THE IMPACT OF SELF-PERCEIVED COPING MECHANISMS ON THE RELATIONSHIP BETWEEN MATERNAL CHILDHOOD MALTREATMENT HISTORY AND HARSH PARENTING

A dissertation presented to the faculty of the Graduate School of Western Carolina University in partial fulfillment of the requirements for the degree of Doctorate in General Psychology

By

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ABSTRACT

THE IMPACT OF SELF-PERCEIVED COPING MECHANISMS ON THE RELATIONSHIP BETWEEN MATERNAL CHILDHOOD MALTREATMENT HISTORY AND HARSH PARENTING

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A relationship between a maternal caregiver history of childhood maltreatment and current harsh/impaired parenting practices has been supported throughout previous research. Consistently, studies have shown that a maternal history of childhood abuse is associated with current harsh parenting practices with their own children. Harsh parenting practices have, in turn, been shown to be associated with several long-lasting negative effects in children throughout their lifetime. The current study expanded upon the current research to evaluate how self-perception of coping abilities potentially moderated the established relationship between maternal caregiver history of childhood maltreatment and current harsh parenting practices. Although findings from the current study did not display a significant relationship between the variables of interest, social desirability was found to have a significant negative relationship with reports of current use of harsh parenting practices. Furthermore, participants within the current study who endorsed higher concerns with socially acceptable responding additionally indicated lower implementation of current harsh parenting practices. It is possible that this reflects a bias in responding due to a hesitancy to report parenting styles and methods that could be viewed

negatively. The potential interaction of self-perceived coping effectiveness on the established variables of interest remains a valuable research initiative. Methods of alternative means of data collection outside of self-reporting should be considered when assessing current parenting practices to avoid potentially unreliable reporting.

INTRODUCTION

Previous studies have supported the link between a maternal history of childhood maltreatment and/or abuse and impaired current parenting practices (Bailey et al., 2012; DiLillo & Damashek, 2003, Ehrensaft et al., 2015; Rijlaarsdam et al., 2014). Research has consistently found that a maternal history of childhood abuse (either physical, sexual, or both) is associated with current harsh and/or hostile parenting practices with their own children. Harsh parenting practices have subsequently been shown to be harmful for overall child development and is predictive of several negative child outcomes such as increased aggressiveness, disruptive and oppositional behavioral concerns, and deficits in self-regulation (Eddy et al., 2001; Sethi et al., 2000; Speyer et al., 2022; Stormshak et al., 2000). However, many studies have neglected the evaluation of outside factors that could potentially disrupt this pattern of maladaptive parenting. The current study evaluated maternal caregiver's implementation of various coping strategies as a potential variable that could interrupt this cycle. It is proposed that effective use of coping strategies could potentially affect the likelihood of the implementation of harsh parenting practices by maternal caregivers with childhood abuse and/or maltreatment experiences. The current study also considered the potential impact of social desirability on the reporting of childhood history of maltreatment experiences and current parenting practices.

Interaction of Childhood Abuse Experiences and Impaired Parenting Practices

Researchers have found that parenting practices of maternal caregivers who have experienced childhood physical, sexual, or dual abuse are associated with lack of general positive parenting skills, poor emotional regulation, lower parental availability and time spent with their child(ren), and lower perceived parenting effectiveness (Bailey et al., 2012; DiLillo,

2001; DiLillo & Damashek, 2003; Ehrensaft et al., 2015; Pears & Capaldi, 2001; Zyara et al., 2015). Bailey and colleagues (2012) found that concerns regarding satisfaction with one's own parenting persist in maternal caregivers who are survivors of childhood sexual abuse (CSA) even when controlling for other types of child maltreatment and adult trauma. Ehrensaft and colleagues (2015) similarly found that experiences of childhood physical abuse predicted increased perceived parenting ineffectiveness in both mothers and fathers, while a dual childhood abuse history predicted lower parental availability and increased harsh discipline.

Additional studies have taken these results further, stating that a maternal history of childhood abuse is a risk factor for increased hostility towards their own children as well as increased usage of harsh parenting practices (Bailey et al., 2012; DiLillo & Damashek 2003; Thornberry & Henry, 2013; Walker et al., 2022; Zyra et al., 2015). Harsh parenting practices, as defined by Hinnant and colleagues (2015) are "coercive behaviors and negative emotional expressions that parents direct toward children, including verbal and physical aggression" (p.138). Abuse experienced in childhood has been associated with increased hostility in parenting even after controlling for traumatic experiences in adulthood by maternal caregivers (Bailey et al., 2012). Specifically, experiencing physical abuse in childhood has been found to be a significant risk factor for physically abusing one's own children (DiLillo & Damashek, 2003; Newcomb & Locke, 2000; Whipple & Webster-Stratton, 1991; Woehrle et al., 2022). Additionally, maternal caregivers with a history of both CSA and childhood physical abuse have been shown to utilize physically harsher parenting practices than those with either history alone or no history of childhood abuse (Dubowitz et al., 2001). To further support these claims, Thornberry and colleagues (2013) found that the presence of maltreatment victimization in both

childhood and adolescence or adolescence alone significantly increases the odds of becoming a future perpetrator of maltreatment.

Effects of Harsh Parenting Practices on Children

Harsh and hostile parenting and disciplinary practices have been repeatedly shown to be associated with multiple adverse and often long-term outcomes for the child(ren) effected (Lansford et al., 2011; Li, M., & Gong, H., 2022; Gershoff, 2002; Speyer et al., 2022; Stargel et al., 2022; Stormshak et al., 2000; Wang, 2017; Wang, 2019; Wolford et al., 2018). Associated negative outcomes include increased oppositional and hyperactive externalizing behaviors, verbal and physical aggression, various internalizing symptoms, delinquent and antisocial behavior, decreased quality of parent-child relationship, and decreased adult mental health. Additionally, harsh parenting practices have been shown to be a risk factor for effected children being either a victim or perpetrator of later physical and/or sexual abuse in adulthood (DiLillo & Damashek, 2003; Simons et al., 2012; Sutton & Simons, 2015; Sutton et al., 2014).

Effects of Coping Strategies in Response to Childhood Maltreatment

Previous studies have shown that many of the maladaptive and negative consequences of childhood maltreatment and/or abuse can be impacted by various coping mechanisms (Folkman & Lazarus, 1980; Frazier et al., 2004; Merrill et al., 2001; Runtz & Schallow, 1997; Silver et al., 1983; Su et al., 2022; Walsh et al., 2010; Walsh et al., 2007; Wright et al., 2007). Walsh and colleagues (2010) argue the importance of considering coping mechanisms in response to CSA, particularly regarding long-term functioning as an adult. In their theoretical and empirical review of the research, the researchers discuss a variety of coping mechanisms commonly utilized by survivors of CSA that have been evaluated in the research base. Their findings indicated that, although avoidant coping is most commonly utilized by CSA victims, these coping strategies are

often related to multiple negative and long-term outcomes in adulthood. Potential outcomes include increased anxiety, depressive symptoms, Post-Traumatic Stress Disorder-symptoms, and increased likelihood of revictimization in adulthood. These negative symptoms would be reasonably expected to impair one's parenting abilities and have been shown to, in some cases, be associated with harsh parenting practices (McCullough & Shaffer, 2014; Orri et al., 2019; Wolford et al., 2018). Conversely, positive coping strategies in response to CSA such as refocusing and moving forward, active healing, and achieving closure are associated with more positive adult adjustment and outcomes (Agbaria & Mokh, 2021; Irmak, 2016; Jang et al., 2019; Kong et al., 2019; Lazarus & Folkman, 1984; Zamir, 2022). These outcomes include a decrease in the likelihood of experiencing adult sexual coercion, better sense of control, decreased sense of guilt and isolation, increased self-esteem, and other adaptive outcomes. Therefore, one can conclude that maternal caregivers with a history of childhood sexual abuse, as well as other types of abuse and/or maltreatment, who have effectively and positively coped with their abuse would be more likely to be better adjusted overall in adulthood; thus, being associated with more positive and appropriate parenting practices.

