAPI2) 72
Parenting Stress Index (PSI) 72
Bivariate Correlations 73
CTS2 and CBCL 73
AAPI2 and CBCL 74
PSI and CBCL 74
Additional Exploratory Analysis 74
ANOVAs 75
Qualitative Data 76
Question 1 76

Question 2 76
Question 3 77
Question 4 77
Question 5 77
Discussion 78
Similarities between groups and implications 78
Ethnicity and resources 78
Income and education 79
Differences between groups and implications 79
Marital status 79
Interparental conflict 80
Relationships between study variables and implications 82
Interparental conflict (CTS2) and parental stress (PSI) 82
Child behavior (PSI and CBCL) and interparental conflict (CTS2) 84
Education, age, and attitudes toward parenting (AAPI2) 88
Supervised visitation parent's expectations and the goals of supervised visitation centers 90
Improved relationships 91
Safety 92
Protection for all parties 94
Challenges and suggestions 94
Original study 94
Modified study 97
Limitations, threats to validity, and suggestions 99
The hidden benefits 103
Final statement 103
References 105
Appendices 113
Appendix A: Flier 113
Appendix B: Alternative flier 114
Appendix C: Informed consent for divorced sample 115
Appendix D: Demographic Questionnaire for divorced sample 118
Appendix E: Post study information sheet 124
Appendix F: Informed consent for supervised visitation sample 125
Appendix G: Permission to contact 127
Appendix H: Demographics Questionnaire for supervised visitation sample 129
Appendix I: Thought Questionnaire 135
Appendix J: Take home instructions 136
Tables 137
Table 1: Summary of M, SD, and percentages of demographic variables for total sample 137
Table 2: Summary of M, SD, and percentages of demographic variables for both samples 138
Table 3: M and SD for supervised visitation and divorce 139
Table 4: M and SD for male and female children 140
Table 5: Correlation Matrix 141

Table 6: Exploratory analysis: Correlation Matrix for AAPI2 142
Table 7: Exploratory Analysis: Correlation Matrix for PSI..... 143
Table 8: ANOVA for total child behavior 144
Table 9: Summary of M, SD, and percentages of Thought Questionnaire..... 145

A comparative study of divorced families and families utilizing supervised visitation services: child behavior, interparental conflict, parenting attitudes and parental stress.

INTRODUCTION

Today, in the United States, 12,905 family units are single-parent families (U.S. Bureau of the Census, 2008). These families include situations in which parents were never married (38.3%), were divorced (41.9%), were separated (16.3%), and were widowed (3.6%; U.S. Bureau of the Census, 2008). Research has suggested an association between families with marital disruption and increased child behavior problems, interparental conflict, and specific parenting attitudes. Literature identified similar associations for families involved in supervised visitation services in which there is typically parental separation resulting in an identified custodial and noncustodial parent. However, research examining the differences between divorced families and families utilizing supervised visitation centers are limited. Furthermore, general research in the area of supervised visitation is very sparse and little is known about the specific characteristics of those who utilize supervised visitation centers in terms of child behavior problems, interparental conflict, and specific parenting attitudes. Thus, an overview of supervised visitation centers and literature to date is provided below.

Supervised Visitation Centers: An Overview

Supervised visitation is contact between a parent or relative and a child in the presence of a third party (Perkins & Ansay, 1998; Straus & Alda, 1994). The first supervised visitation programs emerged between 1970 and mid-1980s. As reviewed by Straus and Alda (1994), it was not until the early 1990s that the use of these centers began spreading more rapidly across the United States (e.g., Arizona, Indiana, and

California). In 1994 there were approximately 70 such programs nationwide. Most supervised visitation centers are funded by a combination of state and county money, as well as charitable donations. Typically, some staff and a number of volunteers oversee the center and provide direct supervision services. There is no common structure or organization across all centers. In fact, programs tend to evolve independent and without knowledge of each other.

Orders for supervised visitation may come from Child Protective Services or family courts (Thoennes & Pearson, 1999). Supervised visitations were originally started and are still recommended for a number of reasons, most of which tend to be related to increased risk for a child and custodial parent following parental separation (Johnston & Straus, 1999). In court, an allegation of child abuse or parental substance abuse, whether perceived or actual, are most likely to immediately trigger an order for supervised visitation (James & Gibson, 1991; Thoennes & Pearson, 1999). Other grounds for supervised visitation include violence between parents and the need to establish contact between a parent and child (James & Gibson, 1991; Thoennes & Pearson, 1999). In a sample of 1,669 mediation sessions conducted in family courts, allegations regarding an ex-partner's parenting practices were raised by separated and divorced individuals in the following categories: child neglect (38%), child physical abuse (18%), child sexual abuse (8%) and child abduction (6%; Depner, Cannata, & Simon, 1992). Thus, recommendations for supervised visitation are usually made in the best interest of the child when it is determined that the child has been in or is in danger of being traumatized by a parent (James & Gibson, 1991).

The primary goal of all visitation centers is to provide safe and supervised access

and custody exchange services for non-custodial parents and children who would otherwise be unable to see each other (Straus, 1995; Straus & Alda, 1994). Furthermore, the custodial parent can be assured that while at the center the child is protected (James & Gibson, 1991). Also, these environments allow the noncustodial parent to maintain a relationship with their child, while being protected against accusations and false allegations of inappropriate parenting behavior (e.g., child abuse; James & Gibson, 1991). Without supervised visitation centers, noncustodial parents and children are faced with the options to either terminate contact or risk the safety of the child (Sheeran & Hampton, 1999; Straus & Alda, 1994). Both these options are likely to have detrimental effects on the child and perhaps the parents.

Although some divorced parents may utilize supervised visitation centers, there is not a complete overlap between divorced and supervised visitation populations. In other words, parents who were never married or never divorced may utilize supervised visitation centers; not all divorced parents are mandated to utilize supervised visitation centers. As reviewed above, only in cases of child or parent endangerment are such services typically recommended. However, it is likely that these populations share some similar characteristics. Research has provided a significant amount of information regarding the association between families of divorce and child behavior, interparental conflict and parenting attitudes. In addition, research has touched on the association between families utilizing supervised visitation centers and these variables. However, studies designed to compare these populations across these variables are, at best, sparse.

Child Behavior

There is considerable evidence to suggest that children often have a very difficult

time adjusting after separation of their parents. Moreover, research has noted that such difficulty often begins prior to a separation or break-up of parents (Block, Block, & Gjerde, 1986; Clarke-Stewart, Vandell, McCartney, Owen & Boothe, 2000; Sun, 2001). Researchers have attributed these behavior problems to a variety of pre-separation issues including family conflict, spousal abuse, and pre-separation stress (Clark-Stewart et al., 2000). In addition to children from divorced families, these behavior problems also apply to children of families utilizing supervised visitation centers in which there is typically parental separation (e.g., divorce) resulting in a custodial and noncustodial parenting situation.

Many factors are related to child adjustment at post-parental separation. However, overall, children from single parent homes (e.g., divorced and/or supervised visitation situations) tend to have more internalizing, externalizing, social, and academic problems, as compared to children from intact families (Hetherington, Cox & Cox; 1982; Portes, Howell, Brown, Eichenberger, & Mas, 1992). Such were the results of a study comparing 2-parent families to 1-parent families (e.g., divorced, separated or never married; Clarke-Stewart et al., 2000). Overall, researchers concluded that children from 2-parent homes performed better than children from 1-parent homes on measures of problem behavior, cognitive abilities, and social abilities in the first 3 years of life (Clarke-Stewart et al., 2000). As mentioned above, a variety of factors often contribute to child adjustment scores. In this particular study, controlling for maternal education and family income reduced differences in scores between 1-parent and 2-parent families (Clarke-Stewart et al., 2000). Only the scores for cognitive differences remained significant after controlling for these variables (Clarke-Stewart et al., 2000). Thus, it is

important to consider variables, other than parental separation, that may also account for and contribute to child adjustment.

Child Behavior and Divorced Families

Despite some debate regarding the ways in which divorce affects child adjustment, there is consensus that children of divorced parents are at higher risk for negative developmental outcomes than are children from intact families. A plethora of research has supported the difficult time that children have adjusting to marital disruption. These children typically have more behavioral, emotional, health, social, self-esteem and academic problems than do children from intact families (Amato & Keith, 1991). Moreover, behavioral and emotional problems tend to be higher for children who have experienced divorce or separation more recently as compared to those who have experienced these events in the more distant past (Harland, Reijneveld, Brugman, Verloove-Vanhorick, & Verhulst, 2002).

Often times, child adjustment difficulties and mental health problems associated with divorce exist well in advance of divorce and extend well beyond divorce (Block et al., 2005). In a longitudinal study of boys from 101 families, pre-divorce data showed that boys had already exhibited more aggression, impulsivity, and anxiety in unpredictable situations, as well as, disobedience up to 11 years before parental divorce (Block et al., 1986). Moreover, at post-divorce, these boys were more aggressive, more noncompliant, and more uncooperative than the comparison group of peers from continually married families (Block et. al, 1986).

Similar findings resulted in a study of American high school students (Sun, 2001). Again, researchers found that males and females from divorced families showed

difficulties with academics, psychological well-being, and behavior, before parental divorce (Sun, 2001). Furthermore, difficulties persisted even after controlling for various demographic variables (Sun, 2001). Moreover, studies exploring characteristics of younger children at pre-divorce, yielded parallel findings. In a prospective tracking study, increases in pre-divorce levels of anxiety and depression in Canadian children ages 4 to 7 was associated with parental divorce. (Strohschein, 2005). Furthermore, although levels of antisocial behavior were also elevated for children whose parents divorced, this behavior did not significantly increase post-divorce (Strohschein, 2005). Researchers also found that pre-divorce parental resources (e.g. psychosocial and socioeconomic resources) fully accounted for poor mental health conditions of children whose parents later divorced (Strohschein, 2005). These variables, however, did not explain post-divorce increases in anxiety and depression (Strohschein, 2005). Other studies had similar findings in that even after controlling for family characteristics, children of divorce (specifically boys), exhibit significantly more behavior problems than do children of intact families (Morrison & Cherlin, 1995). Whether or not extraneous family variables are taken into account, research continues to suggest that children from divorced families present differently than do children of intact homes.

Often the struggles faced by children of divorced parents cross gender lines. For example, Morrison & Cherlin (1995) noticed a decrease in both prosocial behavior and academic achievement for males and females following parental divorce. Not only was there a decline in these variables for children in the divorced sample but these children demonstrated less improvement in these areas, over time (pre to post divorce), as compared to children from intact homes (Morrison & Cherlin, 1995). Furthermore, a

study of high school boys and girls found girls are as vulnerable as boys to the affects of marital disruption (Sun, 2001).

Although Morrison and Cherlin (1995), as well as Sun (2001), suggested that boys and girls are affected similarly, other studies note differential gender affects following parental separation. Results are somewhat mixed, but most researchers have argued that boys exhibit greater emotional distress, academic difficulties, adjustment problems, behavior problems and self-esteem, than do girls (Simons, 1996; Howell, Portes, & Brown, 1997; Malone, Lansford, Castellino, Berlin, & Dodge, 2004). In a sample of families enrolled in a large HMO, both males and females were shown to exhibit poor psychological functioning and greater substance abuse at pre-divorce (Doherty & Needle, 1991). However, these problems significantly worsened at post-divorce only for the males in the study (Doherty & Needle, 1991).

Moreover, in a sample of 129 children from martially disrupted families, differential gender effects again emerged (Morrison & Cherlin, 1995). In this sample, 42% of boys yielded behavior problem scores one and a half standard deviations above the mean, as compared to only 25% of boys from intact homes (Morrison & Cherlin, 1995). Furthermore, researchers found a statistically significant relationship between an increase in behavioral problems for boys and parental divorce (Morrison & Cherlin, 1995). Even when controlling for pre-divorce variables, these effects remained statistically significant (Morrison & Cherlin, 1995). For girls in the same sample, the most pronounced difference was not with behavioral problems but rather with reading recognition (Morrison & Cherlin, 1995). For these females, 29% from divorced homes tested in the below-average category and 17% of girls from intact homes tested in the

same category (Morrison & Cherlin, 1995). However, overall Morrison and Cherlin (1995) did not find any statistically significant effects of divorce on girl's behavior problems or reading achievement. Malone et al. (2004) found similar patterns in a longitudinal study of 356 boys and girls. Elementary and middle school boys showed an increase in externalizing behavior problems in the year that their parents divorced (Malone et al., 2004). However, girls externalizing behaviors were not affected by parental divorce, regardless of the time of divorce (e.g., elementary or middle school; Malone et al., 2004).

An assessment of children 0 to 3 years old from a report of the data from the National Institute of Child Health and Human Development Study of Early Care, contradicted findings from the above studies which suggested that only for boys did parental divorce have a significant relationship to behavior problems (Clarke-Stewart et al., 2000). Researchers noted that at 15 months, boys were more affected by parental separation in terms of cognitive performance (Clarke-Stewart et al., 2000). However, girls in the same study were more affected in terms of negative behavior at 6 and 15 months as compared to boys (Clarke-Stewart et al., 2000). Overall, this study concluded that few significant relationships were found between gender and the affects of parental separation with no significant gender differences at 24 and 36 months (Clarke-Stewart et al., 2000). Thus, although both genders tend to be affected by parental separation, research regarding gender differences related to these effects is very mixed. Gender differences were explored in the present study.

In addition to gender, many studies have explored ways in which divorce impacts specific age groups. Some researchers suggested that the timing of divorce is associated

with individual differences in children's immediate adjustment and trajectories of adjustment. The above research study targeted a very young population, ages 0 to 3 with the purpose of exploring the effects of divorce on infants and toddlers. After controlling for maternal education and family income, differences in psychological adjustment and behavior problems for toddlers of single-parent families, as compared to two-parent families, were no longer statistically significant (Clarke-Stewart et al., 2000). Only differences in scores for cognitive ability remained statistically significant with toddles from single-parent families performing more poorly as compared to toddlers from intact families (Clarke-Stewart et al., 2000).

Still many researchers have argued that younger children are impacted more severely by parental separation, than are older children. Researchers offered reasons to support this argument. Lansford and colleagues (2006) suggested that the farther along an individual finds himself on a given trajectory at the time of divorce, the less likely it is that divorce will change the path of the trajectory. Thus, on this premises, younger children would be more affected than older children by divorce. Some research examining differences between age groups has supported this opinion. In this light, Amato & Keith (1991) originally reported that younger children are more impacted than older children in the areas of academic achievement, behavior, psychological adjustment, socialization, and self-concept. In a follow-up meta-analysis, the same researchers noted more prominent academic achievement problems for primary, versus secondary school children (Amato, 2001). In addition, and as previously reviewed, in a longitudinal study of 356 children, elementary school aged boys showed an increase in behavior problems when their parents divorced, which persisted long after the divorce. However, increases

in behavior problems for middle school aged boys did not persist and, in fact, scores for behavior problems returned to baseline levels and continued to decrease in the years following the divorce (Malone et al., 2004). For females, externalizing behavior was not affected by parental divorce, regardless of the timing of the divorce (e.g. elementary or middle school; Malone et al., 2004).

Other researchers claimed that the timing of divorce may affect different pieces of adjustment trajectories in various ways (Lansford et al., 2006). Thus, it is not an issue of younger children being more greatly affected than older children. Rather, the affects are differential depending on the age. Lansford and colleagues (2006) suggested that for elementary school children, divorce is likely to have adverse effects on internalizing and externalizing problems. However, later divorce is more likely to be related to adverse effects on grades/academic performance (Lansford et al., 2006). Overall the effects of parental separation on children seem to span across genders and age groups.

Child Behavior and Families Utilizing Supervised Visitation Centers

Very few studies have specifically described child adjustment in the context of supervised visitation centers. However, from the research that does exist, child adjustment seems similar in supervised visitation samples as in divorced samples. Jenkins, Park, and Peterson-Badali (1997) asked 31 custodial parents utilizing supervised visitation services, to rate child behavior using the Achenbach Child Behavior Checklist for ages 4 to 16. On this measure a T score of 70 or more indicates internalizing or externalizing problems in the clinical range. Jenkins et al. (1997) explained that compared to the general population in which only 2% of children, ages 4 to12, scored in this range, 16% of visitation children, in the same age range, had internalizing problems

and 28% had externalizing problems in the clinical range. Thus, children ages 4 to 12 were 14 times more likely to show externalizing behavior problems than were children in the general population.

Utilizing projective assessment measures, Johnston and Straus (1999) also explored some characteristics of children who attended supervised visitation centers. Specifically, researchers used the Rorschach Ink Plot test and the Exner scoring system to more closely examine the psychological profiles of children involved in custody disputes and who were referred by family courts. Findings suggested that these children tended to be hypervigilant and distrustful of others. This seems logical given that many of these children have learned that they cannot trust those who should protect and care for them, their parents. Thus, they were exceedingly watchful and guarded (Johnston & Straus, 1999). Researchers commented that in extreme cases, these children appeared to develop a paranoid-like stance (Johnston & Straus, 1999). Furthermore, Rorschach results indicated that children involved in custody disputes are likely to be withdrawn, distant and hesitant to accept social support. As would be expected from children in chaotic and conflicted homes, these children seemed preoccupied with control and safety. Results suggested that they may become exceedingly concerned with the well-being of a parent and may claim responsibility for domestic violence, believing that they have the power to control it. Researchers noted that these children fear their own vulnerability at being lost or ignored. Moreover, in their concern for safety, children referred for custody disputes were apt to be excessively preoccupied with being bad or inadequate. Finally, Rorschach testing illustrated emotional constriction (Johnston & Straus, 1999). Researchers remarked that these children tend to be negativistic, oppositional and alienated.

However, researchers also added that when these children become overwhelmed, they are likely to explode, become irritable, distressed and demanding (Johnston & Straus, 1999).

Other studies have explored outcomes of families who utilized supervised visitation centers. Such studies provided a glimpse into child characteristics of those utilizing supervised visitation services. Pearson and Thoennes (2000) asked 114 custodial and 87 visiting parents at a supervised visitation center to rate their child's happiness and well-being post-visitation. Program records indicated that the first visit to the center included anger, conflict, tension, and uneasiness between the visiting parent and child. However, researchers reported that 43% of visiting and 54% of custodial parents indicated that their child's happiness and well-being increased post-visitation. A lower percentage, 31% of visiting and 12% of custodial parents, stated that their child's well-being and happiness actually decreased post-visitation as compared to pre-visitation (Pearson & Thoennes, 2000).

In a study of 70 children at supervised visitation centers researchers found that the children improved on a number of measures from pre-test (before supervised visitation), to post-test (6 months). The effect size changes for mean scores on measures of child problems, child depression, child aggression, child self-esteem, and child school work habits ranged between .14 and .18 from pre-test to post-test (Lee, Shaughnessy, & Bankes, 1995). This likely represents the characteristic significant struggles of the children utilizing supervised visitation services, especially upon entering these services. However, results were difficult to interpret because this study lacked a control group. Thus, it was difficult to determine if changes were normative or unique to children in a supervised visitation group.

More recently, Dunn, Flory, & Berg-Weger (2004) measured child adjustment using the parent version of the Child Behavior Checklist at pre and 6 month post supervised visitation. Pre-test means for internalizing and externalizing behaviors fell within normal limits. This is surprising given the wealth of literature which has reviewed the detrimental effects of marital disruption on children. In addition, no significant differences existed between children's adjustment based on parent's neither custodial status nor child gender. Finally, at 6 months post-supervised visitation (time 2), researchers concluded that child adjustment remained stable. Thus, children's well-being had not improved, at a statistically significant level, throughout their 6 month involvement with supervised visitation services (Dunn et al., 2004). As can be seen, the literature regarding the characteristics of children presenting for supervised visitation is very limited. However, from the research available, most studies have described characteristics that are similar to those found in children from divorcing parents.

Interparental Conflict

Much of the research reviewed above suggested that children of divorce and children who utilize supervised visitation centers are detrimentally affected by parental separation. However, research has also suggested that child behavioral and adjustment outcomes are impacted by the interparental conflict to which many of these children are exposed and not just marital disruption. Furthermore, the difficulties that lead to marital disruption (e.g., divorce or the need to utilize supervised visitation centers) are usually present long before the family actually separates (Clarke-Stewart et al., 2000). Often these conflicts include some level of interparental conflict. Moreover, parental conflict tends to continue and increase when parents are negotiating rights and obligations at post-

separation through the legal system (Hetherington, 1993). In cases of separation/divorce involving domestic violence, the decision to separate from an abusive partner often leads to increased violence and risk for both the children and the adults (Sheeran & Hampton, 1999). Sheeran and Hampton (1999) reported that unsupervised visitation tends to hold the greatest potential for renewed violence after separation from an abusive partner. It is during the visitation that many women have reported threats against their lives from batterers. Such circumstances may lead to the use of supervised visitation. Thus, interparental conflict typically exists long before and long after marital disruption.