Social Desirability

The topics discussed above, (abuse/maltreatment histories and parenting practices,) are personal and sensitive in nature; therefore, debate and concerns are present regarding the accuracy of self-report measurements for these topics (Baldwin et al., 2019; Bifulco & Schimmenti, 2019; Holden et al., 1992; Newbury et al., 2018; Reuben et al., 2016; Shaffer et al., 2017). These concerns are largely related to the proposed potential impact of socially desirable response patterns. Social desirability is defined as "a tendency for subjects to give socially desirable responses by overreporting behaviors…that make them look good and underreporting

behaviors… that make them look bad" (Dong-Heon et al., 2021, p.1). Is proposed that socially desirable response patterns may contribute to potential misrepresentation in self-reports. Similar concerns relating to the potential impact of social desirability, either consciously or unconsciously by participants, are expressed in other areas of psychological research relating to other topics including substance use (Khalili et al., 2021; Latkin et al., 2017; Vergés 2022) overall physical and psychological health (Latkin et al., 2017; Sedikides, 2023) and racial and immigration biases (Carmines & Nasar, 2021; Rinken et al., 2021; Stark et al., 2022). Reporting of parenting behaviors and practices is hypothesized to be particularly impacted by social desirability (Bornstein et al., 2015; Gooden & Struble, 1990; Harper et al., 2014; Robinson & Anderson, 1983). As stated by Bornstein and colleagues (2015), "socially desirable responding may shape parents' tendency to present themselves, their parenting, and their children favorably" (p. 177). Bornstein and colleagues go on to describe their research examining socially desirable response patterns in mothers and fathers from various countries. The authors found that, although the level of socially desirable responding varied across gender and culture, that most parents on average indicated similarly high levels of social desirability. Therefore, the impact of social desirability (either consciously or unconsciously) impacting research relating to parenting behaviors remains an important variable to consider within the broader literature and was considered within the current study.

Current Study

Although previous research studies have supported a relationship between maternal caregivers' prior childhood abuse experiences and increased likelihood of engaging in negative parenting practices such as harsh parenting, none have examined the potential impact of positive coping mechanisms on attenuating this link. Additionally, several previous studies call for an

expansion within this broad area of research (Bailey et al., 2012; DiLillo & Damashek, 2003; Michl-Petzing et al., 2019; Zyra et al., 2015).

A study by Zyra and colleagues (2015) examined the potential long-term effects of childhood sexual trauma on future parenting behaviors of females while accounting for protective factors. The participants in the study with a history of childhood sexual trauma consistently exhibited poorer functioning in relation to parenting behaviors. Examples of poorer parenting functioning/behaviors included reduced emotional sensitivity towards their children, increased harsh intrusiveness, and boundary disturbances. These results persisted regardless of the protective factors included in the study such as higher income, education, and stable adult relationships. However, this study completed by Zyra and colleagues (2015) did not evaluate types of coping mechanisms, a component that has been shown to be influential regarding future outcomes in adulthood following childhood maltreatment (Folkman & Lazarus, 1980; Frazier et al., 2004; Merrill et al., 2001; Runtz & Schallow, 1997; Silver et al., 1983; Walsh et al., 2010; Walsh et al., 2007; Wright et al., 2007). The study also concluded by calling for future research within this topic to include additional types of trauma that could potentially impact parental functioning.

In another study, Rodriguez and colleagues (2018) analyzed parent-child aggression (PCA) risk utilizing a longitudinal design with various potential mediating/moderating variables including personal history of physical and psychological abuse experienced by both maternal and paternal caregivers. Their findings indicated several moderators of the effect of personal history of physical and psychological abuse on PCA risk including the moderation of mothers' use of problem-focused coping (measured with the Coping Self-Efficacy Scales) and couple satisfaction; however, this buffering relationship only applied to prenatal PCA risk and did not

impact PCA risk at other times. The study concludes with various theories as to why one's experience of harsh and abusive parenting may employ various degrees of influence on PCA risk at different stages, proposing potential developmental shifts in parenting demands. Rodriguez and colleagues (2018) conclude by calling for additional research examining which potential resources maternal and paternal caregivers "may access to interrupt the intergenerational transmission of harsh and abusive parenting rather than assume the same resources apply equally" (p. 264).

Although the amount of research within the current subject matter is vast, results from various previous studies relevant to the current topic calls for the expansion of methodologically-sound research initiatives within this area. The aim of the current study is to build upon previous research and examine the potential interaction of various coping mechanisms on later parenting practices for maternal caregivers with childhood maltreatment and/or abuse experiences of various severity levels. Specifically, the current research observed the potential relationship between utilized coping mechanisms in response to childhood abuse/maltreatment of varying severity and the likelihood of engaging in harsh parenting practices with their children. It was predicted that high levels of self-perceived coping skills would serve as a moderator and attenuate the relationship between maternal history of childhood maltreatment and current harsh parenting. Furthermore, this study aims to uncover findings that will be valuable for later clinical interventions for survivors of childhood maltreatment/abuse as well as guide professional practices for working with relevant populations regarding current parenting practices.

The initial hypotheses concerning the relationship between utilized coping mechanisms in response to a history of childhood maltreatment/abuse and current parenting practices are as follows:

Hypothesis I:

Maternal caregivers with more severe childhood maltreatment/abuse experiences will engage in increased levels of current harsh parenting practices. An association between increased use of harsh parenting practices by individuals with a history of childhood maltreatment/abuse is supported by previous research (Bailey et al., 2012; DiLillo & Damashek, 2003, Ehrensaft et al., 2015; Rijlaarsdam et al., 2014). This hypothesis will be evaluated utilizing a standard multiple regression analysis. Social desirability as measured by the total score produced by the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) will be analyzed and included as appropriate based on preliminary analysis results.

Hypothesis II:

High effective rates of self-perceived adaptive coping mechanisms will moderate the relationship between maternal childhood abuse/maltreatment experiences and currently utilized harsh-parenting practices. Some ineffective coping strategies in response to childhood trauma have been shown by previous research to subsequently be associated with various negative symptoms in maternal caregivers as well as harsh parenting practices (McCullough & Shaffer, 2014; Orri et al., 2019; Walsh et al., 2010; Wolford et al., 2018). However, based on the stress and coping theory (Lazarus & Folkman, 1984) and subsequent research (Agbaria & Mokh, 2021; Irmak, 2016; Jang et al., 2019; Kong et al., 2019) problem- and emotion- focused coping mechanisms (with the related variable of social support) can be predictive of reduced psychological distress and improved mental health symptoms over time. The current study predicts that the relationship between maternal caregivers' childhood maltreatment/abuse experiences and use of harsh parenting practices will be moderated by self-perception of adaptive coping mechanisms (Figure 1). Therefore, it is predicted that maternal caregivers with

histories of maltreatment/abuse experiences in childhood who report abilities to engage in adaptive coping mechanisms will engage in less current harsh parenting practices. This hypothesis will be evaluated utilizing a moderation analysis through the PROCESS Macro.

METHODS

Participants

Participants were collected through online data collection measures utilizing the sharing of a Qualtrics link to various online sites such as reddit, online childhood trauma forums, online parent forums, and social media sites. Inclusion criteria to be included in the study were that (a) individuals are females aged 18 years or older, and (b) who are currently serving as primary caregivers for children under 17 years old. An a priori power analysis was conducted using the software package, GPower (Erdfelder et al.,1996). The suggested sample size was assessed utilizing a medium effect size ($f_2 = .15$), with an alpha level of $p < .05$. The analysis revealed that the suggested study needed a minimum sample size of 107. However, in order to account for participants who did not complete the study, an initial goal was set for approximately 300 participants to be recruited for the study to ensure adequate power for the proposed statistical analyses. Respondents were not awarded compensation for their participation in the study and their participation was completely voluntary.

In total, 327 participants completed the Qualtrics survey for the current study. After cleaning the data and deleting participants who did not fit the specified criteria for participation (participants under the age of 18, did not identify as female, not currently serving as a primary caregiver for a child), as well participants who did not provide responses for any of the current study's measures, 172 valid participants remained. Individuals who completed at least some of the measures used in this study were retained in the sample, with missing data being imputed as discussed in the results section. A post hoc power analysis was conducted using GPower (Erdfelder et al.,1996) based on the number of valid participants included in the current research

initiative. Mirroring the a priori analysis, this was assessed using a medium effect size ($f_2 = .15$), with an alpha level of $p < .05$. Results showed that the current study obtained an observed post hoc power of about .99.

Descriptive statistics were utilized to initially analyze the frequencies of the final data set (See Appendices F and G). Participants were prompted to indicate their ethnicity with instructions to indicate "all that apply." Out of the valid 172 participants included in the study, 143 maternal caregivers identified as White (83.1%), 9 were multiethnic (5.2%), 7 were Hispanic, Latino/a, or of Spanish origin (4.1%), 5 were Asian (2.9%), 2 were American Indian, Indigenous, or Alaska Native (1.2%), 2 were African American (1.2%) , 1 was Middle Eastern or North African (0.6%), and 3 completed the "Open Response" option, indicating that they identified as 'South Asian', 'European', and 'Mixed' respectively. 51 participants held higher education degrees including 44 who reported having master's or other professional degrees (25.6%) and 7 who reported holding doctorate degrees (4.1%). 56 participants reported having a bachelor's degree (32.6%) while 36 reported obtaining an associate's degree or certification from a technical college (20.9%). 27 participants indicated having a high school diploma or GED equivalent (15.7%) and 2 participants reported not having completed high school (1.2%). Most participants (52; 30.2%) indicated that their household earned a total income of $100,000 or more in the year 2019. 18 reported earning $90,000- $99,999 (10.5%), 15 earned $80,000- $89,999 (8.7%), 18 earned $70,000- $79,999 (10.5%), 10 earned $60,000- $69,999 (5.8%), 12 earned $50,000- $59,999 (7.0%), and 9 earned $40,000- $49,999 (5.2%). The remaining participants earned less than $39,999 in the year 2019 with 20 having earned $30,000- $39,999 (11.6%), while 6 earned $20,000- $29,999 (3.5%), 3 earned $10,000- $19,999 (1.7%) and 6

reported earning less than $10,000 (3.5%). Additionally, 3 participants chose not to indicate their annual household income for 2019.

Out of the total number of valid maternal caregiver participants, 143 participants reported living with a romantic partner, spouse, boyfriend, girlfriend, etc. (83.1%), 155 live with a child/children (90.1%), 8 live with a parent/parents (4.7%), 8 live with another family member (4.7%), and 3 live with a friend (1.7%). Additionally, 5 participants (2.9%) reported living with other individuals not listed utilizing the fill-in text option. These participants reported living with a "housemate," "In-laws and sister and brother in-law and nieces and nephews," "partner part-time," "pet dog," and "son's girlfriend of 5 years." Participants reported the total number of people residing in their household (excluding themselves) as follows: 12 participants reported one other person in the household (7.0%); 66 participants reported two other persons in the household (38.4%), 55 participants reported three other persons in the household (32.0%), 25 participants reported four other persons in the household (14.5%), 11 participants reported 5 other persons in the household (6.4%), while three participants reported more than six other persons in the household (1.8%). Twelve participants did not report the total number of people in their household. Participants most commonly indicated being a primary caretaker for 1 child (93 participants, 54.1%), followed by 2 children (56 participants, 32.6%), 3 children (18 participants, 10.5%), 4 children (4 participants, 2.3%), and 5 children (1 participant, 0.6%). Participants indicated caring for a wide age-range of children, reporting being a primary caregiver for 25 children under the age of 1 year-old (14.5%), 47 children ages 1-3 years (27.4%), 26 children ages 4-6 years (15.1%), 22 children ages 7-10 (12.8%), 34 children ages 11-15 (19.8%), and 14 children ages 16-17 years (8.1%). Four participants chose not to report the ages of the children for whom they served as a primary caretaker. In total, participants reported serving as a primary caretaker for 138 female

children and 142 male children. Participants indicated that they were the biological mother of 246 children (94.3%), stepmother of 9 children (3.4%), and aunt to 4 children (1.5%). Two participants indicated "other" in response to relationship to their child for whom they served as a primary caregiver, and 17 participants chose not to respond. Most participants reported having full custody of the children for whom they served as a primary caregiver, with 203 children being under the full custody of participants (87.5%), 29 being under partial custody (12.5%), and 5 participants reporting having no custody of the child(ren) in question (2.2%). Additionally, 31 participants chose not to indicate the custody type of the child(ren) in their care. Most participants reported having one child living with them at least part-time (80, 46.5%), followed by two children (49, 28.5%) and three children (14, 8.2%). Participants reported having at most nine children living with them part-time and at least having zero children living with them part-time while still serving as a primary caregiver for the child(ren) in question.

Materials and Procedure

Demographic Questionnaire

The participants included in the study completed a demographic questionnaire to gather basic information about the maternal caregiver participants and their child(ren). The following information was obtained from the demographic questionnaire: maternal caregiver age, race, socioeconomic status, marital status, level of education; child(ren) age, sex, race, and grade level. Maternal caregiver participants additionally were asked to indicate through a single yes-no question whether their child(ren) have experienced any significant instances of childhood maltreatment or abuse. To ease question difficulty and encourage accurate and thorough responding, these demographic questions were asked utilizing provided answer choices as opposed to free-write answers.

Childhood Maltreatment History and Impact Questionnaire

The participants in the study completed the newly developed Childhood Maltreatment History and Impact Questionnaire to assess their retroactive accounts of childhood maltreatment and/or abuse. The screener is composed of 25 questions resulting in the following subscales: a 4-item Childhood Emotional Abuse subscale ($\alpha = .86$), a 4-item Childhood Emotional Neglect subscale ($\alpha = .90$), a 4-item Childhood Physical Neglect subscale ($\alpha = .75$), a 4-item Childhood Physical Abuse subscale ($\alpha = .79$), a 4-item Childhood Sexual Abuse subscale ($\alpha = .84$). The measure additionally includes Positive Parenting, Corporal Punishment, and Parental Domestic Violence subscales that were not included in the current study. For each question, participants were asked to rate on a Likert-type scale from 0 *(never)* to 3 *(often)* how often the described experience happened to them. Sample questions include, "A caregiver insulted me or called me names," and "Someone older than me touched my private parts." Items from each domain are then totaled to produce a sum report for each type of abuse/neglect with each of the relevant subscales producing scores ranging from 0-12. The summed composite score from the five subscales measuring history of childhood abuse/maltreatment subsequently produces a score ranging from 0-60 ($\alpha = .93$). The screener is derived from the Childhood Trauma Questionnaire, which has been confirmed through previous research as having adequate internal validity and test-retest reliability (Bernstein et al., 1994; Bernstein et al., 2003).