Despite marital status and visitation arrangements, research has suggested that witnessing interparental conflict can be as harmful as and a better predictor of child adjustment, than being the direct recipient of child physical abuse (O'Keefe, 1994; Widom, 1989). In general, children witnessing such conflict have typically manifested a number of disturbances in developmental patterns including cognitive, emotional and behavioral adjustment. The consequences of observing the conflict have included: internalizing reactions (e.g., increased anxiety, fears, withdrawal, and depression); externalizing behavior problems (e.g., conduct disorder, aggression, argumentativeness, fighting, bullying, and hyperactivity); somatic problems (e.g., headaches, stomach aches, and intestinal problems); sleeping difficulties (e.g., nightmares, insomnia, and bedwetting); interpersonal deficits; temperament problems; trauma symptoms; and school related complications (e.g., poor academic performance, school phobia, lack of concentration and erratic attendance; Cristopoulous et al., 1987; Davis & Carolson, 1987; Edleson, 1999; Hughes, 1982; Jaffe, Wolfe, & Wilson, 1990; Jouriles, Norwood, Mahoney, McDonald, & Vincent, 1996; Kaplan, Hendricks, Black, & Blizzard, 1994;

Margolin, John, Ghosh, & Gordis, 1996; Rosenbaum & O'Leary, 1981).

The effects of witnessing interparental conflict depend, in part, on the age and the developmental stage of the child at the time of witnessing the conflict. For example, it has been reported that infants exhibit poor health, sleeping problems, eating problems, and excessive screaming or crying in reaction to the conflict (Alessi & Hearn, 1984; Davidson, 1978). As child witnesses enter preschool, researchers have noted that their responses tend to include fear responses such as somatic complaints (e.g., headaches), regressive behaviors (e.g., enuresis and thumb sucking), nighttime problems (e.g., insomnia), and signs of terror (e.g., yelling, irritability, hiding, shaking and stuttering; Alessi & Hearn, 1984; Davidson, 1978). Furthermore, school-aged children have tended to manifest emotional disturbance via school related problems (e.g., erratic attendance, poor academic performance, and school phobia), a lowered sense of self-esteem, a difficult time interacting with peers, and a sense of guilt and shame about the abuse (Wolfe, Jaffe, Wilson, & Zak, 1985).

Some research has suggested that for school-aged children, witnessing interparental conflict tends to affect females and males differentially. Specifically, witnessing interparental conflict has been more likely to increase externalizing behaviors for males and internalizing behaviors for females (Hilberman & Munson, 1977; O'Keefe, 1994). For example, boys have typically been more likely to exhibit aggressive behaviors including the tendency to act-out, throw temper tantrums and become disobedient, destructive, disruptive and defiant (Hughes, 1982; Rosenbaum & O' Leary, 1981; Wolfe et al., 1985). On the other hand, girls in the same population have been more apt to be passive, withdrawn, clingy, dependant, and exhibit somatic complaints (Hughes,

1982).

As children developmentally mature into adolescents, research has noted that the following behaviors may emerge: aggressive problem solving, fighting, general hostility, running away from home, gun-carrying in school, anxious behaviors (e.g., nail biting and somatizing feelings), suicidal behaviors, projection of blame toward others, and increased interpersonal problems (Alessi & Hearn, 1984; Davidson, 1978; Yexley, Borowsky, & Ireland, 2002). Moreover, during adolescence, girls who witness interparental conflict have tended to generalize feelings of distrust to all men, and when they begin to date, have often become victims of physical violence from their boyfriends (Carlson, 1984). Researchers have suggested that adolescent boys may, for the first time, intervene during conflict on behalf of their mothers or may identify with their fathers and in turn, direct violence towards their mother, sister, or girlfriend (Carlson, 1984). Thus, marital disruption and/or interparental conflict are likely to have both individual and combined effects on child/adolescent adjustment.

Interparental Conflict and Divorced Families

The National Survey of Families and Households stated that the couples who reported more frequent marital disagreements at the first wave of the study were more likely to have divorced or separated by the second wave of the study, particularly those of younger age/birth cohorts who have been married for briefer time periods (Hatch & Bulcroft, 2004). Alternatively, for couples who stayed together, the frequency of marital conflict tended to decline over time (Hatch & Bulcroft, 2004). Thus, families with marital disruption (divorced or separated) were more likely to involve conflict. Similar patterns were found in a review of data from the National Longitudinal Survey of Youth

(Morrison & Coiro, 1999). Children whose mothers were separated/ divorced were coded high on both dimensions of interparental conflict (the frequency of arguments and the breath of topics argued about) at a rate double that of children from intact homes (Morrison & Corio, 1999). For example, 20% of children from separated/divorced mothers coded high on the frequency of interparental conflict compared to only 7% of children from intact homes, a statistically significant difference. In addition, 22% of children from separated/divorced mothers coded high on the breath of interparental conflict as compared to only 8% of children from an intact home, a statistically significant difference (Morrison & Corio, 1999). Thus, divorce/separation has been associated with higher rates of interparental conflict.

However, literature examining the type and frequency of interparental conflict as it relates to divorce is limited. What is clear is that children with divorced parents often experience more family conflict (e.g., interparental conflict), before the divorce than do children from intact homes (Morrison & Cherlin, 1995). In fact, a plethora of the literature has focused on the effects of parental conflict on children and the combined effects of interparental conflict with marital disruption on children. The research that has explored these two variables (interparental conflict and marital disruption) often supports findings discussed above that outline the general detrimental effects of witnessing interparental conflict. For example, in a study of children from divorced/separated families, marital violence was associated with children's internalizing behavior problems, as well as negative emotions (Lee, 2001). Thus, children from violent homes showed statistically significantly higher scores for internalizing problems and negative emotions, on six emotions (e.g., sadness, fear, anger, loyalty conflict, shame, happiness), as

compared to children from non-violent, divorced homes (Lee, 2001). Moreover, anger mediated the relationship between children's total behavior problems and interparental conflict so that this relationship became insignificant when the anger variable was controlled (Lee, 2001).

As can be seen from the above study, research has demonstrated the way in which interparental conflict has played a role in the adjustment of children from divorced parents. For this reason, researchers suggested that when considering the detrimental effects of divorce on child adjustment, it is important to take into account the impact of interparental conflict which may account for some of the observed effects. Results from a study of adolescents over a four year period, indicated that both interparental conflict and marital status independently accounted for post-divorce adolescent functioning scores (Forehand, Neighbors, Devine & Armistead, 1994). One year post-divorce, adolescents from divorced families scored significantly lower than adolescents from intact homes for anxiety-withdrawal, cognitive competence, and social competence (Forehand et al., 1994). These divorce effects were above and beyond those attributed to interparental conflict and extended for 3 to 4 years post-divorce (Forehand et al., 1994). Interparental conflict was also a significant predictor of externalizing problems, internalizing problems, social competence, and cognitive competence in the first year post-divorce for adolescents (Forehand et al., 1994).

In addition to independent effects, Forehand and colleagues (1994) also noted the interaction of marital status and interparental conflict in predicting externalizing behavior problems, specifically conduct disorder, and cognitive competence in the first and third years post-divorce. Thus, interparental conflict was especially detrimental for

adolescents from divorced homes as compared to those from intact homes. Researchers suggested that this may be due to the pressures of coping with two stressors: marital disruption and interparental conflict (Forehand et al., 1994). Furthermore, interparental conflict up to 3 years post-divorce seemed to continue to be an important factor in predicting adjustment. Post-divorce conflict ("current" conflict as measured in the study) continued to serve as a predictor in the second or third year following divorce in all areas of adjustment: externalizing problems, internalizing problems, social competence, and cognitive competence (Forehand et al., 1994). This post-divorce ("current") conflict accounted for unique variance in adjustment scores above that of marital status alone.

Similar results were yielded using mother-child data from the National Longitudinal Survey of Youth which included children 4 to 9 years old (Morrison & Coiro, 1999). Again, researchers noted an interaction between the effects of marital status (e.g., divorce/separation) and interparental conflict, however, only when the conflict was frequent (Morrison & Coiro, 1999). Furthermore, the effects of marital divorce/separation on children's behavior problems remained statistically significant even when controlling for interparental conflict (Morrison & Coiro, 1999). Thus, factors directly associated with marital status accounted for children's problem behaviors above and beyond the effect of interparental conflict (Morrison & Coiro, 1999). Finally, interparental conflict also appeared to have a main effect on child behavior problems after controlling for other family factors (Morrison & Coiro, 1999). Researchers also noted that the greatest increase in behavior problem scores were seen in the sample of children whose parents remained married despite high frequency conflict (Morrison & Coiro, 1999).

Other studies have suggested that divorce and interparental conflict are not detrimental across the all children, but rather, the inconsistency between the two must be examined. However, contrary to that which would be expected, researchers concluded that, for boys, inconsistency between interparental conflict and marital disruption does not have adverse consequences for children's overall health when compared to consistency (Houseknecht & Hango, 2006). That is, boys of divorced parents who had minimal interparental conflict (inconsistent) and boys from intact homes who had parents with high interparental conflict (inconsistent) were less likely to experience a medically attended illness (Houseknecht & Hango, 2006). Such findings contradicted the stress vulnerable hypothesis, but supported the stress resistant hypothesis which suggests that inconsistency is neither null nor positive (Houseknecht & Hango, 2006). This hypothesis does not suggest that interparental conflict and marital disruption are not detrimental. Rather Houseknecht and colleagues (2006) suggested that boys tend to manifest the effects that are behavioral or psychological in nature, rather than medical (e.g., illness). For females, no significant effects on health resulted from either consistent or inconsistent combinations (Houseknecht & Hango, 2006). Furthermore, regardless of marital status, boys who experienced high interparental conflict demonstrated high levels of antisocial behavior (Houseknecht & Hango, 2006). For girls, antisocial behavior increased only in homes with both marital disruption and high conflict (Houseknecht & Hango, 2006). Such results reiterated the importance of examining both marital status, interparental conflict and the interaction of these two variables. Overall it is apparent that research has consistently demonstrated both the independent and interactive effects of marital separation/divorce and interparental conflict.

Interparental Conflict and Families Utilizing Supervised Visitation Centers

As is all the literature regarding supervised visitation centers, the literature describing interparental conflict among those within this population is even more limited. However, given that one of the main purposes of supervised visitation centers is to monitor abusive family situations, it is apparent that families utilizing the centers are often subjected to conflicted family lives. Regularly, supervised visitation centers mediate violence between spouses, protect children, and decrease the opportunity for perpetrators to follow through on threats. Although visitation centers cannot eliminate all dangers, they can help reduce some risks of violence during parent-child contacts. Straus & Alda (1994) estimated that 70% of families referred by the courts, to visitation centers, have a history of domestic violence. Thus, children utilizing supervised visitation centers have typically been exposed to a traumatic family environment, including interparental conflict (Johnston & Straus, 1999; Straus & Alda, 1994). Given the neglectful, abusive, and violent homes from which many supervised access children come, it is not surprising that research has suggested that these children suffer from a range of emotional and behavioral problems (Johnston & Straus, 1999). These problems are similar to those seen in children who witness interparental conflict in the general population as well as in divorced populations.

Similar to the research regarding interparental conflict and divorce, the research exploring interparental conflict and supervised visitation, has often focused on the impact of these events on children. In cases of maintained visitation or supervised visitation, research indicates that both parental verbal aggression and parental physical aggression are associated with poor child adjustment (Arditti & Kelley, 1994; Lee et al, 1995). In

general, when low levels of interparental conflict were present, noncustodial father contact was associated with decreases in child behavior problems. However, in the presence of higher levels of interparental conflict, noncustodial father contact was associated with increases in child behavioral problems (Arditti & Kelley, 1994). In addition, Lee et al. (1995) reported that in a sample of children utilizing supervised visitation services, the child's perception of interparental violence was predictive of children's own self-reports of more aggressive tendencies on the Baltimore Self-Esteem Instrument (effect size .03; Lee et al., 1995). Although this is a low effect size, results were still statistically significant ($p < .001$, $t = 7.194^{**}$; Lee et al., 1995).

There are a number of studies which have reviewed pre and post supervised visitation levels of interparental conflict. These studies have lent some insight into the amount of interparental conflict present within supervised visitation samples. In a sample of 45 adults, court ordered to receive supervised access services, Flory and colleagues (2001) measured interparental conflict, using the Modified Conflict Tactic Scale, at pre-visitation and again at 6 months. Findings suggested that from time 1 to time 2 interparental psychological/verbal conflicts decreased significantly. Pre-test mean conflict scores of 11.44 dropped significantly to mean scores of 5.74 at post-test. Furthermore, researchers explained that this decrease was primarily driven by the significant decrease in psychological aggression (Flory, Dunn, Berg-Weger, & Milstead, 2001). Lee et al. (1995) were interested in the perspectives of 70 children whose parents were involved in supervised visitation services. Similar to findings of Flory and colleagues (2001), Lee et al. (1995) reported that, from the child's perspective, there was a significant reduction of interparental conflict from pre-test (before supervised

visitation), to 6 month post-test. At pre-test the mean score for child's perception of interparental conflict was 15.60 and at post-test the mean score was 11.13.

Lawyers and judges had views similar to those of parents and children regarding interparental conflict and supervised visitation (Peterson-Badali, Maresca, Park, & Jenkins, 1997). That is, the majority of lawyers and judges, selected from the larger scale evaluation of Ontario's Supervised Access Pilot Study, believed that supervised access centers decreased hostility between parents (93% of lawyers and 69% of judges; Peterson-Badali et al., 1997). It is unclear to what degree biases may have influenced the perceptions of lawyers and judges, especially given their direct involvement in the process. The lawyers and judges had been chosen by the supervised visitation sites with which they have had contact. From the parent's perspective, there was no evidence that the relationships of parents or their attitudes (e.g., degree of felt hostility) toward one another improved over 5-months. Thus, overall, these pre and post supervised visitation reviews suggested that the majority of families utilizing supervised visitation centers initially presented with some degree of interparental conflict, perhaps similar to that of some divorced families.

Parenting Attitudes toward Corporal Punishment

Throughout research, a substantial body of literature has suggested that physical discipline has consistent detrimental effects on child adjustment. Repeatedly, physical discipline has been associated with externalizing and internalizing behavior problems, social deficiencies, and psychological maladjustment (Eamon, 2001; Kurtz, Gardin, Wodarski, & Howing, 1993; Stormshak, Bierman, McMahon, & Lengua, 2000; Strassberg, Dodge, Pettit & Bates, 1994; Tunner & Finkelhor, 1996). Despite the

numerous effects of physical discipline discussed above, the most common effect has been seen in child disruptive behavior, specifically aggression. Studies have concluded that children subjected to punitive parenting, including spanking and physical aggression, have tended to show elevated levels of disruptive behaviors including opposition and aggression (Stormshak et al., 2000).

Much of the research regarding the association between aggressive behaviors and the use of corporal punishment in the home has been studied in groups of toddlers and school-age children. In a sample of kindergarten children, exposure to physical discipline, as measured by the Conflict Tactic Scale, was positively correlated with children's aggression toward peers, even after controlling socioeconomic status (Strassberg et al., 1994). In addition, spanked children demonstrated more aggression toward peers as compared to non-spanked peers. Similar results were found for children at 36 months and first grade children (Mulvaney& Mebert, 2007). Using the Achenbach Child Behavior Checklist (CBCL), children's externalizing and internalizing behavior was modestly correlated with the use of corporal punishment at 36 months of age (Mulvaney& Mebert, 2007). Moreover, corporal punishment uniquely contributed to externalizing behavior scores for children at 36 months and at first grade, but not to internalizing behavior scores. Using data from the National Longitudinal Survey of Youth, socioemotional problems (e.g., both externalizing and internalizing behavior problems) were directly related to frequency of physical punishment, specifically spanking, and marital conflict in a sample of children 4 to 9 years of age (Eamon, 2000). The relationship between corporal punishment and socioemtoional difficulties existed regardless of age, gender, or race.

Even in middle school years, harsh physical discipline has been associated with child externalizing behavior problems for fifth and sixth graders (McKee et. al., 2007). This association continued to be significant even after controlling for positive parenting (e.g., parental warmth). These findings were consistent across gender of child and gender of parent. That is, harsh physical discipline used by mother or father was equally associated with behavior problems for boys and for girls (McKee et. al., 2007).

In addition to aggression and externalizing behavior problems, research has suggested that the use of corporal punishment is associated with a plethora of other problems for children. Studies have found that physically abused children and adolescents scored higher on measures of socioemotional problems than do neglected children and both groups show academic delays (Kurtz et al., 1993). Furthermore, in a nationally representative sample of boys and girls ages 10 to 16, the frequency of corporal punishment was positively associated with both psychological distress and depression (Turner & Finkelhor, 1996). This association persisted after controlling for sociodemographic factors (e.g., income, age, and gender), as well as physical abuse. Although a low level of physical punishment was distressing to children, only very frequent (e.g., one or more times per month) physical punishment contributed to major depression (Turner & Finkelhor, 1996).

Despite the lucid evidence that the use of physical discipline, in particular corporal punishment, is associated with negative developmental outcomes, many American parents continue to use such techniques. In a representative sample of 1,146 couples in the United States with children between the ages of 3 and 17, 84% to 97% of parents used violence toward their children at some point during the child's life (Straus,

Gelles, & Steinmetz, 1980). In general, the most frequent types of parent to child violence over a child's lifetime included slapping or spanking (58% of parents; Straus et al., 1980). Approximately 73% of the parents interviewed agreed that spanking or slapping children was necessary, normal or good (Straus et al., 1980). This statistic suggested that the majority of parents from this interview agreed with, and/or approved of, using corporal punishment as a means of discipline. Thus, it is necessary to examine parenting attitudes with regard to physical discipline in order to better understand child maltreatment.

Belsky (1980) suggested that child maltreatment can best be conceptualized as a social-psychological phenomenon which is determined by a plethora of variables including the individual, family, community and culture context in which the individual and family are embedded. Belsky (1980) stressed the importance of family and parent characteristics in the understanding of child maltreatment. Included in the cultural piece of this ecological model of child maltreatment is society's acceptance of corporal punishment as a legitimate form of discipline, which in turn, may trickle down to impact parental beliefs toward corporal punishment (Belsky, 1980).

Research exploring predictors of child abuse has suggested that one of the most powerful predictors of the use of corporal punishment is the attitude toward and approval of physical forms of discipline. Researchers have estimated that parents who approved of physical punishment were four times as likely to use physical punishment as those who did not approve (Gelles, 1997). In a study of 39 mothers with children ages 35 to 37 months, mothers reported spanking children an average of 2.5 times per week (Holden, Coleman, & Schmidt, 1995). Although no relationship was found between spanking and

gender, appropriate attitudes toward spanking were positively associated with frequency of spanking. In a larger nationally-representative sample of 1000 parents, researchers found that child age and parents attitude toward physical violence were both predictive of use of physical discipline (Jackson et al, 1999). That is, the younger the child, the more likely the parents were to use physical discipline. In addition, the more positive attitudes toward physical discipline held by a parent, the more likely that parent was to use physical punishment as a way to discipline their children.

To the contrary, results from a longitudinal study of 32 mothers noted that the use of physical discipline increased with the age of the child from 6 months up to 48 months, instead of decreasing with age (Vittrup, Holden, & Buck, 2005). Thus, older children (48 months) were more vulnerable to physical discipline. In addition, similar to findings from previous studies, researchers concluded that attitudes toward spanking were significantly correlated with spanking. Finally, these parental attitudes toward physical discipline remained stable over time, from 6 months to 24 to 36 months of age of the child (Vittrup et al., 2005). Thus, attitudes that emerged in the early stages of parenting tended to persist.

Similar results regarding the association between attitudes toward and use of physical discipline were found in a sample of 110 mothers with children age 3 (Ateah & Durrant, 2005). Researchers again concluded that approval of physical violence predicted it's and, in fact, was the only one of four distal variables (e.g., approval of physical punishment, personal history of physical punishment, knowledge of alternative discipline techniques and knowledge of child development) which predicted the use of physical punishment (Ateah & Durrant, 2005). In addition, approval of physical

punishment was the strongest predictor of its use and accounted for 32% of variance even after controlling for maternal education (Ateah & Durrant, 2005).

Such findings were also consistent in a sample of Canadian and Swedish mothers with children between the ages of 2 to 5 (Durrant, Rose-Krasnor, & Broberg, 2003). Overall, 71% of Canadian mothers and 45% of Swedish mothers reported using physical punishment at some point. Mothers' scores on the positive attitude index of physical punishment and the belief that spanking is useful and effective was positively associated with frequency of physical discipline. This relationship between attitudes and use of physical punishment was lower in Swedish samples compared to Canadian samples (Durrant et al., 2003).

In another study of "future parents," researchers explored the response of undergraduates to videos of mothers manifesting nine behaviors toward their children including praising, talking, slapping, hitting, or calling a child stupid (Bower-Russa, Knutson, & Winebarger, 2001). In addition, participants provided a self-report of attitudes toward physical disciplinary tactics (e.g., spanking, pinching, striking, etc.) and also, a self-report of childhood disciplinary history. Results concluded that attitudinal acceptance of physical discipline practices predicted the use of physical discipline (according to responses to video) beyond the prediction accounted for by childhood discipline history alone (intergenerational transmission of violence). Together, childhood history of physical discipline and attitudes accounted for 19% of the variance in the use of physical discipline (Bower-Russa et al., 2001).

Crouch and Behl (2001) sought to explore parental beliefs regarding corporal punishment and the relationship of these beliefs to parenting stress and physical abuse

potential (Crouch & Behl, 2001). According to self-report measures, level of parenting stress was positively associated with physical child abuse potential for parents who reported a high belief in the value of corporal punishment, as measured by the Adult-Adolescent Parenting Inventory (AAPI; Crouch & Behl, 2001). However, this relationship did not hold true for parents with a low belief in the value of corporal punishment (Crouch & Behl, 2001). In addition, the interaction of parenting stress and the belief in the value of corporal punishment was significant in predicting physical child abuse potential. Thus, high levels of parenting stress may be associated with increased risk of child maltreatment to the extent to which parents' believe in the use of corporal punishment as a means of discipline.

Utilizing responses of a nationally representative sample of 1,000 parents, researchers used cluster analysis to identify three subgroups based on parenting attitudes and practices (Thompson et al., 1999). In addition, like the above study, Thompson and colleagues (1999) took into consideration parental stressors (e.g., marital conflict). Members of the third cluster tended to use the harshest and most abusive discipline with their children and also most often endorsed positive attitudes toward physical discipline. Furthermore, cluster three also had the highest reports of interparental conflict suggesting that physical discipline of children most often occurred in the context of other domestic difficulties (e.g., interparental conflict). Although, cluster 1 was not significantly different than cluster 3 with reports of marital conflict, members of this cluster scored high (comparable to cluster 3) on physical abuse, but also reported significantly higher use of nonphysical discipline as compared to members of cluster 3. In addition, cluster 1 reported more positive attitudes toward children as compared to cluster 3. Finally, cluster

2 was characterized as having the lowest scores on physical and nonphysical discipline, the lowest scores on value of physical punishment, and lowest levels of interparental conflict (Thompson et al., 1999).

The above studies represent most of the current literature regarding parental attitudes toward physical discipline. Although researchers have suggested that single parents may be at heightened risk for abusive behaviors, to my knowledge, there is no research specifically exploring parenting attitudes in divorced groups (Gelles, 1997).

Parenting Attitudes and Families Utilizing Supervised Visitation Centers

As described above, many families utilizing supervised visitation centers have a traumatic family history including parental violence, parental substance abuse, parental mental illness and child abuse and neglect (Johnston & Straus, 1999; Straus & Alda, 1994). Many of these family variables are associated with poor parenting practices. For example, research has shown that interparental conflict and separation/divorce are related to parenting difficulties (Grych & Fincham, 1990; Hetherington, Bridges, & Insabella, 1998). In the context of custody battles, it has been found that interparental conflict is likely to continue and even escalate. With the sustained strain of sorting through custody arrangements and the added stress of face-to-face contact during transitions, parenting practices and attitudes are also likely to suffer (Dunn et al., 2004).

As is all the literature regarding supervised visitation, the research on parenting practices within this population is even more limited and inconclusive. In the Pearson & Thoennes (2000) study mentioned earlier, researchers asked custodial and visiting parents a number of questions regarding parenting practices and attitudes. About a third of visiting parents claimed that their parenting skills had improved. However, researchers

do not provide a pre-post numerical representation of “improved” and, thus, there is no basis to understand how much parenting skills improved and the nature of these skills at pre-visitation.

Results of Dunn et al. (2004) examined the parenting attitudes or parenting beliefs in a sample of custodial and noncustodial parents from pre to 6-month post supervised visitation. Researchers found statistically significant changes on the Strong Belief in the Use of Corporal Punishment subscale of the Adult-Adolescent Parenting Inventory (AAPI) from pre-test to post-test. At post-test parents were significantly less likely to endorse attitudes consistent with the use of corporal punishment ($t = 2.883$, $p=.008$). Therefore, in an environment where visits are supervised by staff that model and enforce nonviolent behavior, there may be informal parent education regarding parenting practices.

Besides effects of supervised visitation on parenting attitudes, Dunn et al. (2004) noted some interesting observations regarding the general parenting attitudes from the study sample. The parenting attitudes measure utilized for this study, the Adult-Adolescent Parenting Inventory (AAPI), has been shown to discriminate abusive and nonabusive parents. Families involved in supervised visitation programs tend to have a history of domestic violence and are also apt to have chaotic family lives. Thus, it may seem logical that parents involved in supervised visitation may have parenting attitudes more similar to abusive than to nonabusive parents (Jenkins et al., 1997; Johnston & Straus, 1999; Pearson & Thoennes, 2000; Straus & Alda, 1994). However, Dunn et al. (2004) found that the parenting attitudes of the custodial and noncustodial parents taking part in this study were within normal range and were more similar to attitudes of

nonabusive than abusive parents. As an explanation for this, Dunn et al. (2000) suggested that adults involved in the supervised visitation and legal system are less likely to aim aggressive tendencies toward children, and may instead target aggression toward ex-spouses. Also, by nature of the structure of supervised visitation centers, the potential for conflict and violence is likely to decrease. Furthermore, a problem with self-report measures is that they are often influenced by the desire to present oneself in a more socially desirable light. This may explain why supervised visitation parent scores were found to be more similar to the scores of nonabusive than abusive parents.

Parental Stress: The Impact on Child Behavior, Interparental Conflict, and Parenting Beliefs

There is ample research linking parenting stress and trauma to child behavior, parental conflict, and parenting practices and beliefs. Situations of divorce and the need to utilize supervised visitation services are often accompanied by significant stressors for the family members involved. Studies have suggested that psychological stress is often elevated for parents experiencing undesirable life events, including divorce (Pillow, Zautra, & Sandler, 1996). Furthermore, researchers claim that both small and large stressors are important in explaining the psychological distress of divorced mothers (Tein, Sandler, & Zautra, 2000). However, to date, there is no literature reviewing the impact of parenting stress and trauma on these three outcome variables (child behavior, interparental conflict and parenting practices and beliefs), as they relate to families involved in supervised visitation services.

The Effects of Parental Stress and Trauma on Child Behavior

Research has provided ample evidence that parental stress and trauma are likely to impact children's externalizing and internalizing behaviors. Additionally, the more impaired parental functioning was following a traumatic event, the greater the effect on the children (Appleyard & Ofofsky, 2003). Research which has examined the effects of diverse traumatic experiences has provided evidence as to the link between parental stress and child behavior. For example, in a sample of adult offspring of post-traumatic stress disordered (PTSD) Holocaust survivors, there was a specific association between parental PTSD and trauma and the occurrence of PTSD and lifetime depressive disorder in offspring (Yehuda, Halligan, & Bierer, 2001). In fact, having one parent exposed to the Holocaust with PTSD was a significant predictor of the occurrence of both these reactions in offspring, after controlling for gender. Furthermore, the total number of lifetime psychiatric disorders was found to be substantially higher for the offspring of Holocaust survivors compared to control subjects (offspring of Holocaust survivors without PTSD symptoms and Jewish individuals in the same age range who did not have a parent that was a Holocaust survivor; Yehuda et al., 2001). Exploration of child characteristics with PTSD Vietnam veteran parents yielded parallel results (Jordan et al., 1992). The children of these veterans were more likely to have behavioral problems, than children of veterans without PTSD. In addition, Jordan and colleagues (1992) reported that more than one third of Vietnam veterans with PTSD had a child with problems in the clinically significant range according to the Achenbach Child Behavior Checklist (CBCL).

Similar to the characteristics of Holocaust survivor and Vietnam veteran

offspring, children of parents who exhibit heightened parental stress and trauma in general have also been shown to demonstrate higher levels of internalizing and externalizing behavior problems. For example, following a 1988 industrial fire in Montreal, the adaptation and mental health of parents was related to children's internalizing behaviors (Breton, Valla, & Lambert, 1993). Specifically, rates of parental anxiety, parental depression, and parental stress were all higher for children exhibiting internalizing symptoms after an industrial fire. The control group for this study was matched for age, gender and socioeconomic status and from the same geographical location. Similar results were found following the collapse of a dam and subsequent flooding (Green et. al, 1991). Following this traumatic event, parental mental health contributed to the presentation of children's PTSD symptoms.

In addition to examples of trauma resulting from natural disasters and wartime experiences, the trauma experienced by mothers exposed to domestic violence has been associated with the development of psychopathology in children (Jaffe et al., 1990). Moreover, researchers in the field of domestic violence have purported that maltreated children of mothers with PTSD have been more likely to exhibit PTSD, compared to maltreated children of mothers without PTSD (Famularo, Fenton, Kinscherff, Ayiyb, & Barnum, 1994). In fact, these researchers claimed that PTSD was significantly over represented in children of mothers with a diagnosis of PTSD (Famularo et al., 1994). Other child behavior outcomes linked to parental stress and trauma stemming from domestic violence, have included: internalizing reactions (e.g., increased anxiety, fears, withdrawal, and depression); externalizing behavior problems (e.g., conduct disorder, aggression, argumentativeness, fighting, bullying, and hyperactivity); somatic problems

(e.g., headaches, stomach aches, and intestinal problems); sleeping difficulties (e.g., nightmares, insomnia, and bedwetting); interpersonal deficits; temperament problems; trauma symptoms; and school related complications (e.g., poor academic performance, school phobia, lack of concentration and erratic attendance; Cristopoulous et al., 1987; Davis & Carolson, 1987; Edleson, 1999; Hughes, 1982; Jaffe et al., 1990; Kaplan et al., 1994; Margolin et al., 1996; Rosenbaum & O'Leary, 1981).

Finally, parental stress levels, without a specific trauma, have alone been linked to a variety of internalizing and externalizing behaviors in children. According to Parental Parenting stress index (PSI), Eyberg and colleagues (1992) found that children's disruptive behavior and the intensity of that behavior was significantly correlated with maternal stress. Similar patterns of associations between parental stress and child behavior were found in a sample of clinic-referred children which researchers divided into 4 groups: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, dual diagnosis, or multiple diagnoses (Ross, Blanc, & McNeil, 1998). Researchers noted that all four of these groups were above the clinical cutoff for maternal stress as measured by the Parental Parenting stress index (PSI). Furthermore, mothers of children carrying dual and multiple diagnoses reported both a higher frequency of child behavior problems, as well as, higher levels of stress, as compared to mothers of children with a single diagnosis (Ross et al., 1998). Although one must be cautious about assigning a direction of causality between maternal stress and childhood diagnoses, it was clear that there was at least a relationship between these variables.

The Effects of Parental Stress and Trauma on Interparental Conflict

Similar to the association between parental stress and trauma and child behavior, research has also provided ample evidence to suggest that there is a link between parental stress and trauma and interparental conflict. Interparental conflict (e.g., verbal abuse) has often led to symptoms consistent with major indicators of PTSD for the victims (Jones, Hughes, & Unterstaller, 2001). Furthermore, husband-to-wife aggression has been linked to increased potential for child abuse within the family, especially in the presence of high financial and parental stress (Margolin & Gordis, 2003). Thus, domestic abuse has been often accompanied by additional forms of stress (e.g., financial and parental stress) which compound the effects of domestic violence. Multiple traumas could potentially result in an escalation of interparental conflict and an increased potential for child abuse. In fact, research has found a high concordance rate, ranging from 40% to 91%, for the co-existence of child physical abuse and interparental violence within a household (Jouriles, Barling, & O'Leary, 1987; Suh & Abel, 1990). Furthermore, various types of family violence and family stress have been noted to have additive or cumulative effects on adjustment (Hughes, Parkinson, & Vargo, 1989; O'Keefe, 1996). The "double whammy" is a term used to refer to individuals exposed to multiple traumas (Hughes et al., 1989).

Besides cases of domestic violence, other parental stress and trauma may also increase the potential for marital problems. For example, Jordan and colleagues (1992) compared the marital problems of Vietnam Veterans with and without PTSD using the Marital Problems Index. Researchers found, that not only were veterans with PTSD more likely to report marital problems, but they were 6 times as likely to fall into the highest category on the Marital Problems Index compared to veterans without PTSD. In

addition, of the 1,200 veterans sampled, 60% of both veterans and their spouses or partners reported medium to high levels of marital problems.

The general stress theory has provided some ideas regarding the link between multiple traumas, increased family stress, increased interparental conflict and child abuse potential (Margolin & Gordis, 2003). This theory suggested that stress may contribute to these behaviors through numerous avenues, including greater sensitivity to negative stimuli and frequent interactions with angry people (Agnew, 1999). Additive effects of stressful events and family trauma may overwhelm a family, heighten tension, and lead to family disruption (e.g., increased family conflict; Patterson, 1982). In addition, higher levels of stress and trauma have been apt to drain coping resources and, thus, heighten family reactivity and aggression toward each other (Patterson, 1982). However, it is important to note that stress within a family extends well beyond child and parental conflict. For example, economic hardship (e.g., poverty and unemployment) has also been identified as a stressor influencing the potential for interparental conflict and abuse (Cascardi & Vivian, 1995; Straus, 1990). Thus, any number of stressors and traumatic events are likely to be associated with increases in interparental conflict.

The Effects of Parental Stress and Trauma on Parenting Beliefs

Studies have generally suggested that major and everyday life stressors (e.g., divorce or the need to utilize supervised visitation centers) have influenced parenting behavior over time (Tein et al., 2000). In addition, results from a prospective longitudinal study suggested that mothers' psychological distress mediates the link between stressors and parenting skills (Tein et al., 2000). A number of factors (e.g., mental illness) may contribute to a parent's psychological distress and in turn, stress and

trauma may compound the factors (e.g., mental illness) contributing to psychological distress. Thus, it is likely to be a reciprocal relationship. For example, when parents are exposed to trauma and stress, typical reactions may include a variety of mental illnesses (e.g., depression, anxiety, and PTSD; Appleyard & Osofsky, 2003). Regardless of the source of parental trauma and stress, the resulting mental illness is likely to impair the ability of an individual to parent effectively and attend thoroughly to a child's needs. For example, depressed parents have shown less positive and more negative interactions with their infants (Field, 1995). In addition, researchers have found that parents suffering from anxiety have felt the desire to withdraw from children as a protection from feelings of vulnerability and trauma (Osofsky & Fenichel, 1994). In a study of 1,200 Vietnam veterans with PTSD, researchers noted elevated levels of problems in parenting skills and violent behavior compared to veterans without PTSD (Jordan et al., 1992). Furthermore, this study assessed the extent to which participants felt their children were problems for them, the extent to which they found being a parent enjoyable, their satisfaction in getting along with their children, and their satisfaction with the way their children were developing. Jordan and colleagues (1992) concluded that veterans with PTSD were three times as likely to fall into the highest category on the Parenting Problems Index compared to veterans without PTSD. Thus, research has provided some evidence that parental trauma and stress and resulting mental illness influence parenting practices.

Another more specific example of the way in which parental stress effects parenting beliefs, is the positive association found between increased stress and punitive parenting (e.g., physical child abuse potential; Crouch & Behl, 2001; Gersten, Langner, Eisenberg & Simcha-Fagan, 1977; Margolin & Gordis, 2003; Wesbster-Stratton, 1990).

In comparison to mothers with low levels of stress from major life events, mothers with higher levels of stress were more controlling, abusive and punitive (Webster-Stratton, 1990). Furthermore, Crouch and Behl (2001) described an interaction between parental stress and the belief in the value of corporal punishment that influenced the potential for child abuse. However, these researchers also noted that among parents who do not believe in the value of corporal punishment, parenting stress was not associated with child abuse potential. In a community sample, Margolin and Gordis (2003) identified the interactive effects of parenting stressors and husband-to-wife aggression on increased risk for child abuse at the hands of women. However, for men, an interaction between husband-to-wife aggression and financial stressors approached significance in predicting child abuse. Finally, Margolin and Gordis (2003) concluded that even without other stressors, high level of parenting stress appeared to exacerbate the link between husband-to-wife aggression and child abuse. Thus, the level of stress experienced by parents was likely to influence parental attitudes, specifically the belief in corporal punishment, and parenting practices that, in turn, were apt to affect child behavior outcomes. Thus, when exploring the variables of child behavior, interparental conflict and parenting attitudes, it is also important to examine parenting stress and trauma.

PURPOSE

The purpose of the present study was multi-dimensional. Overall, this study sought to examine four constructs in divorced and supervised visitation samples: child behavior (externalizing and internalizing scales) as measured by the Child Behavior Checklist (CBCL), interparental conflict as measured by the Conflict Tactic Scale 2 (CTS2), parenting beliefs (attitudes toward the value of and belief in corporal punishment) as measured by the Adolescent-Adult Parenting Inventory 2 (AAPI2), and parenting stress and trauma as measured by the Parental Parenting stress index (PSI). Furthermore, the piece of this research which examined these variables in a supervised visitation setting, added a substantial amount of data to the limited research within this domain. Such information will hopefully help supervised visitation centers organize services and structure visitations to meet the needs of the children and parents whom they serve.

Comparing a divorced sample with a supervised visitation sample provided a picture of services that may benefit both these groups. Such benefits and suggestions for groups are further explored in the discussion section (e.g., psychoeducational groups, stress reduction groups, child focused groups). More specifically, from data gathered on parental attitudes toward corporal punishment recommendations were made for psychoeducational groups on the effects of corporal punishment and alternative forms of discipline. Without such research it would be difficult to begin developing therapeutic and psychoeducational groups which may improve the quality of life for both children and parents in divorced and supervised visitation groups.

Another variable which was under consideration in this study was parental stress. As previously discussed, parental stress has been connected to child behavior, interparental conflict and parental attitudes, specifically toward corporal punishment. However, to my knowledge this variable had not been specifically studied in relation to the two samples targeted in the present study. Again, results from the data regarding parental stress was used to make recommendation regarding groups which communities might want to consider offering to these groups and which the court system may want to consider, in some cases, mandating. In addition to examining parental stress and trauma within these populations, the interaction with the other variables of interest (e.g., child behavior, interparental conflict, and parenting attitudes) were also explored. Implications were discussed.

Hypotheses

Hypothesis 1: Means for self and partner psychological aggression, physical assault, and injury scores, as measured by the Conflict Tactic Scale 2 (CTS2) will be greater in the supervised visitation sample as compared to the divorced sample.

Hypothesis 2: Means for internalizing, externalizing, and total child behavior scores, as measured by the Child Behavior Checklist (CBCL), will be greater in the supervised visitation sample as compared to the divorced sample.

Hypothesis 3: Means for the belief in the value of corporal punishment scores, as measured by the Adolescent-Adult Parenting Inventory 2 (AAPI2), will be greater in the divorced sample as compared to the supervised visitation sample. Higher scores signify a shift toward more appropriate, nurturing and normed parenting beliefs and attitudes (Bavolek, 2001).

Hypothesis 4: Means for total life stress and total stress scores as measured by the Parenting Stress Index (PSI), will be greater in the supervised visitation group as compared to the divorced group.

Hypothesis 5: As parental conflict scores increase, as measured by self and partner psychological aggression, physical assault and injury scores of the CTS2, child behavior scores will also increase, as measured by the internalizing, externalizing and total behavior scores of the CBCL. Thus, these variables will demonstrate a positive relationship.

Hypothesis 6: As the belief in the value of corporal punishment scores decrease, as measured by the AAPI2, child behavior scores will increase, as measured by the internalizing, externalizing and total behavior scores of the CBCL. Thus, these variable scores will demonstrate an inverse relationship.