Parent-Child Conflict Tactics Scales (CTSPC)

Participants completed the Parent-Child Conflict Tactics Scales (CTSPC; Straus et al., 1998) to evaluate current parenting practices. The CTSPC is a revised version of the original Conflict Tactics Scales (Straus, 1979) focused specifically on parental behavior. Participants were asked to indicate how many times within the past year they have engaged in certain

behaviors when their child has misbehaved and/or made them angry. Items were scored on the following scale: 0 *(this has never happened)*; 1 *(once in the past year)*; 2 *(twice in the past year)*; 3 *(3-5 times in the past year)*; 4 *(6-10 times in the past year)*; 5 (*11-20 times in the past year)*; 6 *(more than 20 times in the past year)*; 7 *(not in the past year, but it happened before)*. The CTSPC contains 22 total items measuring nonviolent discipline, psychological aggression, and physical assault related to typical parenting practices in the previous week. Sample behaviors include "Slapped him/her on the hand, arm, or leg," and "Swore or cursed at him/her." The utilized version of the CTSPC includes a 5-item Psychological Aggression subscale ($\alpha = .52$). The CTSPC further specifies additional subscales related to various levels of physical discipline/physical assault including a 5-item Minor Assault (i.e. corporal punishment) subscale ($\alpha = .57$), and a 4-item Severe Assault (i.e. physical abuse) subscale ($\alpha = .09$). The CTSPC additionally includes a 4-item Very Severe Assault (i.e. severe physical abuse) subscale ($\alpha = -.01$). However, because two of the four items included in the Very Severe Assault subscale were constants (meaning that no participant endorsed these behaviors), this resulted in a negative measure of internal reliability for this subscale. The CTSPC also includes a 4-item measurement of Non-Violent Discipline that was not utilized in the current study. The CTSPC is scored by adding the midpoints for the response categories indicated by each participant. For example, an indicated response of 3 *(3-5 times in the past year)* would be scored as a '4', while an indicated response of 5 *(11-20 times in the past year)* would be scored as a '15.' Indicated responses of 6 *(more than 20 times in the past year)*, were scored as '25' while indicated responses of 7 *(not in the past year, but it happened before)*, were scored as '1' as suggested by the measurement authors. Therefore, the range of possible scores per subscale are as follows: Psychological

Aggression (0-125); Minor Assault (0-125); Severe Assault (0-100); and Very Severe Assault (0-100).

For the purpose of the current study, the above-described definition of harsh parenting practices by Hinnant and colleagues (2015) was utilized. Therefore, the Psychological Aggression, Minor Assault, Severe Assault, and Very Severe Assault subscales were summed into a single composite measurement of overall harsh parenting practices that was included in the current analyses. This summed composite scale included the 18 above-specified items to evaluate harsh parenting practices with a possible score range of 0-450 ($\alpha = .64$) These subscales derived from the CTSPC have been utilized in previous studies with acceptable levels of internal reliability (Cotter et al., 2018; Kelly et al., 2021; Marcal, 2021; Straus et al., 1998) Straus and colleagues (1998) reported internal consistency of the broader Physical Assault subscale ($\alpha = .55$) and the Psychological Aggression subscale ($\alpha = .60$). The researchers attributed the moderate/low measures of internal reliability largely to the low base rate of behaviors included in the scales related to physical assault and psychological aggression within reported parenting practices. Similarly, Kelly and colleagues (2021) reported on their use of the CTSPC using a composite score including both the Psychological Aggression and Physical Aggression subscales and the internal reliability of this composite measure within various trials of the study ($\alpha = .81$; $\alpha = .82$; $\alpha = .76$; $\alpha = .76$). Other measures of reliability, including test-retest reliability and interrater reliability between parents and parent-child dyads have supported the use of the CTSPC in measuring utilization of harsh parenting practices (Jouriles et al., 1997; Kobulsky et al., 2017; Kolko et al., 1996; McGuire & Earls, 1993). Although the CTSPC addresses the primary validity concern of alternative responses due to social desirability through the inclusion of multiple nonviolent discipline measures, this remains a primary concern for all measures of

child discipline and maltreatment. Additionally, the measure was found to have low internal consistency and reliability. However, the CTSPC has been utilized in several previous research initiatives and has been supported as an acceptable measure of child discipline and parenting practices (Lee et al., 2012; Straus et al., 1998).

Coping Self-Efficacy Scale (CSE)

The Coping Self-Efficacy Scale (CSE; Chesney et al., 2006) was utilized in the current study to measure participants' perception of their coping abilities. The measure includes 13 items with rating options on an 11-point scale, ranging from (0) *cannot do at all* to (10) *certain I can do,* with a mid-anchor point at (5) *moderately certain can do*. Participants are asked 'When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following…" Participants then utilize the 11-point scale to indicate the extent to which they believe that they could engage in important activities related to adaptive coping. Sample items include "sort out what can be changed, and what cannot be changed," and "get emotional support from community organizations or resources." Utilizing this scale across all 13 items, three themed subscales are produced: Use Problem-Focused Coping (6 items with scores ranging from 0-66; $\alpha = .93$), Stop Unpleasant Emotions and Thoughts (4 items with scores ranging from 0-44; $\alpha = .93$), and Get Support from Friends and Family (3 items with scores ranging from 0-33; $\alpha = .85$). These three coping themes are reflective of the three major components of adaptive coping taught in Coping Effectiveness Training and Theory (CET; problem-focused coping, emotion-focused coping, and social support) and Stress and Coping Theory (Lazarus & Folkman, 1984) from which the measure is derived. The measure additionally produces an overall CSE score by summing the item ratings, reflecting overall self-efficacy of adaptive coping abilities. The CSE has been found to have acceptable validity and

reliability when compared to other standardized measurements of coping abilities (Chesney et al., 2006). Chesney and colleagues (2006), examined the validity and reliability of the CSE and found strong support for the use of the measure in analyzing perception of coping effectiveness and how this changes over time (Problem-Focused Coping, α = .91; Stop Unpleasant Emotions and Thoughts, α = .91; Get Support from Friends and Family, α = .80). Mikula and colleagues (2018) additionally examined the potential association between self-esteem and coping strategies using the three subscales of the three subscales of the CSE (Problem-Focused Coping, α = .94; Stop Unpleasant Emotions and Thoughts, α = .86; and Get Support from Friends and Family, α = .93). For the purpose of the current study, the three CSE subscales were summed into a composite variable to measure overall self-perception of coping ability (α = .92).

Marlowe-Crowne Social Desirability Scale (MCSDS)

The Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) was administered to evaluate participants' general tendency to exhibit a fixed response style and endorse socially acceptable response options. The scale consists of 33 true/false items in which participants are asked to rate their personal attitudes and traits. The items are selected to have socially desirable content with a low probability of realistic occurrence. Sample questions include, "I never hesitate to go out of my way to help someone in trouble," and "It is sometimes hard for me to go on with my work if I am not encouraged." The endorsed socially desirable responses are tallied and utilized as a continuous measure with scores ranging from 0-33 (α = .73 Scores ranging from 0- 8 indicate respondents that "are more willing than most people to respond to tests truthfully, even when their answers might meet with social disapproval" (Crowne & Marlowe, 1960, p.351) while scores ranging from 9-19 indicate respondents "show[ing] an average degree of concern for the social desirability of their responses," (Crowne

& Marlowe, 1960, p.351). 'High Scorers' with scores ranging from 20-33 indicate respondents who "may be highly concerned about social approval and respond to test items in such a way as to avoid the disapproval of people who may read their responses" (Crowne & Marlowe, 1960, p.351).

Previous research has confirmed the internal validity and test-retest reliability of the measure (Crowne & Marlowe, 1960; Lambert et al., 2016). The MCSDS scores produced an acceptable internal reliability coefficient alpha ($\alpha = .88$) in a sample of undergraduate students (Crowne & Marlowe 1960). In previous research initiatives evaluating parenting practices, including a study by Smith and colleagues (2017), the Crowne-Marlowe Social Desirability Scale was utilized as a control variable to counteract the likelihood of socially desirable responding ($\alpha = .79$).