Hypothesis 7: As life stress scores and total stress scores increase, as measured by the PSI, child behavior scores will also increase, as measured by the internalizing, externalizing and total behavior scores of the CBCL. Again, these variables will yield a positive relationship.

Hypothesis 8: Gender of child and group membership (divorced or supervised visitation) will have main effects and an interaction in determining total behavior scores as measured by the CBCL.

METHODS

Participants

Participants included parents from two samples: a divorced sample and a supervised visitation sample. There were two inclusion criteria for participants. All participants were at least 18 years of age and had a child between the ages of 6-18 years old.

The divorced sample included three fathers and seven mothers. These parents were recruited from both a rural community (Missoula, Montana) and an urban (San Francisco Bay Area, California) community. Ethnic identifications included seven Caucasian/ European, two African American, and one Hispanic participant. Religious identification was more mixed with three Catholics, two Jewish, two claiming "no religion", two "other" and one Buddhist. The average age of the divorced participant was 38.

The supervised visitation sample was comprised of nine custodial and one noncustodial biological parent including three fathers and seven mothers. The data for this sample was all collected at a supervised visitation center in Missoula, Montana. This center opened in November of 2004 and was funded by a federal grant. Most of the center's clients were referred for safety concerns including abuse, assault or neglect of children. All participants from this sample identified themselves as Caucasian/European. Participant's religious affiliation included three "no religion," three "other", two Catholic and one Mormon. The average age of a supervised visitation participant was 37.

Supervised visitation literature has reported small effect sizes and thus, to have enough power to detect statistically significant changes, 196 subjects would have been

the ideal number of participants (Cohen, 1988). However, from the initiation of the study, it was realized that this number was unrealistic. At the start of this project only 17 families were involved in the supervised visitation center in Missoula, Montana. In addition, given the difficulties faced by families from a rural setting (e.g., transportation) and the nature of families utilizing supervised visitation centers (e.g., chaotic lives, high stress) 196 participants was an unrealistic goal. For a medium effect size, approximately 32 subjects would have been needed to detect significant changes (Cohen, 1988). Realistically, the present study set out to gather data from 20 supervised visitation participants. Although there was the danger of not having enough power to detect statistically significant changes, findings were still likely to yield clinically significant results. In addition, there is very limited research exploring the characteristics of those utilizing supervised visitation services and, thus, any data added an important piece of knowledge to this area. The final participant numbers for the study included 10 divorced and 10 supervised visitation participants for a total of 20 participants.

Procedure

Recruiting from the Community for the Divorced Sample

Participants were recruited from the community through a number of modalities. The University of Montana was targeted for recruits via flyers posted around campus and flyers given directly to psychology instructors so they could announce the study to their classes. Some flyers included the date, time, and place of the study and other pertinent information (see Appendix A). An alternative flyer listed inclusion criteria, place and contact information for the researcher but no date, time, or place of the study (see Appendix B). This alternative flyer was designed in hopes of increasing participation by

way of being more available to participants and more flexible with dates and times. The monetary reimbursement listed on both the fliers reflexes the changes made mid-way through the study from $10.00 to $20.00. In addition to postings around the University of Montana, flyers were posted in public locations in Missoula, Montana and the San Francisco Bay Area, California. With permission of owners, flyers were posted at grocery stores, restaurants, laundry mats, and local stores. In addition, flyers were sent to a number of agencies in and around the Missoula and San Francisco area including mental health centers, Families First, YWCA, and divorce groups. Mass e-mails with the flyer attached were sent to teachers, friends, students, clinicians, and business people in both locations.

When participants arrived at the study, a researcher introduced the purpose (e.g., the purpose of this study is to explore characteristics of families who are divorced) and the procedure of the study. Each participant was given a consent form that the researcher briefly reviewed aloud (see Appendix C). Once the consent was signed, each participant was handed a packet of questionnaires to complete. Each packet included a demographics questionnaire (Appendix D), Conflict Tactic Scale 2 (CTS2), Child Behavior Checklist (CBCL), Adolescent-Adult Parenting Inventory 2 (AAPI2), and Parenting Stress Index (PSI).

As participants handed in packets, they were provided with an information sheet consisting of a brief list of referrals and contact information for additional questions about the study (see Appendix E). In addition, each participant was given a copy of the consent form to take home with them (see Appendix C).

Some participants had problems with transportation and work schedules and were,

thus, unable to complete the study in person. For those participants, the study packet was mailed to them with the same materials described above. In addition, each packet contained two pink sheets that each participant was to keep for their own information: a copy of the informed consent and also an information sheet (see Appendix E). An instruction page in each packet explained procedures for filling out informed consent and measures and asked participants to keep the pink sheets (see Appendix J). Participants were also given a pre-stamped and addressed envelope in which they returned the study materials.

Recruiting from the Supervised Visitation Center

When parents were referred to the center, staff typically set up a time for them to attend an orientation about the center. This orientation occurred before the first supervised visit. After the orientation, the staff member introduced the researcher to the potential participant. In turn, the researcher introduced the present study to the participant. The introduction went as such:

"I am here to share information about a study that I am running in conjunction with the staff here at [supervised visitation center]. The goal of the study is to better understand the parents and children using the services at [supervised visitation center]. In turn, this information may help [supervised visitation center] and other similar agencies adjust their programs to better serve parents and children. The study should take no more than an hour and a half. It requires that you complete a packet of questionnaires before your child's first visit to [supervised visitation center]. None of these questions will have your name on them and, thus, your confidentiality will be protected. You will receive $10.00 for your participation. You have the option of completing the questionnaires now or I

can give you the information to take home, fill out, and bring back at your child's first visit. In this case, I would ask you to leave a contact number where I could reach you the day before your child's first visit, to remind you to bring back the material. This reminder phone call is optional. If you bring home the material to complete and change your mind about participating, just bring the blank packet to the center at the first visit. Are there any questions? If you are not interested in participating, I appreciate your time. Thank you."

No participants stayed at [supervised visitation center] to complete the packet of questionnaires. Instead, all participants took the packets home to fill out. Before leaving the supervised visitation center, the researcher asked the participant to fill out the Informed Consent (see Appendix F) and Permission to Contact (see Appendix G) forms. The researcher gave each participant envelopes containing the following documents: informed consent (see Appendix F), an instruct sheet regarding returning the materials (see Appendix J), demographics questionnaire (see Appendix H), CTS2, CBCL, AAPI2, and PSI. Also, each packet contained two pink sheets that each participant was to keep for their own information: a copy of the informed consent and also an information sheet (see Appendix E). An instruction page in each packet explained procedures for filling out measures and asked participants to keep the pink sheets (see Appendix J). According to the information that the participant filled out on the permission to contact information sheets (see Appendix G), the researcher contacted the participant by phone call or letter to remind him/her to return the envelope to [supervised visitation center] at the first visit. When participants arrived for the first supervised visitation meeting, a researcher or staff member met them to receive the envelope and gave each participant the $10.00 regardless

if the participant filled out the measures or not. The packets were stored in a locked cabinet until a researcher retrieved the materials and transported them to another file cabinet at the University of Montana where the data was analyzed. The researcher separated the informed consent from the rest of the envelope in order to protect confidentiality.

Measures

Demographic Questionnaire (see Appendix D and Appendix H)

Each participant from both samples completed a demographic questionnaire designed specifically for the present study. This questionnaire gathered general background information about both parents, including marital status, education, income, ethnicity, and religion of both the respondent and the "other" parent. The demographic questionnaire also gathered some brief information on the child for whom the parent was referring to throughout the questionnaires including: age, gender, school grade, and frequency of contact with the other parent.

Revised Conflict Tactics Scale (CTS2; Straus, 2003)

The CTS2 takes approximately 15 minutes to complete. The CTS2 evolved from the original CTS developed by Straus in 1973 to address the shortcomings of the original form (Straus, Hamby & Warren, 2003). The CTS2 consists of a list of behaviors that an individual (e.g., husband or wife) and a partner might engage in during conflict. The items on the CTS2 are interspersed, not hierarchical, so that the plausibility of response sets (e.g., blindly marking all items) is reduced (Straus et al., 2003). The response categories ask for the number of times an action occurred in the past year, ranging from 0 (never) to 6 (more than twenty times). A score of 7 (life scale) indicates that the incident

did not happen in the year that the respondent is considering, but it did happen before or after that year. Furthermore, the life scale will not be used in analysis.

The CTS2 consists of 78 questions covering five general tactics used to resolve conflict, including Negotiation (e.g., emotional and cognitive), Psychological Aggression (e.g., minor and severe), Physical Assault (e.g., minor and severe), Injury (e.g., minor and severe), and Sexual Coercion (e.g., minor and severe). The negotiation scale includes items such as, "I explained my side of a disagreement to my partner." Examples of items from the Psychological Aggression scale include, yelled at or insulted partner, sulked or refused to talk about it, and threw something (e.g., an object). The Physical Assault scale includes, but is not limited to, behaviors related to grabbing, slapping, kicking, biting, hitting with a fist, and threatening with a gun or knife. The Injury scale is used to address whether injury occurred as a result of violent conflict tactics, for example, "I had a broken bone from a fight with my partner." Finally, the sexual coercion scale includes any verbal or physical force used to compel a partner to engage in unwanted sexual activity (Straus et al., 2003). The CTS2 asks respondents to rate all items twice, once for themselves (self scale) and once for their partner (partner scale). Both self and partner scales were used in the analysis of the present study.

The CTS2 scale scores appear to be both reliable and valid. Using a sample data, based on 317 college students, results indicated that the CTS2 scales have good internal consistency ranging from .70 for the Psychological Aggression scale to .95 for the Injury scale (Straus et al., 2003). These reliabilities are higher than those reported for the original CTS that ranged from .50 for the Reasoning scale to .88 for the Physical Assault scale (Straus, 1990).

The researchers are still in the process of testing the validity of the CTS2 scales. However, there is some preliminary research that provides evidence for construct validity of the CTS2. In a study by Straus and Mouradian (1999), both the CTS2 and the Personal and Relationship Profile (PRP) were administered to 391 undergraduates. The PRP variables (e.g., anger management, conflict, communication, relationship distress) were correlated with partner violence prevalence rates from the CTS2 Physical Assault scale. Results revealed that scores from the Physical Assault scale were significantly correlated with virtually all PRP scores. In addition, Straus et al. (2003) suggested that validity data from the original CTS may also be used as support for the validity of the CTS2, to the extent that scores from the CTS and the CTS2 are equivalent (Straus et al., 1980).

Child Behavior Checklist for Ages 6-18 (CBCL/6-18; Achenbach & Rescorla, 2001)

The CBCL takes approximately 20 minutes to complete. The CBCL/6-18 is a measure of child behaviors as reported by parents, parent-surrogates, or others who see children in family-like contexts. Although the CBCL contains an informational section (e.g., name, relationships to child) and descriptive section scored on 3 competence scales, neither of these were statistically analyzed for the present study.

The bulk of the CBCL/6-18 consists of 112 questions that tap into behavioral, emotional and social problems of children now or within the last 6 months. For the purpose of this study, the words "or within the last 6 months" were deleted from the instructions so that all parents are reporting on their child's behavior "now." CBCL/6-18 questions are answered on a 3-point scale ranging from not true (0) to very true or often true (2). These 112 questions contribute to eight syndrome scales including:

anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking, and aggressive behaviors. In turn, these scales are grouped into two broad syndromes: Internalizing (anxious/depressed, withdrawn/depressed, and somatic complaints) and Externalizing (social problems, thought problems, attention problems, rule-breaking, and aggressive behaviors). Finally, Externalizing and Internalizing scales contribute to a total score for child problems, the Total Behavior score. Primarily, the Internalizing, Externalizing, and Total Behavior scores were used in the analysis of the present study.

The CBCL/6-18 syndrome scale scores have been found both reliable and valid. Syndrome scales for the CBCL/6-18 were created from factor analyses of the correlations among Achenbach System of Empirically Based Assessment (ASEBA), which includes the CBCL/6-18, the Youth Self-Report, and the Teacher Report Form (Achenbach & Rescorla, 2001). Therefore, the scales are based on internal consistencies among certain subset of items. For problem scales, Cronbach's alpha ranges from .78 for somatic complaint scores, to .97 for total scores (Achenbach & Rescorla, 2001). Furthermore, for DSM-oriented scales (e.g., affective problems, anxiety problems, somatic problems, ADH problems, oppositional defiant problems and conduct problems), alphas ranged from .72 for anxiety problems to .93 for conduct problems (Achenbach & Rescorla, 2001). These alphas reflect considerable internal consistency. In addition, test-retest Pearson correlations for problem scales, at mean intervals of eight days, were found to be mostly in the .80s and .90s (Achenbach & Rescorla, 2001). Pearson correlations for cross-informant agreement between mothers and fathers of children referred for a variety of mental health services, were also found to be significant at $p<.05$ (Achenbach &

Rescorla, 2001). Between parents, the mean correlation was .76 for syndrome problem scales, with the lowest correlation being .65 for the somatic complaints scale. Finally, Pearson correlations between problem scale scores for the CBCL/6-18, completed over 12- and 24-month intervals by mothers of 7-through 9-year olds, were significant at the $p>.05$. For the CBCL/6-18 the mean correlation over 12 months was .74 and over 24 months was .70 (Achenbach & Rescorla, 2001).

Besides data supporting the reliability of CBCL/6-18 syndrome problem scale scores, Achenbach and Rescorla (2001) also provide evidence for the validity of these scales. Items for the CBCL/6-18 were selected based on literature reviews, consultation with mental health professionals and educators, and pilot testing with parents. Furthermore, revisions of the CBCL/ 6-18 have omitted problematic items that had failed to discriminate significantly between non-referred and referred children from similar demographic backgrounds (e.g., Allergy and Asthma items). Currently, the items of the CBCL/6-18 have been shown to discriminate significantly ($p<.05$) between demographically similar referred and non-referred children. All of the above points to the construct validity of syndrome problem scales of the CBCL/6-18.

Moreover, Achenbach and Rescorla (2001) also provide evidence for the criterion-related validity of the CBCL/6-18 problem scales by multiple regressions, odd ratios, and discriminant analyses. All of these statistical analysis showed significant ($p<.05$) discrimination between referred and nonreferred children of the same demographic background. Finally, construct validity has also been supported by the examination of associations of CBCL/6-18 scales with scales of other instruments (e.g., Conners Scales and Behavior Assessment System for Children, BASC) and with DSM

criteria. Specifically, the correlations of the Conners with CBCL for the attention problems and aggressive behavior problem scales were .77 and .79 respectively (Achenbach & Rescorla, 2001). For the BASC, the correlations for somatic complaints, attention problems and rule breaking all exceeded .70, and the correlations for thought problems and aggressive behaviors ranged from .60 to .85 (Achenbach & Rescorla, 2001).

Adult-Adolescent Parenting Inventory 2 (AAPI2; Bavolek & Keene, 2001)

The AAPI2 takes about 20 minutes to complete. The AAPI2 is a 32-question measure designed to assess parenting and child rearing strengths and weaknesses. This measure is appropriate for parents who are either adults or adolescents, hence, the title of the measure. The AAPI2 yields five sten scores in four parenting constructs and each sten score ranges from 1 to 10: 1 or 2 reflects high risk for abusive parent-child interactions; 3 or 4 denotes deficiencies in appropriate parenting behavior with some individual strengths; 5 or 6 represents the "norm" for the population; 7 or 8 indicates attitudes in parenting and child rearing that exceed what is expected; and 9 or 10 specifies extremely positive scores and very appropriate and nurturing parenting behaviors (Bavolek & Keene, 2001). The five constructs include inappropriate expectations of children, inability to be empathetically aware of children's needs, belief in the value of corporal punishment, family role-reversal, and oppressing children's power and independence (Bavolek & Keene, 2001). Finally, the AAPI2 has established separate norms for both adolescent parents ages 12 to 19 and adults 20+ (Bavolek & Keene, 2001).

The items on the AAPI-2 were based on the constructs of the original AAPI. Bavolek & Keene (2001) explained the way in which the content for the AAPI and AAPI2 was developed. Statements made by parents about their children formed the foundation for the APPI items. Each of these items was assigned to one of the five parenting constructs, which the item best represented. Using factor analysis consisting of 1,427 cases from a diverse population, Bavolek and Keene (2001) reported that the constructs of the AAPI were well represented by the constructs of the AAPI2. Thus, the constructs on both versions of the AAPI are comparable.

As previously suggested, the constructs on the AAPI2 are valid. Bavolek and Keene (2001) reported the criterion-related validity of these constructs. Specifically, all of the constructs significantly discriminated between abusive/neglecting parents and non-abusive/neglecting parents. Other researchers found gender differences among construct scores. In a sample of Mexican-American and Mexican adolescents, Meza-Lehman (1983, as reported in Bavolek & Keene, 2001) noted that males were significantly more "abusive" in the areas of empathy ($p<.001$), corporal punishment ($p<.001$), expectations of children ($p<.05$) and role-reversal ($p<.05$). Another study, with a university sample, yielded similar results with males expressing significantly more abusive attitudes than females (Murphy, 1980, as reported in Bavolek & Keene, 2001).

Furthermore, Bavolek & Keene (2001) provided evidence of internal reliability. Using the Cronbach Alpha reliability, estimates for Form A of the AAPI2 ranged from .82 for parental expectations to .92 for corporal punishment. In addition, the Spearman Brown (r) statistic ranged from .83 for power and independence, to .93 for corporal punishment.

Parenting Stress Index (PSI; Adibin, 1990)

The PSI takes approximately 20 minutes to complete. The PSI contains 120 questions. The first 102 questions have either 5 response choices ranging from strongly agree to strongly disagree or similar graded response choices specific to a question (e.g., much harder than expected, much easier than expected). The first 102 questions contribute to 3 scores: the total stress score, the child domain score, and the parent domain score. In turn, the child domain contains 6 sub-domains (e.g., adaptability, acceptability, demandingness, mood, distractibility/ hyperactivity, and reinforces parent), and the parent domain covers 7 sub-domains (e.g., depression, attachment, restrictions of role, sense of competence, social isolation, relationship with spouse and parent health). High total scores identify parent child systems that are under stress and at risk for development of dysfunctional parenting behaviors or behavior problems in the child (Abidin, 1990). The child domain score is associated with qualities of children (e.g., My child gets upset easily over the smallest thing) that make it more or less difficult/stressful for parents to fulfill parenting roles (Abidin, 1990). Thus, elevated scores on this domain suggest that child characteristics contribute to the overall stress in the parent-child system. Finally, the parent domain is an indicator of the amount of stress and potential dysfunction of the parent-child system that may be related to parental functioning (Abidin, 1990). For the purpose of this study, the child domain, parent domain and total stress scores were used in data analysis.

The last 18 questions of the PSI list a number of traumatic or beneficial life situations (e.g., began a new job, death of a close friend) and contribute to a life stress score. Respondents are asked to indicate which have occurred in the immediate family in

the last 12 months. High scores are associated with stressful situational circumstances that are often beyond the respondent's control and exist outside that parent-child relationship. The total life stress score will be used in analysis of the role of trauma.

There is research supporting both the reliability and validity of the PSI scales. Using a normative sample of 2,633 individuals, primarily recruited from pediatric clinics in West Virginia, Lyod and Abidin (1985) computed alpha reliability coefficients. These coefficients ranged from .70 to .84 for the child and parent domain scores respectively. The reliability coefficients were .90 and .93 for the child and parent domain scores respectively and .95 for the total stress score. In addition, test-retest reliabilities from a number of studies provided evidence for the stability of PSI scale scores. Fifteen mothers, drawn from the normative sample described above, completed the PSI at time 1 and time 2 with 3-weeks in-between administrations (Burke & Abidin, 1980). This test-retest yielded a strong relationship of .817 and .706 ($p<.01$) Spearman rank-order coefficient for the child and parent domain scale scores respectively (Burke & Abidin, 1980). Using a sub-sample of 30 mothers drawn from the same normative sample described above, Abidin (1990) re-administered the PSI one to three months after the initial administration. This study yielded Pearson correlations of .63 for the child domain, .91 for the parent domain, and .96 for the total stress score. These are just some of the studies which have indicated good stability of PSI scores across time.

In addition to reliability, the PSI scales seem to have good validity. Researchers suggested that the PSI exhibits content validity as it was developed through a process which included the following: a general review of relevant research in a variety of areas, a literature review and clinical experience to guide the construction of a list of

dimensions, a pilot study testing procedures and a panel of professionals who rated each item for relevance of content and adequacy of construction.

Besides content validity of the PSI, a number of studies have examined the concurrent and construct validity of PSI scales in the areas of child development, parenting, behavior problems, and marital problems, some of which are reviewed here. In a sample of children with delayed mental development, Cameron and Orr (1989) utilized the PSI to identify areas of stress within the family. On all scales, but especially on the child domain scale, these children scored well above the means for the standardization sample. Also, elevated parent domain scores were related to children's behavior problems, their specific handicap and the level of child independence. In the area of parenting, Adamakos, Ryan, & Ullman (1986) looked at factors predictive of stress as a means of assessing the risk of child maltreatment, and found that low scores on the parent domain were associated with good social support ($r=.45$, $p<.005$). Also, high scores in the child domain were related to low satisfaction with ongoing relationships ($r=.39$, $p< .01$). Finally, scales on the Maternal Social Support Index (MSSI) correlated negatively with the life stress scores on the PSI, suggesting that social support may be a protective factor against life stress (Adamakos et al., 1986).

In addition to child development and parenting, some studies have reviewed the construct and concurrent validity of the PSI scales in terms of child behavior problems. For example, in a study of children with attention deficit disorder, Barkley, Fischer, Newby and Breen (1988) found that the PSI was useful for pre-medication diagnosis and was useful as a means for parents to report child behavior. Also, mothers participating in this study reported more behavioral problems and overall stress on the PSI.

In addition to the above evidence for the validity of PSI scales, PSI test scores were correlated with a number of alternative measures of the same construct. Breen and Barkley (1988) found that the Beck Depression Inventory and two subscales of the PSI child domain (acceptability and demandingness) and five subscales of the PSI parent domain were significantly correlated. Furthermore, significant correlations were found between the PSI and the Child Behavior Checklist (CBCL). Lafiosca and Loyd (1986) found significant correlations on the child domain of the PSI and the teacher and parent report Child Behavior Problem Checklist (CBCL). These were only a few among the numerous studies providing evidence of PSI concurrent test validity.

. Regarding discriminant validity, research has provided evidence that PSI test scores can distinguish on the bases of test measures. Researchers provided evidence that PSI test scores may distinguish stress between groups in the following areas: developmental issues and physical handicaps, physical illnesses, at risk, behavioral disturbances, and parent-child issues. More specifically, some of these studies indicated that PSI scores yielded differential stress levels to distinguish the following groups: infants with interrupted infantile apnea, versus a control group (Bendell, Culberton, Shelton, & Carter, 1987); Canadian families with an infant cystic fibrosis, versus congenital heart disease, versus controls (Goldberg, Morris, Simmons, Fowler, & Levison, 1990); physically abusive and non-abusive mothers (Mash, Johnston, & Kovitz, 1983); families at-risk and not at-risk for parenting problems (Telleen, Herzog, & Kilbane, 1989); clinic mothers of disturbed children, versus controls (Mouton & Tuma; 1988); and parents of hyperactive, versus control children (Mash & Johnston, 1983).

In addition to concurrent, construct and discriminant validity of the PSI scales, there is also some evidence for predictive validity. In a study of marital satisfaction and self-esteem, it was reported that from the time of pregnancy to six months postpartum, both low self-esteem and high life stress predicted fathers' parenting stress (Cowan & Cowan, 1986). Furthermore, both low self-esteem and high life stress remained predictive at 18 months postpartum.

Thought Questionnaire (see Appendix I)

This questionnaire was designed specifically for this study and for the purpose of collecting some qualitative data. This measure was only administered to participants from the supervised visitation sample. The questionnaire included a total of five questions which participants answered on a likard scale of 1 to 5 and then also provided a written response. Questions addressed a variety of expectations and hopes held by parents utilizing supervised visitation services.

RESULTS

Overall there were a total of 10 participants in the divorced group and 10 participants in the supervised visitation group. Some analyses were run using the total sample size (n = 20) and some were run for each sample individually (n =10). Demographic characteristics are described for the overall sample (n = 20) as well as each sample individually (n = 10). T-tests were used to compare mean scores of the divorced sample (n = 10) and the supervised visitation sample (n = 10). The t-tests which compared means by gender did so using the total sample (n = 20). For the correlation matrix, all subjects were used (n = 20). Finally, for ANOVAs, the total subject pool was also used (n = 20).

Demographic Characteristics

All demographic information was gathered from the demographic questionnaire completed by each participant. Respondent's ages ranged from 24 to 54 years of age (M=38; SD= 8.13). For the divorced sample the mean age was also 38 (SD= 9.60). For the supervised visitation sample, the mean age was 37 (SD=6.80). There were six male respondents and 14 female respondents in the total sample, with equal males and females in both samples. Regarding religion, 25% of respondents reported that they were Catholic, 25% said they had "no religion," and 35% checked "other" (e.g., Protestant). Overall, the sample consisted of primarily Caucasian/Western European (85%) followed by two (10%) African Americans and one (.5 %) Hispanic respondent. All participants from the supervised visitation sample reported a Caucasian/Western European ethnic identification.

Divorced and supervised visitation samples appeared to differ on a number of variables including marital status to the other parent, education, and income. Regarding the marital status of the respondents to the other parent of the child described in the questionnaires, 12 (60%) were married to and currently divorced from the other parent, 4 (20%) were married to and currently separated from the other parent, 2 (10%) were currently in a committed relationship with the other parent, and 2 (20%) identified their marital status as "other." However, the distribution of this variable differed in the divorced sample as compared to the supervised visitation sample. Specifically, 9 individuals from the divorced sample (90%) reported that they were married to and currently divorced from the other parent. This makes sense given that the criterion for selection of the divorced group was divorce. However, in the supervised visitation sample, only 3 individuals (30%) reported that they were married to and currently divorced from the other parent. The remaining 7 participants (70%) from the supervised visitation sample reported that they were married to and now separated from the other parent or "other" (e.g., continued committed relationship with other parent).

With regards to education, all respondents had at least completed high school or vocational school. In addition, 11 respondents (55%) had a college education or higher education (e.g., graduate school). In the supervised visitation sample, 4 respondents (40%) reported a college education or higher education and 1 (10%) reported a graduate degree. In comparison, 7 respondents (70%) from the divorced sample reported a college education or higher education and 5 (50%) reported a graduate degree. Similar patterns are noted with the income of respondents from each group. Supervised visitation participants claimed a mean income of approximately 20,000 dollars with 1 (10%)

making over 50,000 dollars. Divorced participants reported a mean income of approximately 30,000 dollars with 4 (40%) making over 50,000 dollars.

Follow up chi square analyses was used to test significance of differences in education and income between groups. According to results, no significant differences for education means ($\chi^2 = 5.47$, $p>.05$, $df = 4$) or income means ($\chi^2 = 12.13$, $p >.05$, $df = 8$) emerged between groups.

Child characteristics of the overall sample (supervised visitation and divorced samples combined, n = 20) were also examined. The mean age of the child who the respondent was describing in the questionnaires was 10.5 (SD=2.76). Although the ages ranged from 6 to 17, 80% of children were in the 7 to 12 year old age range. In total there were 11 boys and 9 girls. The mean number of children in the respondent's family was 1.7 (SD= .80) and the range was 1 to 4 (see Table 1 and Table 2 for descriptive statistics of demographic variables).

t-Tests

Conflict Tactic Scale-2 (CTS2)

T-tests were used to compare the means of the divorced sample and supervised visitation sample on a number of CTS2 scores including self and partner psychological aggression, physical assault, and injury. Of these variables, the only significant difference in mean scores was for partner psychological aggression. Partner psychological aggression was significantly higher in the supervised visitation sample than in the divorced sample ($t=2.42$; $p<.05$; $df = 18$; $d= .23$); see Table 3 for M and SD from t-tests). This reflects that partners of those filling out measures in the supervised visitation group inflicted significantly more psychological aggression as compared to partners of

those from the divorced group. Psychological aggression includes but is not limited to swearing at, yelling at, threatening, or destroying something that belongs to a partner. No other significant differences were found for these CTS2 scores (e.g., self psychological aggression, self or partner physical assault and injury) between the supervised visitation sample and the divorced sample. Thus, only part of Hypothesis 1 was confirmed: means for partner psychological aggression were higher in the supervised visitation sample than in the divorced sample. However, results do not confirm that there were significant mean differences between samples (supervised visitation and divorced group) for scores on self and partner physical assault and injury, as well as self psychological aggression (hypothesis 1).

Exploratory analysis of self negotiation means on the CTS2 revealed significant differences with mean scores for the divorced sample being higher than those for the supervised visitation sample ($t= 2.274$, $p<.05$, $df = 18$, $d= 1.07$). Higher scores indicate the use of more non-conflict and non-aggressive oriented negotiation skills. Such skills may include "explaining my side of a disagreement to my partner," "showing my partner I cared even though we disagreed," and "showing respect for my partner's feelings about an issue" (CTS2; see Table 3 for M and SD).

Child Behavior Checklist (CBCL)

T-tests were used to compare the mean scores of the divorced sample and supervised visitation sample for internalizing, externalizing, and total child behavior scores of the CBCL. No significant differences were found for internalizing ($t= -.364$, $p>.05$, $df = 18$, $d = -.17$), externalizing ($t=.076$, $p >.05$, $df= 18$, $d= .036$) or total behavior scores ($t=-.360$, $p>.05$, $df = 18$, $d= -.17$; see Table 3 for M and SD). Thus, hypothesis 2

stating that there would be mean differences between groups on these three child behavior scores was not supported. Even though no significant differences were found for CBCL scores between groups (supervised visitation and divorced samples), exploratory analysis did reveal significant differences in total child behavior scores between males and females ($t=2.40$, $p<.05$, $df= 18$, $d = 1.13$), with male mean scores significantly higher than female mean scores. In addition, mean scores for males were significantly higher than those for females on both the social behavior domain ($t= 2.517$, $p<.05$, $df= 18$, $d= 1.19$), and on the attention behavior domain ($t= 3.077$, $p<.01$, $df=18$, $d= 1.45$; see Table 4 for M and SD). Higher scores indicate higher levels of child behavior problems. Although scores were not clinically significant (e.g., scores did not exceed a t score of 60), they were statistically significant. Note that scores may have not reached clinical significance due to the nature of families utilizing the supervised visitation center. The center used in data collection does not accept families with substantiated child abuse. Thus, those children, and perhaps those with greater behavior problems, were not included in the sample.

Adolescent Adult Parenting Inventory-2 (AAPI2)

T-tests were used to compare the mean scores of the divorced sample and supervised visitation sample for the belief in the value of corporal punishment scores of the AAPI2. No significant differences were found for this variable ($t= -.291$, $p >.05$; $df= 18$, $d= .19$; see Table 3 for M and SD). Thus, hypothesis 3 was not supported.

Parenting stress index (PSI)

T-tests were used to compare the mean scores of the divorced sample and supervised visitation sample for total stress and life stress scores of the PSI. No

significant differences were found for either total stress (t= -.044, p>.05, df= 18, *d*= .44) or life stress scores (t = .577, p>.05, df= 18, *d*= -.39; see Table 3 for M and SDs). Thus, hypothesis 4 was not supported. Total stress scores represent the level of stress under which the parent child system is functioning, as reported by the parent. This score also signifies the risk for development of dysfunctional parenting behaviors or child behavior problems (Abidin, 1990). Life stress scores are associated with stressful situational circumstances (e.g., loss of a new job, death of a family member) that are often beyond the respondent's control and exist outside that parent-child dyad.

Bivariate Correlations

Bivariate correlations were run to explore the relationship of parental conflict scores (CTS2) to child behavior scores (CBCL), of attitudes toward corporal punishment scores (AAPI2) to child behavior scores (CBCL) and of life stress scores (PSI) to child behavior scores (CBCL; see Table 5 for correlation matrix). For this analysis, the total sample (n = 20) was used. All correlation analysis were run using the total sample size of n=20. Thus, scores from both the divorced and supervised visitation groups were taken together.

CTS2 and CBCL

Analysis failed to support relationships predicted in hypothesis 5. Thus, no significant relationships emerged between CTS2 scores in the domains of psychological aggression, physical assault and injury and CBCL scores in the domains of internalizing, externalizing and total child behavior scores (see Table 5 for correlation matrix). However, exploratory analysis did reveal a significant relationship between other CTS2 and CBCL scores which were not hypothesized. Specifically, when partner injury scores

(CTS2) increased, so too did anxiety/depression (CBCL) scores (r=.481, p<.05, n=20). Partner injury scores represent injury inflicted on the respondent by a partner such as broken bones, physical pain, sprains, bruises, and bleeding.

AAPI-2 and CBCL

Analysis failed to support the relationship predicted in hypothesis 6. Thus, no significant relationship emerged between the belief in the value of corporal punishment (AAPI2) and internalizing, externalizing or total child behavior scores (CBCL; see Table 5 for correlation matrix).

PSI and CBCL

No significant relationships emerged between total stress scores or life stress scores and internalizing, externalizing or total child behavior scores. Again, results failed to support predictions made in Hypothesis 7 which stated that as total stress scores and life stress scores increased so too would child behavior scores.

Although not predicted, exploratory analysis revealed significant relationships between total child behavior scores (CBCL) and other PSI domains including child adaptability (r = .577, p< .01, n= 20), child demandingness (r = .680, p<.01, n= 20) and total child domain scores (r= .545, p<.01, n= 20; see Table 7 for correlation matrix).

Additional Exploratory Analysis

Additional exploratory analysis revealed significant relationships between interparental conflict scores (CTS2) and PSI domains. Specifically, child distractibility was related to partner psychological aggression (r= .726, p<.000, n= 20) and to partner sexual coercion (r= .609, p<.01, n= 20). Also, parental sense of competence was related

to self physical assault (r = .586, p<.01, n= 20) and self injury (r = .482, p<.05, n =20; see Table 7 for correlation matrix).

Although not predicted, exploratory analysis also revealed a positive association between some demographic variables (e.g., age and education) and AAPI2 scores (e.g., inappropriate expectations, role-reversal, and belief in the value of corporal punishment). Age was found to be associated with inappropriate expectations (r = .457, p<.05, n =20), corporal punishment (r = .574, p<.001, n= 20) and role reversal (r = .522, p<.01, n= 20). In addition, education was found to be associated with belief in the value of corporal punishment (r = .516, p<.05, n= 20) and role reversal (r = .449, p<.05, n =20). Thus, as age/education increased so too did parenting attitudes in the domains described above. Higher parenting attitudes reflected more appropriate, nurturing, and realistic attitudes toward parenting and expectations for children (see Table 6 for correlation matrix).

ANOVAs

Anova analysis was used to test the main effects and interaction of gender (male and female) and group membership (supervised visitation and divorced) on total child behavior scores. Both supervised visitation and divorced samples had equal numbers of males (n =3) and females (n = 7) for a total of 6 males and 14 females. A main effect for gender (F (1,16) = 5.08, p <.05, partial eta squared = .241) was found. However, no main effect for group membership (F (1, 16) = .015, p>.05; partial eta squared= .130) and no interaction (F(1,16) = .143, p >.05; partial eta squared= .105) were found in this analysis (see Table 8 for ANOVA results). Thus, Hypothesis 8 was only partially supported in that main effects for gender did emerge in relation to total child behavior scores (CBCL). However, data did not reveal main effects for group membership (divorced or supervised

visitation) or an interaction between group membership and child gender in relation to total child behavior scores.

Although the original proposed study called for multiple regression analysis, the small n (n = 20) did not make such analysis appropriate.

Qualitative Data

Using the Thought Questionnaire designed for the present study, qualitative data was gathered regarding participants' expectations of supervised visitation services. In addition, each of the five questions included a basic 1 through 5 likard scale (see Table 9 for descriptive statistics of Thought Questionnaire).

Question1

Question 1 asked participants to respond to the statement, "I expect positive changes by utilizing the supervised visitation center." None of the participants disagreed or strongly disagreed with the statement and 8 out of 10 (80%) agreed or strongly agreed. The remaining two participants stated they were "neutral" on the statement. The most prominent theme throughout participant responses centered on positive changes in connection with their children. For example, one participant hoped for "renewed relationship between kids and father" and another hoped that "mother will spend time with child for the child."

Question2

With regard to question 2 all participants (10 of 10) agreed or strongly agreed with the statement, "Using the supervised visitation center will help protect my child." Participants described supervised visitation protecting children from interparental violence, child abduction, child abuse, and child neglect.

Question3

Although question 3 stated "I feel as though utilizing supervised visitation center will protect me," participants often returned the focus of responses to the ability of the center to protect their children. In total, 7 of 10 (70%) participants agreed or strongly agreed in response to this question and 3 participants were neutral on the position.

Question 4

This question focused on expectations regarding the supervised visitation center's sensitivity to personal, spiritual, and cultural values. Similar responses emerged as 8 of 10 (80%) agreed or strongly agreed and 2 participants took a neutral position on this statement. Most written responses again referred to values in connection with their child's visits, "watching over my children during the visitation." In addition, many participants spoke about the importance of respect during the visitation process, "It is important to me that everyone feels respected while participating in the supervised visitation center."

Question 5

Finally, responses to question 5 yielded more discrepancy. The question explored a participant's confidence that "I can change the circumstances that brought me to the supervised visitation center." Overall, 3 of 10 (30%) agreed or strongly agreed, 4 of 10 (40%) were neutral, and 3 of 10 (30%) disagreed. Although many participants again spoke about their children, others talked about hopes of changing themselves in some capacity. For example, one participant was confident that supervised visitation services would "help me grow."

DISCUSSION

This study explored a number of variables including interparental conflict, child behavior, attitudes toward parenting, and parenting stress as they related to a supervised visitation sample and a divorced sample. Each of these two samples included 10 participants for a total of 20 participants. The supervised visitation sample data was collected entirely from the supervised visitation center in Missoula, a rural Montana city. All but one parent in this sample was a custodial parent. The divorce sample data was collected in both Missoula, Montana, as well as an urban city outside of San Francisco, California.

Similarities between Groups and Implications

Ethnicity and Resources

The majority of participants, 17 of 20, identified themselves as Caucasian/ Western European and the remaining three identified themselves as Hispanic and African American. All supervised visitation participants acknowledged their ethnicity as Caucasian/Western European. Given the ethnic make-up of Montana this statistic may not be surprising. The 2006 U.S. Census Bureau reported that Montana was made up of 90.8% "white persons" (U.S. Census Bureau, 2006). However, Montana also has a prominent "American Indian and Alaska Native persons" (6.4%; U.S. Census Bureau, 2006). Across Montana, there are a total of seven American Indian reservations. In addition, data from research done by the National Center for Injury Prevention and Control Division of Violence Prevention (CDC; Breiding, 2005) has shown that American Indians/Alaska Natives are the second highest ethnic group for life time prevalence of intimate partner violence (30%). This group was only second to those who

identified themselves as "multi-racial." Research has suggested a number of barriers that American Indians face in accessing mental health services. Such barriers have included lack of cultural sensitivity, the fear of being culturally misunderstood, concerns regarding trust and confidentiality, and limited resources (e.g., transportation, finances; Johnson & Cameron, 2001). It is important for supervised visitation centers to consider ways in which such barriers may be overcome. In this fashion supervised visitation services may be more available to underserved populations (e.g., American Indians). Broadening such services would also involve educating staff about culturally sensitive practices for American Indians or any other ethic group which they serve.

Income and Education

Besides ethnicity, educational and income make-up of participants was similar in both the supervised visitation and divorced groups. Differences in both education and income were not statistically significant. Thus, any differences in levels of child behavior, interperantal conflict, parenting attitudes, and stress are less likely to be due to ethnicity, education, and income and more likely to be due to group (supervised visitation or divorce) membership.

Differences between Groups and Implications

Marital Status

Although the ethnic identification, education, and income differences between the supervised visitation and divorced groups were not statistically significant, a number of differences did set these groups apart. By virtue of needing to meet criteria to participate in the study, 90% of the divorced sample was divorced. It was curious that one participant in the divorced sample indicated that their marital status to the other parent

was “other.” The specifics about this participant’s situation were unclear. In comparison, only 30% of the supervised visitation sample was divorced and 40% separated from the other parent. Perhaps, this is not surprising given the complications that often accompany the relationships found within a supervised visitation setting. As previously described, many supervised visitation cases involve some type of domestic violence including child abuse and interparental violence (James & Gibson, 1991; Thoennes & Pearson, 1999). Thus, issues related to domestic violence are likely to create barriers to divorce for those involved in supervised visitation. These may include, but are not limited to, financial dependence, threats from a perpetrator (e.g., increased violence, child abduction, etc.), limited social support/social isolation, mistrust, shame, frustration, guilt, or religious beliefs (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Given such obstacles, it may take longer for an individual coping with domestic violence to leave a relationship, divorce or separate from a spouse, as compared to an individual without such complications.