Procedure

The primary researcher for the current study partnered with another graduate student to develop and share the Qualtrics link utilized for data collection. This Qualtrics link additionally included several other questionnaires unrelated to the current study for a separate research initiative on maternal caregiver-child relationships and emotion regulation. Therefore, participants in the current study were instructed to complete a brief demographics questionnaire, the questionnaires detailed below relevant to the current study, as well as the Strengths and Difficulties Questionnaire- Parent Report (Goodman, 1997), Difficulties in Emotion Regulation Scale- Self Report (Bjureberg et al., 2016), Difficulties in Emotion Regulation Scale- Parent Report (Bunsford et al., 2020), Distress Tolerance Scale- Self-Report and Distress Tolerance Scale- Parent Report (Simons & Gaher, 2005). Each participant randomly was presented initially with either the questionnaires related to the current study, or the questionnaires related to the

outside research initiative following completion of the demographics section. The online Qualtrics link included a brief description of potential risks and discomforts, description of confidentiality for the study, and the voluntary nature of participation. At the conclusion of the study, the participants were provided with a short debriefing statement.

Analytic Plan

Data gathered through the completed Qualtrics survey including the measures above was analyzed to test Hypotheses I and II. Firstly, prior to analyzation of Hypothesis I, social desirability as measured by the total score produced by completion of the MCSDS was analyzed to examine whether this construct correlated with any variables of interest for the current study as a preliminary analysis. It was previously determined that, if social desirability was shown to significantly correlate with any variables of interest (specifically any variables regarding maternal history of childhood abuse/maltreatment and/or current harsh parenting practices), that such would be added into the primary analysis for Hypothesis I as a control variable.

Hypothesis I was then analyzed through a standard multiple regression analysis. In the analysis, maternal history of childhood abuse/maltreatment as measured by the Physical Abuse, Sexual Abuse, Emotional Abuse, Physical Neglect, and Emotional Neglect subscales of the Childhood Maltreatment History and Impact Questionnaire were entered as a summed composite variable. A Social Desirability total was additionally added as a control variable to the analysis as warranted based on the above-described preliminary correlation results. Harsh parenting practices, as measured by a sum of subscales related to harsh parenting practices of the Parent-Child Conflict Tactics Scale (CTSPC; Straus et al., 1998) was included as the single dependent variable. These subscales include questions related to psychological aggression and physical assault within the context of parenting practices.

Hypothesis II was then analyzed utilizing a moderation analysis through PROCESS Macro. PROCESS is a widely used statistics modeling tool that can be utilized for analyzing interactions in moderation models (Hayes, 2018; Hayes, 2022a; Hayes, 2022b). Within the moderation analysis, maternal history of childhood physical abuse/maltreatment experiences as measured by the summed composite score of the Physical Abuse, Sexual Abuse, Emotional Abuse, Physical Neglect, and Emotional Neglect subscales of the Childhood Maltreatment History and Impact Questionnaire was included as the independent variable. Harsh parenting practices, as measured by the summed composite score of the psychological aggression and physical assault subscales of the CTSPC was included as the dependent variable. Self-perceived adaptive coping mechanisms as measured by a sum of the subscales from the Coping Self-Efficacy Scale (CSE; Chesney et al., 2006) was entered as a potential moderating variable. The results from the above-described preliminary correlation analysis regarding social desirability was also considered, resulting in social desirability being included within the moderation analysis as a covariate. There exists some debate within the larger statistics community regarding the need for reporting Beta values within moderation analyses results. Some statisticians argue that reporting Beta values for moderation results is not necessary and perhaps not an accurate representation of the data (Hayes & Rockwood, 2017; Igartua & Hayes, 2021) while other researchers continue to publish Beta values within their results (e.g., Fleischmann et al., 2022; Lu et al., 2022). For the sake of clarity and alignment with updated research practices, Beta values will not be reported in the results of the present moderation analysis.

RESULTS

To fully explore the currently utilized data set, two separate statistical methods for addressing missing data were employed in the current study: listwise deletion and mean imputation. Listwise deletion, also known as complete case analysis, "discards observations with missing values on one or more variables of interest" (Cheema, 2014, p. 493). Listwise deletion has been exhibited to be a valid and common form of addressing missing data in research studies. Similarly, mean imputation is among the most frequently imputation-based methods for addressing missing data in research. Mean imputation "involves replacing missing data on a variable with the mean of non-missing data for that variable…[and is] one of many methods based on replacing missing data on a variable with a measure of central tendency for that variable" (Cheema, 2014, p. 493). The utilization of both methods of addressing missing data detailed above required that the data be analyzed utilizing two separate data sets. Upon comparison of the two separate data sets for the analyses in question, the main difference between them was that the analyses utilizing mean imputation methods were more likely to produce significant results because this data set contained more cases. With further review of the results from the two separate data sets for the analyses in question, the method used to address missing data did not notably impact the results. Therefore, for the purpose of conciseness and clarity, only the results from the analyses utilizing the mean imputation method of addressing missing data will be presented. (Results from the analyses utilizing the complete case analysis method of addressing missing data is available on request.)

Preliminary Analyses

Pearson correlations were initially completed to determine the usefulness of including social desirability as a potential covariate in the primary analyses examining Hypotheses I and II (See Appendix H). Firstly, the relationship between social desirability and various experienced childhood abuse experiences was examined. The results determined that there were significant relationships between social desirability and history of childhood emotional abuse, $r = -.16$, $n = 172$, $p < .05$, history of childhood emotional neglect, $r = -.26$, $n = 172$, $p < .01$, and history of childhood physical neglect, $r = -.15$, $n = 172$, $p < .05$. These results suggest that, within the current data set, having a higher likelihood of socially desirable responding was associated with lower reports of childhood emotional abuse, emotional neglect, and physical neglect experiences by participants. Pearson correlations were additionally completed to analyze the potential relationship between social desirability and current reports of harsh parenting practices. This relationship was determined to be significant, $r = -.24$, $n = 172$, $p < .01$, with higher likelihood of socially desirable response styles being associated with lower reports of current harsh parenting practices by participants. Based on these results, it was determined to be most appropriate to include the measure of social desirability in the primary analyses as a potential covariate.

Hypothesis I

Hypothesis I was then analyzed by testing the associations between maternal caregiver childhood abuse experiences and current reports of harsh parenting practices while controlling for social desirability. This was conducted utilizing a hierarchical multiple regression in which social desirability was included in Step One of the analyses while a summed composite score of reported childhood abuse experiences was added in Step Two (See Appendix I). Results indicated that Step One of the model including the control variable of social desirability

accounted for 5.7% of the variance, $R^2 = .57$, $F(1, 170) = 10.21$, $p < .01$, with social desirability being significantly associated with current reports of harsh parenting practices, $B = -.95$,, $\beta = -.24$, $t(170) = -3.20$, $p < .01$. The addition of Step Two of the model accounted for an additional 0.40% of the variance, which was not a significant increase, $\Delta R^2 = 0.40$, $F(1, 169) = 5.43$, $p = .41$. This resulted in Step Two accounting for 6.0% of the total variance, $R^2 = .06$, $F(1, 169) = 5.43$, $p < .01$. Therefore, participants' reports of childhood maltreatment/abuse experiences was not significantly associated with current reports of harsh parenting practices. However, socially desirable responding was shown to have a significant association with the variable of interest, with higher levels of socially desirable responding being associated with lower reports of current harsh parenting practices. These results did not support Hypothesis I in the current study but continued to exhibit the likely marked impact of socially desirable responding.