Interparental Conflict

In addition to differences in marital status, group differences with regard to some types of interparental conflict emerged, including partner psychological aggression and self negotiation (CTS2). As hypothesized, there was a mean difference in levels of partner psychological aggression with the divorce group reporting significantly less as compared to the supervised visitation group. This implies that respondents from the supervised visitation group experienced more psychological aggression than did those in the divorced group (e.g., “My partner called me fat or ugly;” CTS2). Another difference was revealed in terms of self negotiation skills on the CTS2. Although not hypothesized,

exploratory analysis suggested that respondents from the divorced group exhibited statistically significantly better self negotiation skills as compared to respondents from the supervised visitation group. Thus, respondents from the divorced group rated themselves as utilizing methods of settling disputes that are more non-violent and use more positive affect (e.g., "I showed my partner I cared even though we disagreed"; CTS2), as compared to the supervised visitation group.

Differences in levels of interparental conflict were hypothesized (e.g., psychological aggression, physical assault, and injury on the CTS2). These differences were expected due to the nature of the groups and the way in which supervised visitation groups are portrayed in the literature. As previously mentioned, the majority of cases referred for supervised visitation involve some form of domestic violence (James & Gibson, 1991; Thoennes & Pearson, 1999). It is possible that such differences do exist, but given a low sample size (n= 20) the study may have not had enough power to detect all hypothesized differences in levels of interparental violence between groups (e.g., physical assault and injury). Another possibility is that there may not be as many differences between the supervised visitation group and divorced group, in terms of interparental violence, as research has suggested and as was hypothesized. According to the present study results, some level of psychological aggression, physical assault and injury were present in both groups. In another words, differences in physical assault and injury may not have emerged because these groups are more similar than they are different with regards to these variables. Such violence may simply exist across samples. This is important to keep in mind when providing services to both these groups.

Despite these significant findings, some limitations must be addressed. Information regarding the length of time since separation/divorce from a spouse was not figured into the analysis. It may be such that length of time since separation from partner could have influenced reported levels of interparental conflict. In addition, the CTS2 called for respondents to think about the past year in responding to questions. However, in situations for which participants had not been together longer than 1 year, responses may have differed from those still together or recently separated. Thus, time frame since separation/divorce may be variables to factor into analysis and address in future research.

Relationships between Study Variables and Implications

Interparental Conflict (CTS2) and Parental Stress (PSI)

Exploratory analysis revealed associations between interparental conflict (CTS2: partner psychological aggression, partner sexual coercion, self physical assault, and self injury) and parenting stress indices (PSI: child distractibility, and parental sense of competence; see Table 7). Correlational analysis demonstrated that higher levels of self physical assault and self injury were related to higher levels of stress stemming from parental competency. This indicated that the level of physical assault (CTS2; e.g., pushed, shoved, beat up, kicked) inflicted on the respondent by the other parent and the level of injury sustained (e.g., sprain, bruises, broken bones) were related to parent/respondent sense of parental competency (e.g., "I feel every time my child does something wrong, it is my fault," "I feel trapped by my responsibilities as a parent"). However, due to the correlational nature of the analysis, it was difficult to determine the causation of these relationships. For example, it was possible that various forms of interparental conflict (e.g., physical assault, or injury) lended to higher stress scores in the

domains of parental competence. To the contrary, a lower sense of parental competence may have led to feelings of vulnerability and low self-confidence, making the respondent more prone to engaging in or staying in violent relationships. Again, within the scope of this study and with a small sample size (n = 20), causality of such relationships cannot be determined.

Although no studies examining the association between the constructs of "parental competency" and interparental conflict (e.g., physical assault or injury) were found, other literature has reviewed the association between similar constructs of self-esteem and/or self-efficacy. Specifically, psychological abuse and physical abuse have both been shown to contribute independently to scores of low self-esteem in a sample of battered women (Sackett & Saunders, 1999). In addition, compared to non-abused women, abused women have tended to have lower self-esteem (Scott-Gilba, Carinne, & Gillian, 1995). Finally, in a sample of adolescents, young women who were victims of dating violence had lower levels of self-efficacy in many domains including dating and physical self-efficacy (Schwartz, 2004). Thus, results of the present study which yielded associations between interparental violence (e.g., physical assault and injury) and sense of parental competency seem to support some pre-existing literature.

Implications for such findings are important to consider. It may be beneficial for victims of interparental violence, regardless of whether or not they are using supervised visitation services, to have therapeutic groups available to them which focus on parental stress reduction, especially in the domain of parental competency. Given that the supervised visitation group and divorced group did not differ significantly in terms of physical assault and injury, such therapeutic intervention may be equally important to

both groups of parents. Stress reduction groups could provide an opportunity for victims of interparental violence to build coping and distress tolerance skills. Such skills may not only reduce parental stress but may also increase a victim's sense of control over their situation, especially with regards to managing their children (e.g., parental competency). Having a sense of control may, in turn, heighten an individual's sense of parental competency. However, research is needed to understand the effectiveness of such groups. Thus far, literature has suggested that self-efficacy, in general, is related to a victim's, specifically a woman's, stay-leave decision making process (Fiore Lerner & Kennedy, 2000). Thus, groups for victims of domestic violence which focus on stress reduction, especially in the domain of competence, could propel victims to gain a sense of control and increase motivation to leave abusive relationships.

Child Behavior (PSI and CBCL) and Interparental Conflict (CTS2)

In addition to its relationship to parental stress (PSI), interparental conflict (CTS2) was also found to be related to child behavior (PSI and CBCL). Specifically, higher levels of partner psychological aggression and partner sexual coercion were significantly related to higher scores on the child domain stress scale of child distractibility/hyperactivity (PSI). Thus, as levels of psychological aggression experienced by the respondent increased (e.g., yelled at, swore at, insulted, threatened) and as levels of sexual coercion experienced by the respondent increased (e.g., "My partner used threats to make me have sex"; CTS2), so too did levels of reported stress associated with the child characteristic of distractibility/ hyperactivity (PSI). The higher a score in the child domain of the PSI, the higher the child is at risk for developing child behavior problems. Similarly, greater scores on the partner injury scale of the CTS2 were

related to reports of child behavior problems in the area of child anxiety/ depression as measured by the CBCL. Although the association between these variables was statistically significant, mean scores for these variables (child distractibility/hyperactivity on the PSI and child anxiety/depression on the CBCL) did not reach clinical significance. Yet considering on the impact of parental behavior (CTS2) on child behavior, such findings and implications of findings continue to be of the utmost importance.

These results linking interparental violence with child behavior problems (PSI and CBCL), parallel years of research which has claimed that witnessing interparental conflict can be as harmful as and a better predictor of child adjustment, than being the direct recipient of child physical abuse (O'Keefe, 1994; Widom, 1989). In general, children witnessing such conflict have tended to manifest a number of disturbances in many areas including: internalizing reactions (e.g., increased anxiety, depression); externalizing behavior problems (e.g., aggression, hyperactivity); somatic problems; sleeping difficulties; interpersonal deficits; temperament problems; trauma symptoms; and school related complications (Cristopoulous et al., 1987; Davis & Carolson, 1987; Edleson, 1999; Hughes, 1982; Jaffe et al., 1990; Jouriles et al., 1996; Kaplan et al., 1994; Margolin et al., 1996; Rosenbaum & O'Leary, 1981). In addition, interparental violence often occurs in conjunction with child abuse and neglect. Furthermore, the "double whammy" effect refers to children who both witness interparental violence and who are direct victims of child abuse (Hughes et al., 1989). Research has found that children exposed to both of these violent acts have typically exhibited more externalizing behavior problems as compared to children only exposed to one type of familial violence (Cummings et al., 1994; Hughes et al., 1989). Thus, although the present study revealed

a significant relationship between interparental conflict (CTS2) and child behavior (PSI and CBCL), caution is taken when generalizing and drawing conclusions. It may be the case that direct child abuse, often co-occurring in homes with interparental violence, contributed to higher child behavior problems. However, no measure of child abuse was included in this study and, thus, no such conclusion can be drawn. In addition, due to the correlational nature of the study, causation between interparental conflict (CTS2) and child behavior (PSI and CBCL) cannot be determined.

Furthermore, there is evidence from the present study and past literature suggesting that males are at higher risk for developing child behavior problems. Exploratory results from the current study illustrated that mean scores for boys were significantly greater than mean scores for girls on measures of social, attention, and total child behavior problems (CBCL). In addition, although group membership (divorced or supervised visitation) did not have a main effect in predicting total child behavior scores, gender did. In fact, gender accounted for approximately 24% of the variance in total child behavior scores. Although past research has been somewhat mixed regarding child behavior problems and gender, most researchers have suggested that boys tend to exhibit greater emotional distress, academic difficulties, adjustment problems, behavior problems and self-esteem, than do girls in divorced samples (Simons, 1996; Howell et al., 1997; Malone et al., 2004). In addition, although no mean differences were found between the supervised visitation group and divorced group in terms of child behavior, such differences were found between males and females. Thus, girls in these two groups (supervised visitation and divorced) may be more similar than they are different. Similarly, boys in these two groups are apt to be at higher risk for developing behavior

problems, not because of their group identification, but because of their gender.

Results regarding the association between child behavior (e.g., anxiety/depression as measured by the CBCL), parenting stress stemming from child related problems (e.g., child distractibility as measured by PSI), and interparental violence (e.g., partner psychological aggression, sexual coercion, and self injury) lends to ideas regarding the need for therapeutic groups within the community. Families experiencing interparental violence tend to report stress within the parental domain (e.g., sense of parental competency), as discussed above, and also within the child domain (e.g. child distractibility/hyperactivity). This stress is independent of group membership (divorce or supervised visitation). Thus, groups focused on stress reduction, coping and distress tolerance skills, and effective child management techniques are likely to be helpful to these families. In addition, given the link between child behavior and interparental conflict, child focused groups targeted at decreasing behavior problems amongst children exposed to domestic violence and high conflict are sure to be of great service. One should consider especially focusing on male children who, according to research and current study results, are at a higher risk for behavior problems (e.g. social, attention, total behavior problems). According to study results, these child behavior problems, especially for males, cross the lines of group membership (divorce and supervised visitation).

In addition, even when stress and child behavior scores are at sub-clinical levels, therapeutic groups could be offered as a preventive measure to families at higher risk for such problems (e.g., families experiencing interparental conflict). It is important to note that the present study did not find statistically significant mean differences between

supervised visitation families and divorced families in terms of child behavior but did so for child gender. Thus, both groups, especially families with male children may benefit from involvement in preventive focused therapeutic groups. In general, research has shown that children experiencing any type of marital disruption tend to have more behavioral, emotional, health, social, self-esteem and academic problems, than do children from intact families (Amato & Keith, 1991). Thus, addressing such problems earlier in the process would likely improve child behavior outcomes and possibly also improve stress within the parent-child dyad.

Education, Age and Attitudes Toward Parenting (AAPI2)

Results of the present study yielded a significant relationship between education level and attitudes toward parenting (AAPI2), including attitudes toward parent-child role reversal and corporal punishment. In addition, these variables (parent-child role reversal and corporal punishment) and also, inappropriate parental expectations (AAPI2), were significantly related to age of participant. That is, older participants and/or participants with higher levels of education tended to have more appropriate, positive, realistic and nurturing attitudes toward parenting and expectations of their children. Correlated with both education and age, the parent-child role-reversal domain taps into a parent's expectation that their child is to be sensitive to and responsible for their, the parent's, happiness. In this fashion, a child is forced to adopt behaviors traditionally associated with parents (e.g., care and comfort). Correlated with just age, the domain of inappropriate parental expectations often results from: a) parents inability to know the needs and capabilities of their children at different developmental stages; b) a parent's lack of a positive view of themselves as an adult and of their child; and c) a parent's lack

of empathy that is appropriate for a child's developmental level (Bavolek & Keene, 2001). Both inappropriate parental expectations and parent-child role-reversal have been commonly found among cases of child abuse and neglect (Bavolek & Keene, 2001).

In addition to inappropriate parental expectations and parent-child role reversal, physical punishment is generally the preferred means of discipline used by abusive parents (Bavolek & Keene, 2001). Rationale for the use of this type of discipline often includes: a) to teach children right from wrong; b) as a parenting practice sanctioned by the proverbs of the Old Testament; c) as a cultural practice of discipline; d) to provide punishment for children's misbehavior in a loving way; e) just to simply punish misbehavior; and f) because it produces quick results (Bavolek & Keene, 2001).

In the present study, the construct of strong belief in the use of and the value of corporal punishment (APPI2) was significantly associated with both age and education. Thus, more appropriate beliefs in corporal punishment were related to both older participants and participants with higher levels of education. No significant differences emerged between the divorced group and the supervised visitation group for age, education or belief in corporal punishment means. Thus, although many participants are referred by courts to supervised visitation centers for allegations of child abuse, the present study suggested that it may not be just members of this group who are at risk for such parenting practices (James & Gibson, 1991; Thoennes & Pearson, 1999). Rather, these results indicated that younger parents and those with lower education levels, regardless of group membership (divorced or supervised visitation), are at a higher risk for inappropriate parenting practices, as compared to older and more educated parents.

Associations between education and/or age and parenting attitudes (inappropriate parental expectations, parent-child role reversal, and corporal punishment) have great implications for needed community services. For example, it may be helpful to provide psychoeducational classes to younger (e.g., adolescent) parents and parents with less education (e.g., high school drop-outs). Such classes may include explanations regarding appropriate child expectations and child roles dependant on developmental stages and the effects of corporal punishment on child behavior and health. Furthermore, it would be useful to supply these at-risk parents with tools they could utilize in disciplining their children, that is, alternatives to physical forms of discipline. Benefits of such alternative forms of discipline should be reviewed. Courts may also want to consider mandating such classes for at-risk parents experiencing divorce and at-risk parents utilizing supervised visitation services (e.g., younger and less educated parents). This type of education could potentially shift attitudes toward parenting. In addition, given an extensive body of literature supporting the association between the use of corporal punishment and poor child behavior outcomes, it is especially important to offer services that target at-risk parents and reduce the potential for corporal punishment. As a result of providing parents with alternative disciplinary tools, psychoeducational groups may also, in the long run, decrease child behavior problems. Further research would be needed to measure the benefits of these types of psychoeducational classes.

Supervised Visitation Parents' Expectations & the Goals of Supervised Visitation Centers

In review of the five thought questions supervised visitation center participants completed, it was very apparent that their expectations paralleled the goals of supervised visitation centers as a whole. Despite the variety amongst the thought questions,

participants' responses continually referred back to the well-being and safety of their children. The primary goal of all visitation centers is to provide safe and supervised access and custody exchange services for non-custodial parents and children who would otherwise be unable to see each other (Straus, 1995; Straus & Alda, 1994).

Improved Relationships

Many respondents spoke about the expectation that their child's relationship with the other parent would improve. In response to expectations of positive changes, one participant noted that, "I would like my child to be reunited with the other parent for my child's emotional health." A similar response was noted for a parent's confidence that using supervised visitation services might allow her children to, "Get consistent contact with their father. They love him and miss him so much. I hope he will follow through." Such statements parallel the common objective of most supervised visitation services which state, "Supervision provides an opportunity for a relationship, while safeguarding against abuse or exposure to other behaviors which are unduly stressful or emotionally upsetting" (James & Gibson, 1991). In addition, research has consistently suggested the importance of maintaining contact between child and parent. Ahorns and Miller (1993) reported that the frequency at which children see non-custodial fathers has been associated with higher academic achievement, self-esteem, social competence and overall well-being.

Just as sustained contact between a parent and a child is significant for a child's well-being, disruption in a child's relationship with a parent is likely to be traumatizing to the child (James & Gibson, 1991). The child may perceive termination of contact between himself and a parent as abandonment and may blame himself for loss of contact

(James & Gibson, 1991; Straus & Alda, 1994). Thus, among other benefits, contact with a parent allows the child to realize that he is not to blame for the interruption in contact (James & Gibson, 1991). The group for the Advancement of Psychiatry, specifically the Committee on the Family, states that:

Providing access to both parents helps both child and parents deal with feelings that are evoked if the child looks like, is named for, or reminds the custodial parent of the divorced spouse (1980, p. 92).

This statement reiterates one of the goals of supervised visitation centers which parallels many parent's expectations and hopes that the services would have improved the relationship between their child and other parent.

Safety

In addition to expectations of renewed relationships, many parents expected that their children would be kept safe while at the supervised visitation center. One parent noted that, "It is very hard on my seven year old son to be away from his father. [Supervised visitation center] lets my son see his dad in a safe environment away from everyday distractions so they can focus on each other." When asked about their expectations that supervised visitation will help protect their children, all participants either agreed or strongly agreed. Specific responses to this question included, "The center will monitor visits carefully, making sure that negative behaviors do not occur to avoid emotional dysregulation" and "By knowing that I have no worries about her safety and for me to be able to not worry for her." In addition, one parent spoke about her concerns of child abduction, "My ex-husband threatened to disappear with my seven year old. I feel very safe here [supervised visitation center] and feel that the staff members are

concerned about making sure everyone is taken care of on both sides." This parent's concerns illustrated research findings which suggested that unsupervised visits leave non-custodial parents with the opportunity to follow through on threats to abduct children (Sheeran & Hampton, 1999). These expectations for safety reflected the supervised visitation purpose that "contact between parent and child are to assure that the child is physically safe" (James and Gibson, 1991).

Besides protecting their children, some parents described expectations that the supervised visitation center would keep themselves safe from the other parent. Research has illustrated that unsupervised visitation has held the greatest potential for renewed violence after separation from an abusive partner (Sheeran & Hampton, 1999). Such fears were elucidated in a comment from a participant referring to their expectation that the center would protect her, "I do not even have to speak to him. He is very verbally abusive and this way I don't have to deal with him at all." Although not an outlined goal of supervised visitation centers, it is often the case that interparental violence decreases as a result of involvement in these services. Some researchers have suggested that violence between parents may decrease secondary to mediated exchanges, which decrease the overall stress of parents (Jenkins et al., 1997). Also, due to the nature of visitation services, pre-arranged pick-ups and drop-offs, interparental conflict has often naturally decreased. Finally, Lee et al. (1995) suggested that when parents are able to access children, anger subsides naturally and so too does conflict. Thus, supervised visitation may be a healthy alternative, especially for recently separated/divorced couples who find themselves in a heightened state of interparental conflict.

Protection for all Parties

Finally, some parents expressed expectations that all parties involved, children, custodial, and non-custodial parents would all be protected and respected. One parent illustrated this point by saying, "It is important to me that everyone feels respected while participating in the supervised visitation center." As stated in the objectives of supervised visitation centers, "The parent who poses the threat, be it actual or perceived, maintains a relationship while gaining protection against accusations that improper behavior is continuing." Thus, supervised visitation centers work to protect not only the children, but both the parents.

Results from this qualitative data of 10 participants cannot be generalized to all persons participating in supervised visitation services. However, from the data gathered, it was apparent that those utilizing the center based in Missoula, a rural Montana city, had expectations which very closely paralleled the objectives of the center. In addition, although few comments were made about the specific services at the center, one individual stated, "Staff members have acted professional and educated which is very helpful." With such comments, it is clear that the data gathered from the supervised visitation center supports the primary objectives of supervised visitation centers across the United States.

Challenges and Suggestions

Original Study

Many challenges were met throughout the progression of the study. Originally, the study was a with-in subjects design and included two data collection periods at the supervised visitation center, four months apart. However, recruiting and retaining

subjects within this population was unrealistic in the time allotted. All but one participant, who was originally recruited during their orientation at the center, agreed to participate and took the packet home to complete. The only participant who did not agree to participate was a custodial parent who was involved in a very complicated court case with many pending legal issues. Out of the 15 that agreed to participate, 8 returned packets to the center at their first visit. After reminder phone calls, there was only a 60% return rate. The majority of those that did not return the packets, failed to appear for their supervised visits and could not be reached. Some of the participants did not return for visits because court cases regarding custody arrangements were settled and supervised visitation services were no longer needed. However, for the majority, the reasons for not returning were unknown. This should come as no surprise given the typical characteristics of those involved with such services. Often times, these families present with very chaotic and disrupted lives. Approximately 70% of families referred by the courts to visitation centers have a history of domestic violence (Straus & Alda, 1994). Other families are referred to supervised visitation centers based on allegations of child abuse or parental substance abuse (James & Gibson, 1991; Thoennes & Pearson, 1999). Thus, poor follow through for visits, let alone poor follow through for participating in a study, was expected.