Hypothesis II

To analyze Hypothesis II, a moderation analysis was conducted utilizing the Process Macro (See Appendix J). The summed composite reported incidents of childhood maltreatment experiences were included as the independent variable, the summed composite report of current harsh parenting practices was included as the dependent variable, and self-perceived coping abilities as measured by the three subscales of the CSE (Problem-Focused Coping, Stop Unpleasant Thoughts and Emotions, and Get Support from Friends and Family) were included as potential moderating variables. Additionally, social desirability as measured by the MCSDS was included as a covariate based on the results from the initially described correlation analysis. The overall model accounted for 9% of the variance, which was significant, $R^2 = .09$, $F(4, 167) = 4.33$, $p < .01$. However, neither report of maternal childhood maltreatment experiences, $b = -.01$, $t(167) = -.04$, $p = .97$, or self-perceived coping abilities, $b = -.17$, $t(167) = -.87$, $p = .39$, were

shown to be significant in the model. Therefore, the interaction between participants' reports of childhood maltreatment experiences and self-perceived coping abilities was also not statistically significant, $b = .00$, $t(167) = .07$, $p = .95$. However, the covariate of socially desirable responding was shown to have a significant relationship within the model, $b = -.65$, $t(167) = -1.99$, $p < .05$. Therefore, it can be determined that within the current data set, there was not a significant relationship between maternal caregivers' reports of childhood maltreatment/abuse experiences and current harsh parenting practices. Additionally, self-perceived coping skills did not serve as a significant moderating variable. However, social desirability, similar to the above-described regression, was shown to significantly impact current reports of harsh parenting practices. Specifically, higher indicators of socially desirable response styles were associated with lower reports of current harsh parenting practices.

DISCUSSION

The purpose of the current study was to evaluate the potential relationship between maternal caregivers' prior childhood abuse experiences and currently utilized harsh parenting practices. Previous research has provided ample support for the common relationship between previous experiences of childhood abuse/neglect and current utilization of harsh parenting practices with one's own children (Bailey et al., 2012; DiLillo, 2001; DiLillo & Damashek, 2003; Ehrensaft et al., 2015; Pears & Capaldi, 2001; Zyara et al., 2015). However, the current study strove to expand upon this narrative by actively incorporating aspects related to effective general coping mechanisms in response to stress. Specifically, the current study evaluated how maternal caregivers' self-perception of their coping skills potentially impacted the relationship between histories of childhood abuse experiences and currently utilized harsh parenting practices.

The current study included many maternal caregivers that had a history of abusive and/or neglectful childhood experiences. The large number of abuse/neglect experiences reported by maternal caregivers within the current study is indicative of the vastness of this public health concern, which is supported by previous research and current statistics (Centers for Disease Control and Prevention, 2018). Additionally, the participants' demographic data indicated that 59.9% of participants reported an annual household income greater than $70,000.00 in 2019. This information further suggests the universality of childhood abuse experiences, supporting previous research indicating that childhood abuse and neglect spans across SES, racial/ethnic, and geographic groups (American Psychological Association, 2010; Centers for Disease Control and Prevention, 2018; Chiu et al., 2013).

Results from the current study failed to exhibit a significant relationship between the severity of maternal caregivers' childhood maltreatment/abuse experiences and current use of harsh parenting practices. These results negate previous research initiatives supporting this relationship (Bailey et al., 2012; DiLillo, 2001; DiLillo & Damashek, 2003; Ehrensaft et al., 2015; Pears & Capaldi, 2001; Zyara et al., 2015). Due to the lack of a significant relationship between childhood abuse severity and current implementation of harsh parenting practices, Hypothesis I is not currently supported within this research initiative. However, the analyses utilized to evaluate this potential relationship was notably impacted by the inclusion of a measurement of social desirability; therefore, this should be considered in conjunction with the hypothesis results.

Social desirability (a general tendency to endorse socially acceptable response options) was shown in the current study to exhibit a significant negative relationship with reports of current use of harsh parenting practices. Therefore, participants who indicated a higher concern with endorsing socially acceptable responses additionally reported lower use of various harsh parenting practices. These results suggest the possibility that participants responded to questions regarding current parenting practices in a manner perceived to reflect positively on their character as opposed to answering questions with objective honesty. The concern for honest self-reporting regarding parenting practices and potential abusive behaviors are common throughout the research base (DeGarmo et al., 2006; Fazio & Olson, 2003; Rodriguez et al., 2011).

Results from the current study additionally failed to demonstrate maternal caregivers' self-perceived coping skills as a moderating variable for maternal caregivers' childhood abuse experiences and current use of harsh parenting practices. As a result of this lack of a significant relationship, Hypothesis II is not currently supported within this research. However, as noted

above, the impact of social desirability should be considered when interpreting the current research results. Because of the significant impact that the included measure of social desirability had upon the current data and resulting analyses, it is possible that this led to critical study design flaws that skewed the current research results. Specifically, it is possible that participants within the current study were unwilling to disclose current use of harsh parenting practices (thus preventing the accurate analyzation of the data) due to concern regarding social norms and socially desirable responding. Therefore, the current research initiative should not be utilized to discount the possibility of a moderating relationship between self-perceived coping skills, maternal history of childhood maltreatment, and current implementation of harsh parenting practices.

Clinical Applications

The notable impact that social desirability had upon the research results prompts a conversation for how this variable could be more actively incorporated and considered within clinical applications. As previous research has shown, shame associated with personal histories of childhood abuse, trauma, and maltreatment can lead to negative outcomes in adulthood including somatic symptoms, interpersonal conflict, and heightened self-criticism (Kealy et al., 2018; Kim et al., 2009; Shahar et al., 2014). Perhaps consequently, many women with histories of childhood maltreatment and abuse are often reluctant to engage in physical and mental health care (Read et al., 2018; Resick et al., 2014; Scommegna, 2019). Additionally, the Women, Co-occurring Disorders, and Violence Study (WCDVS) highlighted a lack of appropriate clinical and public health services for women with a history of trauma (either in adulthood and/or childhood), specifically for women with co-morbidities including various mental health concerns and substance use (Becker et al., 2005; Clark & Power, 2005; Muzik et al., 2013; Stenius &

Veysey, 2005). This combined lack of appropriate care and reluctance from a population subgroup in need of services poses a notable concern within the larger field of both applied clinical and research psychology. Social desirability and shame are variables that should be more actively included in research studies as well as clinical services directed towards women with histories of childhood maltreatment. The addressing of these factors could lead to more accurate reporting for research purposes and more targeted and effective interventions for improving mental health outcomes. Additionally, Read and colleagues (2018) suggest best practice for medical and mental health clinicians would involve screening all patients/clients for histories of abuse and resulting trauma-related symptoms, and moving deliberately to asking broad to increasingly specific questions. This research team also recommends avoiding terms such as "abuse" and instead focusing on experiences, i.e., "while you were growing up, did an adult ever hurt or punish you in a way that left bruises, red marks, cuts, or burns?" (Read et al., 2018). Similar semi-structured interview tactics could be beneficial for obtaining more accurate information and therefore providing more targeted and effective means for clinical interventions.

Limitations

The current research had several limitations that should be noted. Namely, the current study exhibited a lack of variability within data set and thus limited broad conclusions that were possible from the results. Because the data set does not accurately represent the diversity expected within a national online survey from maternal caregivers nor children, this led to a restriction of range. Particularly of note, the current data sample included primarily white maternal caregiver participants (87.8%) who indicated relatively high levels of educational attainment (25.6% reporting obtaining a master's or other professional degree and 32.6% reporting a bachelor's degree). Most participants additionally indicated earning an annual income

that is comparably high compared to the national average (United States Census Bureau, 2021), with 59.9% of participants reporting an annual household income of $70,000 or more. Furthermore, 30.2% of participants reported an annual household income of $100,000 or more. Due to these differences between the participant pool and the larger population of maternal caregivers and children within the United States, increased representation within the sample should be a primary focus for future similar research initiatives.

Due to missing or incomplete data relating to the variables of interest, both a mean imputation and case analysis approach was implemented, with the mean imputation results being reported. Both mean imputation and case analysis approaches to addressing missing data have unique statistical limitations. Specifically, mean imputation has been criticized for often misestimating the standard errors and variance within analyses and test statistics (Huisman, 2000). Although mean imputation has been widely utilized in conventional statistical research (Allison, 2002; Columbia Public Health, 2019; Huisman, 2000), the limitations of this method should also be carefully considered when interpreting the results from the current study.

As described above, the desire to answer in socially respectable ways (as measured by the Marlowe-Crowne Social Desirability Scale) potentially prevented participants from responding with objective honesty due to the sensitive nature of questions within the study; therefore, exhibiting a possible self-serving bias. Because of the significant relationship between participants' desire to provide socially acceptable responses and the other measures included in the study, it is impossible to draw broad conclusions regarding the population at large from the current research due to overcorrection. This is a concern related to social desirability impacting the validity of self-reports is echoed throughout the research community (DeGarmo et al., 2006; Fazio & Olson, 2003; Rodriguez et al., 2011). Due to this prevalent concern throughout

psychological research, many researchers now strongly advocate for more objective measures of data-gathering involving outsider observation and reporting. The notable influence of social desirability within the current study was a major limitation and barrier that should be addressed in future research to provide more clarity and integrity to the research results.

Future Research

Multiple previous studies have exhibited a relationship between a maternal history of childhood maltreatment/abuse/neglect and impaired current parenting practices including increased instances of harsh parenting (Bailey et al., 2012; DiLillo & Damashek, 2003, Ehrensaft et al., 2015; Rijlaarsdam et al., 2014). In turn, harsh parenting practices (coercive parental behaviors, verbal and/or physical aggression towards children) have been repeatedly shown throughout the literature to negatively impact overall child development and be associated with several negative outcomes for children (Eddy et al., 2001; Sethi et al., 2000; Stormshak et al., 2000). Potential impacts of various forms of coping and self-perception of coping in individuals with histories of childhood trauma/neglect continues to be an area that is lacking within the current research. Of note, the potential for coping and self-perception of coping as a target for intervention to negate some of the negative impacts of maltreatment histories on current parenting practices remains an area of interest for future clinical interventions. The above noted limitations provide an avenue for future research on the current topic to be continued in a more effective manner that targets the these limitations and provides more serviceable results. It is also possible that there is a notable difference in parenting behaviors for caregivers objectively demonstrating various levels of coping effectiveness compared to caregivers with various self-perception of coping effectiveness. This consideration should be included as a possible explorable variable for future research.

The present study relied solely on caregiver reports regarding sensitive topics such as history of childhood maltreatment and current implementation of harsh parenting practices. Due to the sensitive nature of the current research topic and the questions asked of participants, it is highly likely that such was associated with socially desirable response patterns that may not have reflected current parenting practices. ((DeGarmo et al., 2006; Fazio & Olson, 2003; Rodriguez et al., 2011). Ideally, future research would find alternative means for data collection that does not rely on self-report data. Specifically, alternatives such as utilization of populations with known histories of childhood maltreatment and/or instances of current/recent harsh parenting practices for longitudinal research could be explored. Application of direct observation of parenting interactions with the Dyadic Parent-Child Interaction Coding System (DPICS) used for Parent-Child Interaction Therapy (PCIT) could also be useful for gathering objective data regarding current parenting practices. These methods would lessen the effects of the interfering variable of social desirability within the current study to provide clearer results for the current research question; thus, proving more avenues for targeted clinical interventions.

Conclusion

Research has previously exhibited the importance of parent-child relationships on physical and mental aspects of child development (Keizer et al., 2019; Ruhl et al., 2014; Shakiba et al., 2021) as well as the potential negative impacts of harsh parenting practices on children (Eddy et al., 2001; Sethi et al., 2000; Speyer et al., 2022; Stormshak et al., 2000). The literature has also supported the long-lasting negative impacts of childhood maltreatment and abuse experiences (Chioun et al., 2012; Nikulina & Widom, 2013; Runtz, 2002; Walker et al., 1999) and the impact of maltreatment histories on future parenting behavior (Bailey et al., 2012; Bert et al., 2009; Moehler et al., 2007; Savage et al., 2019; Walker et al., 2022; Zvara et al., 2016). The

field has also previously explored at length the potential positive impact of effective coping in response to trauma/maltreatment histories on overall functioning and future interpersonal relationships (Folkman & Lazarus, 1980; Hager & Runtz, 2012; Hetzel-Riggin & Meads, 2011; Walsh et al., 2010; Zamir, 2022). However, studies have shown that individuals with a history of aversive/abusive childhood experiences tend to rely more heavily on ineffective coping strategies involving disengagement and avoidance (Leitenberg et al., 2004; Su et al., 2020). It can be reasonably assumed that ineffective coping with current stressors due largely to childhood history of maltreatment would notably interfere with current parenting practices. However, the literature is lacking regarding the interaction of these factors.

The current study sought to further explore the relationship between childhood history of maltreatment/abuse experiences and current harsh parenting practices with self-perceived coping effectiveness as a proposed moderating variable. Although findings from the current study did not display a significant relationship between the variables of interest, social desirability was found to be notably impactful. Specifically, social desirability was found to have a significant negative relationship with reports of current use of harsh parenting practices. Furthermore, participants within the current study who endorsed higher concerns with socially acceptable responding also reported lower implementation of current harsh parenting practices. It is possible that this reflects a hesitancy within the population of caregivers to report parenting styles and methods that may be viewed negatively.

The potential interaction of self-perceived coping effectiveness on the previously established relationship between caregiver history of childhood maltreatment and current harsh parenting practices remains a valuable research initiative that should continue to be evaluated. However, as reflected in the current study, alternative means of data collection outside of self-

report should be considered when assessing for current parenting practices to avoid bias and unreliable reporting. These research efforts could notably impact clinical work regarding the approach to interrupting intergenerational patterns of maltreatment/abuse and promote more emotionally healthy outcomes for future generations of children.

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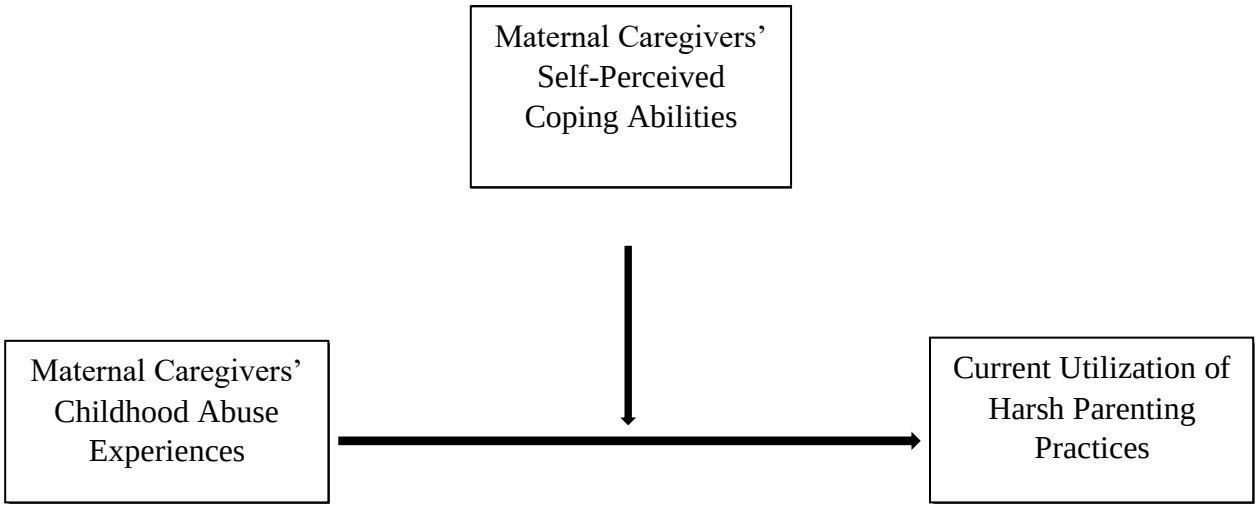
FIGURE 1

Hypothesized Relationship between Maternal Caregivers' Childhood Abuse Experiences and Current Harsh Parenting Moderated by Self-Perceived Coping



APPENDIX A

Demographic Questionnaire

What is your age?