In the future, and if possible, in order to avoid the low return rate of packets, participants could complete the packet at the center on the same day they are recruited. During the current study, this was not possible for numerous reasons. First, staff was often unavailable to sit at the center for two hours while participants completed the packets. Furthermore, it was inappropriate to leave research assistants alone with

participants while they completed the questionnaires, especially because research assistants were not employees of the supervised visitation center. Also, many participants did not have time or childcare available to stay at the center and complete packets on the same day as their orientation. It may be helpful to provide childcare for the participant while they complete packets. Again, this would guarantee the completion of time 1 data.

Besides difficulties receiving packets from participants after their orientation (time 1), attrition rates at the four month period were very high. There are a plethora of reasons for the high attrition rate and many of the reasons provided above are just as applicable for time 2 as they were for time 1. Most participants were no longer using supervised visitation services after four months. However, all participants were contacted to inquire about their interest in filling out a time 2 packet, regardless of their length of services at the supervised visitation center. Out of the six participants contacted for the time 2 packets, only three were reached and all agreed to participate. A total of two participants returned the time 2 packets. A packet was mailed twice to the other participant who had agreed to participate, but neither packet was returned.

Besides high attrition rates, inconsistent communication with the supervised visitation center also made data collection very difficult. Like participants, the staff worked within a very stressful environment with high demands. It was often difficult for the staff to remember to call when there was an appropriate recruit for the study and, thus, some potential participants were missed. Furthermore, at times, the staff called the principle researcher only hours or a day before the participant's scheduled orientation. Frequently, research assistants were unavailable to change their own schedules to meet

the potential recruit on short notice. Thus, additional subjects were missed. Furthermore, orientation for parents/potential participants was scheduled individually for each person with no pre-set time or day. Thus, research assistants were unable to plan ahead and schedule allotted times to conduct the research.

Given these complications with communication between the supervised visitation center and researchers, a number of considerations for future research are offered. If possible, it would be helpful to hire research assistants that are directly affiliated with or employed by the supervised visitation center, such as, a staff member or the person in charge of scheduling visits. Thus, the middle person would be eliminated and there would be less room for inconsistent communication and missed participants.

Modified Study

Given the problems with recruiting and retaining participants, the study was modified. A comparison group was added and the time 2 data collection at the supervised visitation center was dropped. The comparison group included divorced parents from the community with children between the ages of 6-18. Note that this is the same criteria used for participants from the supervised visitation center. Over 100 fliers were posted and sent to appropriate agencies within the community (e.g., mental health centers, divorce groups, YWCA, & Families First). From these postings, only three individuals came forward to participate after one month of advertising the study. Again, one can propose a variety of reasons for the lack of response. As with supervised visitation, divorce is a sensitive topic. Individuals are often apprehensive to discuss this subject area, especially when it involves sharing information about their children and their relationship. Although participants are told that all information is held strictly

confidential and sign informed consent with a description of confidentiality, the apprehension to participate continues to exist. Furthermore, divorce is often accompanied by additional stress (e.g., childcare, finances, court proceedings, limited time). Thus, as with the supervised visitation sample, participating in a study was one additional task for which parents often did not have the time or the resources.

Continued problems recruiting participants called for continued modifications to the study. As a financial incentive, participants were offered $20.00, instead of $10.00, to participate. With such changes, two additional participants came forward. However, both noted that they wanted to participate in the study in hopes of "helping others." Thus, they identified their motive to participate as more altruistic than financial. Subsequent to increasing the financial incentive, the study was expanded to include residents of the San Francisco Bay Area in California. Criteria, procedure, and financial reward remained constant. It was anticipated that a larger population and an urban, versus rural setting, would yield a greater number of participants. Such a setting increases the chances for anonymity, especially when participants are told that the data would be analyzed in another state, Montana. As was expected, eight more divorced parents came forward to participate in the study. Although the divorced sample data was collected from both an urban (California) and rural (Montana) setting, the supervised visitation sample data came only from the rural setting. Thus, data on the divorced sample has more external validity with regards to its application to a broader geographical setting. However, results from the supervised visitation center sample should only be generalized to other similar rural settings and even so, should be done with caution. Overall, and regardless of where the data was collected, any conclusions

were limited by a small sample size (n = 20). Future researchers may want to consider expanding the study to include multiple supervised visitation sites in various geographical locations. In this fashion, external validity would improve. In addition, researchers should be informed regarding the details of the screening process at the center at which they are collecting data. As previously mentioned, the center at which the current data was gathered did not accept families in which child abuse had been substantiated. This exclusion criterion, imposed by the center, may have influenced present study results.

Limitations, Threats to Validity, and Suggestions

Researchers exploring supervised visitation centers should be aware of the time required to thoroughly study this population. In the domain of supervised visitation, researchers must allow for an extended period of time to collect enough data, in order to yield optimal results. The present study's conclusions and the ability to generalize findings are all limited by a low sample size (n = 20). It is likely that with such a low sample size, the present study may have not had enough power needed to detect significant results and thus, these results were missed (type II error). Originally, the present study was designed as a within-subjects pre-test, post-test with four months in-between time 1 and time 2. However, after almost a year and a half of data collection, only two participants had completed their time 2 packets (see above for details). Thus, the time allotted for the present study was not sufficient to carry forth the originally proposed design. The main factor which made this design unrealistic in the time allotted was the high attrition rates. Thus, as noted above, modifications in the design were made and the time 2 data collection was dropped. With this modification, it was

difficult to determine the nature of attrition, that is, differences between those who did and did not remain in the study. Future researchers are cautioned to plan for high attrition rates in working with this population and realize that it may take longer to collect enough data to have the power needed to detect significant differences from pre to post periods. It would also be valuable to explore the attrition and implications of attrition. That is, what differentiates those who stay in the study (at the supervised visitation center), from those who dropout. It could be possible that attrition may have been linked to the participant's experience of the supervised visitations (the "treatment") or the attrition may be related to some extraneous, unrelated variable (e.g., substance abuse issues that interfere with follow through at visitation). Again, the cause of attrition was not explored in the scope of the present study.

For future researchers considering a pre-post-test design, it is important to remember that many threats to internal validity continue to exist. This design provides minimal information about what might have happened to participants without the "treatment" (e.g., supervised visitation; Shadish, Cook, & Campbell, 2002). Thus, adding a delayed "treatment" (supervised visitation center services) or control group also decreases threats to internal validity (Shadish et al., 2002). Typically, delaying "treatment" in these circumstances is not realistic or even ethical. Supervised visitation is often ordered by courts and to withhold a parent from seeing a child, especially when ordered by the court, has many ethical implications. There are no known studies of this nature in the supervised visitation literature to-date. Thus, a control group may be the best option. Without such a group, it is difficult to identify the nature or the amount of maturation. That is, one must wonder whether changes in participant scores (e.g., child

behavior) occurred because of the "treatment" (supervised visitation) or because of natural changes over time (e.g., as children grow older, behavior scores may naturally change). Besides maturation, there is also the possibility that selection may be confused with a "treatment" effect (Shadish et al., 2002). However, by observing differences between groups at pre-test, this threat to validity is minimized. For example, if the supervised visitation group and the control group both improved at post-test but the supervised visitation group had initially done better, differences may be due to initial selection bias rather than to supervised visitation. Optimally, a study with both pre-tests and control groups reduces some potential threats to internal validity (Shadish et al., 2002).

Besides the validity threats mentioned above, the present study also lacked random sampling and assignment. This is the nature of this type of research in which subjects are naturally selected into groups based on criteria of either divorce or supervised visitation and also based on their use of one specific visitation center. However, this too creates some threat to validity, especially selection bias, because confounds are not distributed across groups (e.g., marital status, marital conflict, etc; Shadish et al., 2002). At least, it is important to explore these confounds and the distribution of these variables across groups to understand their effect on the dependant variables. Such precautions were taken in the analysis of data for the present study.

In addition, as is the case with all self-report measures, the data is only as accurate as the participant's memory and honesty. There is always the possibility that social desirability may have also inhibited participants from answering items truthfully. Thus, individuals may distort information to make responses more socially acceptable,

especially regarding sensitive issues related to supervised visitation and divorce. In the present study, participants were asked about their attitudes toward parenting, specifically corporal punishment. This is a very controversial topic and it was anticipated that participants may have struggled to portray honest opinions and responses. In addition to social desirability, many participants from the supervised visitation sample were involved in court hearings and custody disputes. Thus, these participants may have been apprehensive in filling out information accurately for fear that it may be used against them and have legal ramifications. In attempts to increase participant honesty on questionnaires, they were asked not to write their names on any study material and were assured that all material would be kept confidential. Future studies might consider the use of a social desirability measure to provide the opportunity to covary the effect of social desirability.

Besides honesty of the participant, retrospective self-report studies present yet another limitation, memory biases. The study asked respondents to reflect on their relationship with their ex-spouse. It was expected that some of this information might have been lost in memory, or given the emotional and sometimes traumatic context of this topic, information might have been repressed. Furthermore, items on the Conflict Tactic Scale 2 asked about the time frame of violent events as well as the quantity of these events. Such specific inquiries were likely subject to memory error. To decrease biases of self-report measures, future research could collect data from multiple raters. For example, other family members might be able to rate the frequency and type of violence they observed between the participant and the ex-spouse. In addition, a staff

member at a supervised visitation center, a teacher, or family friend could report on child behavior. Such options were not available for the present study.

The Hidden Benefits

One divorced parent that participated in the study was from out-of-state and was only in town for a few nights. She contacted the primary researcher after the study to provide feedback. She commented that while filling out the measures, she gained much insight into her own situation. She was in a domestic violent relationship with four children. This participant added that she had stayed in the relationship based on finances. After completing the study, she resolved to return to college, receive her degree in hopes of being able to independently support herself and her children, and leave her abusive relationship. Yet another participant e-mailed the primary investigator and noted, "It was very interesting, so thanks for allowing me to participate - it made me aware of a lot of good in my life." Although these insights were unrelated to the purpose of the study, it seemed to add a deeper value into conducting such research. Moreover, it added a personal touch to the research, above and beyond statistical analysis.

Final Statement

This research was done in order to better understand two specific populations, including families utilizing supervised visitation centers and divorced families. The hope was to gather data regarding interparental conflict, child behavior, parenting stress, and parenting attitudes of these groups. Data was used to guide recommendations of services that might be helpful to these groups. It is important to understand services which might maximize the well-being of children and parents experiencing marital disruption. Mental health professionals and others who work with families of divorce or those involved in

supervised visitation centers must be aware of areas with which these families may need intervention or guidance (e.g., discipline practice, stress). Interventions might include psychoeducation groups on the effects of corporal punishment and effective discipline techniques, stress reduction groups, and child focused groups for those witnessing interparental violence. In addition, courts and social services may also use the findings of this study to guide intervention and court mandated recommendations for divorcing parents or parents utilizing supervised visitation centers. In this fashion, judges and supervised visitation center staff could collaborate more effectively to develop better methods of addressing needs of families and children who utilize their services. These conclusions are limited by a low sample size (n = 20). However, despite all the obstacles researchers face in conducting studies of this nature (e.g., attrition, social desirability, threats to validity), it is imperative the researchers continue to explore these issues and contribute to the scarce body of literature.

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APPENDICES
Appendix A
Flier

A study of divorced family characteristics
No need to sign-up, JUST SHOW UP!
WHO CAN PARTICIPATE?

- YOU MUST BE THE PARENT WHO HAS BEEN DIVORCED- NOT the child of divorced parents
- You must *currently* have a child from your ex-spouse between 6-18 years old.

WHEN/WHERE:

- DATE:
- TIME:
- PLACE:

The study will take approximately 1.5 hours to complete

RECEIVE: 3 experimental credits toward your psychology class credit requirements or extra credit- at the discretion of your psychology teacher.

(For questions email Diana at dianamarchetti@hotmail.com)

Appendix B
Alternative Flier

A study of divorced family characteristics

WHO CAN PARTICIPATE?

- YOU MUST BE THE PARENT WHO HAS BEEN DIVORCED- NOT the child of divorced parents

- You must *currently* have a child from your ex-spouse between 6-18 years old.

WHEN: We can be flexible with time and date!

- Just email or call Diana and we can set up a time/date to complete the study

WHERE: at the University of Montana campus (free parking)

- The study will take no more than 1.5 hours to complete.

RECEIVE: $20.00 for participation

Study on divorce. Contact: dianamarchetti@hotmail.com 650-922-5497 To set up a time to complete the study for $20.00.	Study on divorce. Contact: dianamarchetti@hotmail.com 650-922-5497 To set up a time to complete the study for $20.00.	Study on divorce. Contact: dianamarchetti@hotmail.com 650-922-5497 To set up a time to complete the study for $20.00.

Appendix C
Informed Consent for Divorced Sample

Principal Investigator:
Diana Marchetti, M.A.
Clinical Psychology Trainee
Department of Psychology
University of Montana
Missoula, MT 59812
(406) 243-2367

Faculty Advisor:
Christine Fiore, Ph.D.
Clinical Psychologist
Department of Psychology
University of Montana
Missoula, MT 59812
(406) 243-2081

Research Assistants: TBA

Purpose:
The purpose of this study is to explore characteristics of divorced families.

Procedures:
If you agree to take part in this research study, you will be given a packet of questionnaires to fill out. These questionnaires should take approximately 1 and 1/2 hours to fill out. The questionnaires will ask you about the relationship between you and your ex-spouse with whom you have a child, the behaviors of that child, the stress in your life, and some of your parenting beliefs.

Payment/Credit for Participation:
You will receive 3 credits for participating in this research if you are a Psychology student at the University and require such credits; you will receive extra credit for participating if your psychology instructor has previously agreed to this arrangement; OR you will receive $20.00 for your participation if you are NOT receiving experimental credit or extra credit or are participating because or your involvement with _____(supervised visitation center).

This study is voluntary, and you are free to answer only those questions you choose to answer. You are also free to withdraw from participating at any time during the study without prejudice. If you choose to withdraw from the study, you will still receive your experimental credits, extra credit, OR $20.00.

Risks and Discomforts:
Some people experience increased emotional discomfort when they answer questions concerning potentially difficult aspects of their lives. If you do feel distressed during this period, please let the investigator know how you are feeling. The investigator will immediately contact Dr. Christine Fiore by phone so that you may talk to her about your feelings. Participants will find a list of referrals for psychological services in the packet of materials on a pink sheet (please remove this sheet and take it home).

Benefits:
Besides monetary benefits or credits toward classes, there is no promise that you will receive any other benefits from taking part in the study. Your participation in the study may contribute to a greater understanding of families in similar situation and also, help professionals organize services to meet the needs of children and parents experiencing custody disputes.

Confidentiality:

All information that you will provide will be kept strictly confidential (*see limits of confidentiality below). ONLY this informed consent form will have your name on it. Your name will not be on any of the questionnaires. Your informed consent will be stored separately from the data, in a filing cabinet, to ensure confidentiality. Only research staff, including Diana Marchetti, MA, Christine Fiore, PhD, and research assistants will have access to the data collect. If the results of this study are written in a scientific journal or presented at a scientific meeting, your name will NOT be used.

For those participating from [supervised visitation center]: Although [supervised visitation center] staff may collect packets from participants, and put them in the locked file cabinet, they will not have access to the actual data. In addition, all the questionnaires will be in a sealed envelope. Thus, none of your answers to any of the questionnaires will have any chance of effecting your parental custody or visitation rights.

**There are conditions under which confidentiality may be breached. If you indicate wanting to harm yourself or someone else, or your child indicated wanting to harm himself or someone else, the investigator will contact you and this informed consent may also be given to a member of the clinical faculty who may contact you. Because of this, we require that you provide your name and phone number.*

Name:_____ Phone:_____

Compensation for Injury:

Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

> "In the event that you are injured as a result of this research, you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the Authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims Representative or University Legal Council."

Questions:

For questions now or during the study contact Diana Marchetti, MA at (801) 587-3147 or Christine Fiore, PhD at (406) 243-2081. If you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through the University of Montana Research Office at 243-6670.

Statement of Consent:

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that a member of the research team will answer any future questions I may have. I voluntarily agree to take part in this study, and I understand that I will receive a copy of this consent form.

Printed Name of Participant

_____ _____

Signature of Participant Date

_____ _____

Signature of Investigator Date

Appendix D

Demographics Questionnaire for Divorced Sample

Parent Information:

1. Your Age: _____

2. Please circle one for your gender:

    a. Male

    b. Female

3. (Leave Blank)
4. Marital Status to ex-spouse:

    a. We were married and are now legally divorced

    b. We were married and are still legally married

    c. We were married and are separated, but NOT divorced

    d. We were engaged

    e. We were in a committed relationship

    f. We were casually dating

    g. We were not dating

5. Current marital status (circle one for you and one for your ex-spouse)

YOU	EX-SPOUSE
a. Single	a. Single
b. Single and dating	b. Single and dating
c. In a committed relationship (not married)	c. In a committed relationship (not married)
d. Engaged to be married	d. Engaged to be married
e. Married	e. Married
f. Not sure	f. Not sure

6. Highest level of education (circle one for you and one for your ex-spouse)

YOU	EX-SPOUSE
a. 8th grade or less	a. 8th grade or less
b. Some high school	b. Some high school
c. Graduated high school/GED	c. Graduated high school/GED
d. Some college/vocational school	d. Some college/vocational school
e. Graduated college/vocational school	e. Graduated college/vocational school
f. Some graduate school	f. Some graduate school
g. Graduate degree	g. Graduate degree
h. Do not know	h. Do not know

7. Religious affiliation (circle one for you and one for your ex-spouse)

YOU	**EX-SPOUSE**
a. Catholic	a. Catholic
b. Jewish	b. Jewish
c. Lutheran	c. Lutheran
d. Presbyterian	d. Presbyterian
e. Mormon/ LDS	e. Mormon/ LDS
f. Baptist	f. Baptist
g. Muslim	g. Muslim
h. Buddhist	h. Buddhist
i. Methodist	i. Methodist
j. Atheist	j. Atheist
k. Other: _____	k. Other: _____
l. No religious affiliation	l. No religious affiliation
m. Do not know	m. Do not know

8. Annual Income before taxes (circle one for you and one for your ex-spouse)

YOU	**EX-SPOUSE**
a. None	a. None
b. $5,000 or less	b. $5,000 or less
c. $5,001 to $10,000	c. $5,001 to $10,000
d. $10,001 to $15,000	d. $10,001 to $15,000
e. $15,001 to $20,000	e. $15,001 to $20,000
f. $20,001 to $25, 000	f. $20,001 to $25, 000
g. $25,001 to $30,000	g. $25,001 to $30,000
h. $30,001 to $35,000	h. $30,001 to $35,000
i. $35,001 to $40,000	i. $35,001 to $40,000
j. $40,001 to $45,000	j. $40,001 to $45,000
k. $45,001 to $50,000	k. $45,001 to $50,000
l. more than $50,000	l. more than $50,000

9. Ethnicity (circle one for you AND one for your ex-spouse) – you may circle more than one option

YOU	EX-SPOUSE
a. Caucasian/Western European	a. Caucasian/Western European
a. Hispanic	b. Hispanic
b. Asian	c. Asian
c. African American	d. African American
d. Native American	e. Native American
e. Middle Eastern	f. Middle Eastern
f. Other_____	g. Other_____

Child Information

10. Number of children by the ex-spouse :_____

11. Total number of children with your ex-spouse:_____

12. The age of the child for whom you are filling out these measures:_____

13. Your child's gender:
    c. Male
    d. Female

14. Your child's grade in school: _____

15. What is your custody arrangement with your ex-spouse?

_____
_____
_____

16. Does your child have continued contact with your ex-spouse? (circle one)

e. Yes

f. No

17. If yes, how often (circle one):

g. More day per week
h. One day per week
i. Two days per week
j. About one day per month
k. A few days per month
l. About 1 day every 2months
m. A few days every 2 months
n. About 1 day every 3-4 months
o. A few days every 3-4 months
p. About 1 day every 5-6 months (about 2 days per year)
q. A few days every 5-6 months (About 4 days per year)
r. One day per year
s. A few days per year
t. Other/Describe_____

Appendix E

Post Study Information Sheet

The purpose of the study is to compare divorced populations with those who utilize supervised visitation centers on a number of variables including interparental conflict, child behavior, and parenting attitudes. In addition, the study will examine the role of parental stress on a number of variables including child behavior, interparental conflict, and parenting attitudes. Results of the present study seek to extend the existing literature regarding these two populations. Also, information gathered will hopefully provide useful information to communities and to supervised visitation centers, about ways in which they might better understand and provide helpful services to these populations.

Referrals

Clinical Psychology Center (sliding fee scale): Adult, child, adolescent, couples and family therapy services	243-4567
Partnership Health	523-4789
Mental Health Center	532-9700

If you have any further questions you can contact Christine Fiore, Ph.D. or Diana Marchetti at 243-2081 or write to

Diana Marchetti or Christine Fiore, Ph.D.

c/o Department of Psychology

University of Montana

Missoula, MT 59812

Appendix F
Informed Consent for Supervised Visitation Sample

Principal Investigator:
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Faculty Advisor:
Christine Fiore, Ph.D.
Clinical Psychologist
Department of Psychology
University of Montana
Missoula, MT 59812
(406) 243-2081

Research Assistants:
TBA

Purpose:

The purpose of this study is to investigate the effects of supervised visitation on parents and children.

Procedures:

If you agree to take part in this research study, you will be given a packet of questionnaires to fill out. These questionnaires should take approximately 1 and 1/2 hours to fill out. The questionnaires will ask you about the relationship between you and the father/mother of your child, utilizing supervised visitation services, the behaviors of your child, the stress in your life, and some of your parenting beliefs. You have the option of filling the questionnaires out at [supervised visitation center] or taking the questionnaires home to fill out.

Payment for Participation:

You will receive $10.00 for your participation in the study. If you choose to withdraw, you will still receive the $10.00 for the part of the study you withdrew from.

Risks and Discomforts:

Some people experience increased emotional discomfort when they answer questions concerning potentially difficult aspects of their lives. If you do feel distressed during this period, please let the investigator know how you are feeling. The investigator will immediately contact Dr. Christine Fiore by phone so that you may talk to her about your feelings. All participants will be provided with a list of referrals for psychological services at the beginning of the study. For participants taking home materials to complete, you can find this list of referrals in your packet of materials. Finally, if you indicate that your child "deliberately harms self or attempts suicide," the researcher will follow-up with you and may call Diana Marchetti, MA and/or Dr. Christine Fiore to ensure your child's safety.

Benefits:

Besides monetary benefits, there is no promise that you will receive any other benefits from taking part in the study. Your participation in the study may contribute to a

greater understanding of the effects of supervised visitation on children and parents and also, help supervised visitation centers organize services and structure visitations to meet the needs of children and parents.

Confidentiality:

All information that you will provide will be kept strictly confidential. ONLY this informed consent form will have your name on it. Your name will not be on any of the questionnaires. Your informed consent will be stored separately from the data, in a filing cabinet, to ensure confidentiality. Only research staff, including Diana Marchetti, MA, Christine Fiore, PhD, and research assistants will have access to the data collect. Although [supervised visitation center] staff may collect questionnaire packets from participants, and put them in the locked file cabinet, they will not have access to the actual data. In addition, all the questionnaires will be in a sealed envelope. Thus, none of your answers to any of the questionnaires will have any chance of effecting your parental custody or visitation rights. If the results of this study are written in a scientific journal or presented at a scientific meeting, your name will NOT be used.

Compensation for Injury:

Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

"In the event that you are injured as a result of this research, you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the Authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims Representative or University Legal Council."

Questions:

If you have any questions now or during the study please contact Diana Marchetti, MA at 243-2367 or Christine Fiore, PhD at 243-2081. Also, if you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through the University of Montana Research Office at 243-6670.

Statement of Consent:

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that a member of the research team will answer any future questions I may have. I voluntarily agree to take part in this study, and I understand that I will receive a copy of this consent form.

Printed Name of Participant

_____ _____

Signature of Participant Date

_____ _____

Signature of Investigator Date

Appendix G
Permission to Contact

I give permission to the researcher conducting the study associated with [supervised visitation center] to contact me and remind me return study materials (before the 1st session).

When the researcher contacts me, I understand that I am free to say that I am no longer interested in participating in the study. If I agree to participate the researcher will remind me to pick up/drop off study packets with questions to [supervised visitation center].

_____

Print Name

_____ _____

Sign Name Date

1. The best number to reach me is _____

   An alternative number is_____

2. The best times to reach me are _____

3. **Please check 1 box (either A, B, C, or D)** next to the message that you give permission to the researcher to leave on the message machines list above.

☐ **A.** I GIVE PERMISSION to the researcher to leave the following message: "Hi this is the researcher from [supervised visitation center]and I am calling to remind you to drop off the packet of questionnaires from the study you agreed to participate in. Please contact me as soon as possible at (number TBA) to ensure you received this message or to let me know if you are no longer interested in participating. Thank you."

☐ **B**. I do not want the researcher to leave the above message. I DO GIVE PERMISSION for the researcher to leave the following message:

"I am just calling to remind you that it is time to pick up /drop off the packet of questions regarding you and your child. Please call me _____ at (number TBA) as soon as possible to touch base about this.

☐ **C.** I do not want the researcher to leave a message and prefer a reminder letter to be sent to the following address:

Please provide your address in the box below:

☐ I do not wish to participate in the second half of the study, so please do not contact me.

Permission for contact between [supervised visitation center] and Researcher

I give permission to the researcher conducting the study associated with [supervised visitation center] to communicate with [supervised visitation center] staff about my child's visiting schedule. This contact will inform the researcher to remind me to pick up and drop off study questionnaires. No other information about my child's visits will be exchanged between [supervised visitation center] and the researcher. The study information will NOT be part of my [supervised visitation center] files.

_____
Print Name

_____ _____
Sign Name Date

Appendix H
Demographics Questionnaire for Supervised Visitation Sample

Parent Information:

1. Your Age: _____
2. Please circle one for your gender:
    a. Male
    b. Female
3. Please circle one for your parental status:
    a. Custodial
    b. Non-custodial
4. Marital Status to custodial/noncustodial parent:
    a. We were married and are now legally divorced
    b. We were married and are still legally married
    c. We were married and are separated, but NOT divorced
    d. We were engaged
    e. We were in a committed relationship
    f. We were casually dating
    g. We were not dating

5. Current marital status (circle one for custodial AND non-custodial parent)

Custodial	Non-custodial
a. Single	a. Single
b. Single and dating	b. Single and dating
c. In a committed relationship (not married)	c. In a committed relationship (not married)
d. Engaged to be married	d. Engaged to be married
e. Married	e. Married
f. Not sure	f. Not sure

6. Highest level of education (circle one for custodial AND non-custodial parent)

Custodial	Non-custodial
a. 8th grade or less	a. 8th grade or less
b. Some high school	b. Some high school
c. Graduated high school/GED	c. Graduated high school/GED
d. Some college/vocational school	d. Some college/vocational school
e. Graduated college/vocational school	e. Graduated college/vocational school
f. Some graduate school	f. Some graduate school
g. Graduate degree	g. Graduate degree
h. Do not know	h. Do not know

7. Religious affiliation (circle one for custodial AND non-custodial parent)

Custodial	Non-custodial
a. Catholic	a. Catholic
b. Jewish	b. Jewish
c. Lutheran	c. Lutheran
d. Presbyterian	d. Presbyterian
e. Mormon/ LDS	e. Mormon/ LDS
f. Baptist	f. Baptist
g. Muslim	g. Muslim
h. Buddhist	h. Buddhist
i. Methodist	i. Methodist
j. Atheist	j. Atheist
k. Other: _____	k. Other: _____
l. No religious affiliation	l. No religious affiliation
m. Do not know	m. Do not know

8. Annual Income before taxes (circle one for custodial AND non-custodial parent)

Custodial	Non-custodial
a. None	a. None
b. $5,000 or less	b. $5,000 or less
c. $5,001 to $10,000	c. $5,001 to $10,000
d. $10,001 to $15,000	d. $10,001 to $15,000
e. $15,001 to $20,000	e. $15,001 to $20,000
f. $20,001 to $25, 000	f. $20,001 to $25, 000
g. $25,001 to $30,000	g. $25,001 to $30,000
h. $30,001 to $35,000	h. $30,001 to $35,000
i. $35,001 to $40,000	i. $35,001 to $40,000
j. $40,001 to $45,000	j. $40,001 to $45,000
k. $45,001 to $50,000	k. $45,001 to $50,000
l. more than $50,000	l. more than $50,000

9. Ethnicity (circle one for custodial AND non-custodial parent) – you may circle more than one option

Custodial	Non-custodial
a. Caucasian/Western European	a. Caucasian/Western European
b. Hispanic	b. Hispanic
c. Asian	c. Asian
d. African American	d. African American
e. Native American	e. Native American
f. Middle Eastern	f. Middle Eastern
g. Other_____	g. Other_____

Child Information

10. Number of children by the custodial/non-custodial parent :_____

11. Total number of children you have:_____

12. The age of the child for whom you are filling out these measures:_____

13. Your child's gender:
    h. Male
    i. Female

14. Your child's grade in school: _____

15. Reasons why my child has never used supervised visitation services?

    _____

16. My child goes to the supervised visitation center approximately…

1. More than 3 times per week
2. 3 times per week
3. 2 times per week
4. Once per week
5. Once every other week (1 time every 2 weeks)
6. Once every 3 weeks
7. 1 time per month
8. Less than once a month
9. I am the custodial parent. This question does not apply.

Appendix I
Thought Questionnaire

Your Thoughts… (please circle one & write additional comments)

1. I expect positive changes by utilizing the supervised visitation center

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

Specifically what changes do you hope to see?

_____

2. Using the supervised visitation center will help protect my child.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

How specifically, if at all, do you hope that the center will help protect your child?

_____

3. I feel as though utilizing supervised visitation center will protect me.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

How specifically, if at all, do you hope the center will protect you?

_____

4. I expect that the supervised visitation center will be sensitive to my personal, spiritual, and cultural values.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

What specific values are especially important to you?

_____

5. I am confident that I can change the circumstances that brought me to supervised visitation center.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

What specific changes do you hope to make?

_____

Appendix J
Take Home Instructions

1. Remove the pink pieces of paper from the packet. These are for you to keep. DO NOT SEAL THEM INTO THE ENVELOPE that you return to [supervised visitation center].
2. Fill out all measures (do NOT put your name on any of the sheets contained in the envelope).
3. If you left your phone number with the researcher that originally gave you the envelope, he/she will call to remind you to return the envelope to [supervised visitation center] at your child's NEXT visit.
4. Return the envelope with all questionnaires to [supervised visitation center]when your child comes for their next visit. Please give these materials to the staff member. In return, the staff member will give you $10.00 in a sealed envelope for your participation.

Thank you for your participation.

TABLES

Table 1
Summary of Means, Standard Deviations, and Percentages of Demographic Variables for Total Sample

	M	SD	N	%
Education	4.95	1.60		
3 = Graduate hs/GED			5	25
4 = Some college/vocational			4	20
5 = Graduate college/voc.			4	20
6 = Some graduate school			1	5
7 = Graduate school degree			6	30
Income	6.5	4.26		
1 = none			2	10
2 = 5000 or less			2	10
3 = 5001-10000			3	15
4 = 10,001-15000			2	10
5 = 15,001-20,000			1	5
6 = 20,001-25,000			1	5
7 = 25,001-30,000			2	10
11 = 45,001-50,000			2	10
12 = Above 50,000			5	25
Gender of Child	N/A	N/A		
1= Male			11	55
2= Female			9	45
Ethnicity	N/A	N/A		
Caucasian			17	85
African American			2	10
Hispanic			1	5
Marital Status to Other Parent	N/A	N/A		
Married & divorced			12	60
Married & Separated			4	20
Still in committed relationship			2	10
Other			1	5

N=20; Females= 14, Males= 6
Note: No values for 30,001- 45,000 (represented by numbers 8-10)

Table 2
Summary of Means, Standard Deviations, and Percentages of Demographic Variables for Both Samples

	Supervised visitation				Divorced			
	M	SD	N	%	M	SD	N	%
Education	4.3	1.42			5.6	1,58		
3 = Graduate hs/GED			4	40			1	10
4 = Some college/vocational			2	20			2	20
5 = Graduate college/voc.			2	20			2	20
6 = Some graduate school			1	10			0	0
7 = Graduate school degree			1	10			5	50
Income	5.6	3.78			7.4	4.72		
1 = none			2	20			0	0
2 = 5,000 or less			0	0			2	20
3 = 5,001-10,000			1	10			2	20
4 = 10001-15,000			2	20			0	0
5 =15,001-20,000			0	0			1	10
6 = 20,001-25,000			1	10			0	0
7 = 25,001-30,000			2	20			0	0
11 = 45,001-50,000			1	10			1	10
13 = Above 50,000			1	10			4	40
Gender of Child	N/A	N/A			N/A	N/A		
Male			5	50			6	60
Female			5	50			4	40
Ethnicity	N/A	N/A			N/A	N/A		
Caucasian			10	100			7	70
African American			0	0			2	20
American Indian			0	0			1	10
Marital Status to Other Parent	N/A	N/A			N/A	N/A		
Married & divorced			3	30			9	90
Married & Separated			4	40			0	0
Still in committed relationship			2	20			0	0
Other (e.g. dating)			1	10			1	10

N = 20; Supervised Visitation= 10, Divorced= 10
Note: No values for 30,001- 45,000 (represented by numbers 8-10)

Table 3

Means & Standard Deviations for Supervised Visitation & Divorce

	Supervised Visitation		Divorce	
	M	SD	M	SD
Partner Psychological Aggression*	44.90	49.84	6.00	9.84
Self Psychological Aggression	16.40	22.89	10.80	28.39
Partner Physical Assault	11.20	21.94	3.10	9.46
Self Physical Assault	.300	.949	2.90	9.17
Partner Injury	.100	.316	.600	1.35
Self Injury	1.40	2.67	.800	2.53
Partner Negotiation	35.10	47.45	9.30	9.25
Self Negotiation*	60.20	46.64	21.50	26.85
Internalizing Child Behavior	9.60	5.42	10.80	8.89
Externalizing Child Behavior	7.90	5.09	7.70	6.60
Total Child Behavior	29.40	15.71	32.20	18.95
Belief in the Value of Corporal Punishment	6.50	1.72	6.70	1.34
Total Stress	203.90	42.02	204.70	39.12
Life Stress	16.50	8.77	14.40	7.44

Supervised Visitation N= 10; Divorce N= 10

* $p < .05$, **p< .01 (two tailed)

Table 4

Means & Standard Deviations for Male and Female Children

	Male		Female	
	M	SD	M	SD
Social*	4.18	3.25	1.78	1.39
Attention Problems*	6.09	3.36	2.33	1.58
Total Child Behavior Problems*	38.18	17.19	21.78	21.77

Male N= 11; Female N= 9

* $p < .05$, **p<.01 (two tailed)

Table 5

Correlation Matrix

	Partner Psych. Aggress	Self Psych Aggress	Partner Physical Assault	Self Physical Assault	Partner Injury	Self Injury	Internal. Child Bx Problems	External. Child Bx Problems	Total Child Bx Problems	Belief Corporal Punish.	Total Stress Score	Life Stress Score
Partner Psych. Aggress	1.00											
Self Psych Aggress	.431	1.00										
Partner Physical Assault	.469*	.380	1.00									
Self Physical Assault	.072	.720**	.409	1.00								
Partner Injury	.041	.592**	.449*	.886**	1.00							
Self Injury	.220	.436	.852**	.702**	.674**	1.00						
Internal. Child Bx. Problems	.070	.024	-.062	.139	.397	.050	1.00					
External. Child Bx. Problems	-.026	-.031	.075	.050	-.024	.203	.384	1.00				
Total Child Bx. Problems	-.038	.068	.031	.201	.308	.185	.823**	.803**	1.00			
Belief Corporal Punish.	.075	.032	.319	.085	.206	.368	.339	.424	.432	1.00		
Total Stress \Score	-.082	.143	.048	.208	.139	.140	.237	.404	.440	-.262	1.00	
Life Stress Score	.275	.396	.392	.163	.139	.207	-.255	-.158	-.191	.003	-.108	1.00

N = 20

*p<.05, **p<.01 (two–tailed)

Table 6
Exploratory Analysis: Correlation Matrix for AAPI2

N= 20
*p<.05, **p<.01 (two-tailed)

	Age	Education	Inappropriate Expectations	Empathy	Corporal Punish	Role Reversal	Oppress Child Power & Indep
Age	1.00						
Education	.605**	1.00					
Inappropriate Expectations	.457*	.284	1.00				
Empathy	.430	.427	.578**	1.00			
Corporal Punishment	.574**	.516*	.288	.703**	1.00		
Role Reversal	.522*	.449*	.351	.728**	.784**	1.00	
Oppress Child Power & Indep.	.207	.353	.125	.590**	.395	.513*	1.00

Table 7

Exploratory Analysis: Correlation Matrix for PSI

	Child Dis-tract	Child Adapt	Child De-mand	Child Total Domain	Parental Compet.	Total Parent Domain	Partner Psych. Aggress.	Self Psych. Aggress	Partner Physical Assault	Self Physical Assault	Partner Injury	Self Injury	Self Neg.	Partner Neg.
Child Distract	1.00													
Child Adapt	-.073	1.00												
Child demand	-.016	.607**	1.00											
Child Total Domain	-.138	.630**	.713**	1.00										
Parent Compet.	-.355	.095	.222	.414	1.00									
Total Parent Domain	-.111	-.017	.173	.416	.608**	1.00								
Partner Psych. Aggress	.726**	-.077	-.146	-.349	-.336	-.054	1.00							
Self Psych Aggress	.073	-.164	-.235	-.300	.340	.339	.431	1.00						
Partner Physical Assault	-.063	-.101	-.252	.245	.219	.152	.469*	.380	1.00					
Self Physical Assault	-.072	.019	-.177	-.075	.586**	.374	.072	.720**	.409	1.00				
Partner Injury	-.159	-.145	-.196	-.100	.427	.219	.041	.592**	.449*	.886**	1.00			
Self Injury	-.132	-.109	-.214	-.123	.482*	.212	.220	.436	.852**	.702**	.674**	1.00		
Partner Sexual	.609**	-.047	-.076	-.433	-.414	-.242	.872**	.452*	.221	-.077	-.100	-.064	1.00	
Self Sexual	-.009	.045	-.049	-.305	.111	.012	.443	.818**	.321	.401	.321	.198	.666**	1.00
Total Child Behavior	-.080	.577**	.680**	.545*	.255	.222	-.038	.068	.031	.201	.308	.185	.149	-.025

N= 20

*p<.05 (two tailed); **p<.01 (two tailed)

Table 8
ANOVA for Total Child Behavior

Source	df	F	p	η^2
Group	1	.015	.904	.001
Gender*	1	5.08	.039	.241
Group x Gender	1	.143	.710	.009

N = 20

Table 9

Summary of Means, Standard Deviations, Frequencies, and Percentages of Thought Questionnaire

Thought Question	Ranking	Frequency	Percentage
Thought 1: I expect positive changes by utilizing the supervised visitation center.	*1 = Strongly Agree*	4	40
	2 = Agree	4	40
	3 = Neutral	2	20
M= 1.8 SD = .789	*4 = Disagree*	0	0
	5 = Strongly Disagree	0	0
Thought 2: Using the supervised visitation center will help protect my child.	*1 = Strongly Agree*	6	60
	2 = Agree	4	40
M= 1.4 SD = .516	*3 = Neutral*	0	0
	4 = Disagree	0	0
	5 = Strongly Disagree	0	0
Thought 3: I feel as though utilizing supervised visitation center will protect me.	*1 = Strongly Agree*	5	50
	2 = Agree	2	20
M = 1.8 SD = .920	*3 = Neutral*	3	30
	4 = Disagree	0	0
	5 = Strongly Disagree	0	0
Thought 4: I expect that the supervised visitation center will be sensitive to my personal, spiritual, and cultural values.	*1 = Strongly Agree*	3	30
	2 = Agree	5	50
	3 = Neutral	2	20
M = 1.9 SD= .738	*4 = Disagree*	0	0
	5 = Strongly Disagree	0	0
Thought 5: I am confident that I can change the circumstances that brought me to the supervised visitation center.	*1 = Strongly Agree*	2	20
	2 = Agree	1	10
	3 = Neutral	4	40
M = 2.80 SD = 1.14	*4 = Disagree*	3	30
	5 = Strongly Disagree	0	0

N = 10