Do you live in the United States?

(*yes*); (*no*)

Ethnicity (choose all that apply):

(*Black or African American*); (*Hispanic, Latino/a, or Spanish origin*); (*White*); (*Asian*); (*American Indian or Indigenous or Alaska Native*); (*Middle Eastern or North African*); (*Native Hawaiian or Other Pacific Islander*); (*Open Option*)

Please indicate your highest level of education obtained:

(*Less than a High School Diploma*); (*High School Diploma or GED equivalent*); (*Associates Degree or Certification, Technical College*); (*Bachelor's Degree*); (*Master's or Other Professional Degree*); (*Doctorate Degree*)

How much total combined money did all members of your household earn in 2019?

(*$0- $9,999*); (*$10,000- $19,999*); (*$20,000- $29,999*); (*$30,000- $39,999*); (*$40,000- $49,999*); (*$50,000- $59,999*); (*$60,000- $69,999*); (*$70,000- $79,999*); (*$80,000- $89,999*); (*$90,000- $99,999*); (*$100,000 or more*)

Are you a woman?

(*Yes, cisgender woman- the term cisgender means your sex assigned at birth is the same as your gender identity*); (*Yes, transgender woman*); (*No, I am not a woman*)

Does anyone live with you? (Choose all that apply.)

(*A romantic partner, spouse, boyfriend, girlfriend, etc.*); (*A child or children*); (*Parent(s)*); (*Another family member (grandparent, cousin, etc.)*); (*Friend*); (*No one*); (*Other:*)

Other than yourself, how many total people live in your household?

For how many children are you a primary caretaker (meaning that you are a primary adult responsible for meeting the basic needs for a child/children)?

Starting with your oldest child, please fill out one row in this table for each child for whom you are the primary caregiver. After entering all of your child(ren)'s information, remaining rows can be left blank.

Age of Child	Child's gender	Relationship to child	Custody type
(*Under 1 y/o- 17*)	(*Girl*); (*Boy*)	(*Biological Mother*); (*Step-Mother*); (*Foster Mother*); (*Aunt*); (*Grandmother*); (*Sister*); (*Other*)	(*Full Custody*); (*Partial Custody*); (*No Custody*)

For how many of the children for whom you are a primary caretaker live with you at least part-time?

APPENDIX B

Childhood Maltreatment History and Impact Questionnaire

Directions: Below is a list of experiences that some people have while growing up.

For each item, please indicate how often you had that experience before the age of 18 on a scale from 0 (Never) to 3 (Often). If you had that experience, also indicate how often you are bothered by thoughts of that experience currently as an adult.

Some items ask about caregivers; this could be a parent, stepparent, grandparent or other significant person who took care of you growing up.

1. **A caregiver called me insulting names or swore at me.**

   How often did this happen to you before the age of 18?

   (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

   How often are you bothered by thoughts of this as an adult?

   (*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

2. **A caregiver told me that I had done a good job.**

   How often did this happen to you before the age of 18?

   (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

   How often are you bothered by thoughts of this as an adult?

   (*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

3. **I felt unloved by a caregiver.**

   How often did this happen to you before the age of 18?

   (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

   How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

4. A caregiver did something to make me feel afraid of them.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

5. A caregiver put me in timeout.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

6. A caregiver slapped or punched me.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

7. I didn't feel supported by my family.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

8. A caregiver threatened to hurt me, but didn't do it.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

9. I didn't have enough food to eat.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

10. A caregiver gave me a reward for good behavior.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

11. I had to wear dirty clothes to school.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

12. Someone made me have oral sex with them.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

13. A caregiver spanked me so hard it left a mark such as a bruise or welt.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

14. I felt like a caregiver didn't want me around.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

15. A caregiver said that they hated me.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

16. A caregiver burned me on purpose.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

17. Someone older than me touched my private parts.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

18. A caregiver did not take care of my needs because they were drinking or doing drugs.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

19. Someone older than me showed me their genitals.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

20. I didn't feel like a part of my family.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

21. A caregiver spanked me, but it did not leave a mark.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

22. A caregiver hit me with something other than a belt or switch.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

23. Someone put their penis or another object inside my vagina or butt.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

24. I was sick but nobody took me to the doctor or gave me medicine.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

25. I saw my caregivers physically fighting with each other.

How often did this happen to you before the age of 18?

(*Never*) (*Rarely*) (*Sometimes*) (*Often*)

How often are you bothered by thoughts of this as an adult?

(*N/A*) (*Never*) (*Rarely*) (*Sometimes*) (*Often*)

APPENDIX C

Parent-Child Conflict Tactics Scale (CTSPC)

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when your child did something wrong or made you upset or angry.

Directions: Please indicate for each item how often you have done so in the past year. If you haven't done it in the past year but have done it before that, please also indicate this. Please answer the following questionnaires with your oldest non-adult child in mind. (This means we are interested in your oldest child who has not yet turned 18.)

1. Explained why something was wrong.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

2. Put him/her in "time out" (or sent to his/her room).

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

3. Shook him/her.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

4. Hit him/her on the bottom with something like a belt, hairbrush, a stick or some other hard object.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

5. Gave him/her something else to do instead of what he/she was doing wrong.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

6. Shouted, yelled, or screamed at him/her.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

7. Hit him/her with a fist or kicked him/her hard.

   (*Once in the past year*)
   (*Twice in the past year*)
   (*3-5 times in the past year*)
   (*6-10 times in the past year*)
   (*11-20 times in the past year*)
   (Not in the past year, but it happened before)
   (*This has never happened*)

8. Spanked him/her on the bottom with your bare hand.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

9. Grabbed him/her around the neck and choked him/her.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

10. Swore or cursed at him/her.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

11. Beat him/her up, that is you hit him/her over and over as hard as you could.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

12. Said you would send him/her away or kick him/her out of the house.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

13. Burned or scalded him/her on purpose.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

14. Threatened to spank or hit him/her but did not actually do it.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

15. Hit him/her on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

16. Slapped him/her on the hand, arm, or leg.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

17. Took away privileges or grounded him/her.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

18. Pinched him/her.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

19. Threatened him/her with a knife or gun.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

20. Threw or knocked him/her down.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

21. Called him/her dumb or lazy or some other name like that.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

22. Slapped him/her on the face or head or ears.

(*Once in the past year*)
(*Twice in the past year*)
(*3-5 times in the past year*)
(*6-10 times in the past year*)
(*11-20 times in the past year*)
(Not in the past year, but it happened before)
(*This has never happened*)

APPENDIX D

Coping Self-Efficacy Scale (CSE)

Directions: When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following? Please indicate how often the following statements apply to you by selecting the appropriate number from the scale below (0-10) for each item.

(0) ---- (1) ---- (2) ---- (3) ---- (4) ---- **(5)** ---- (6) ---- (7) ---- (8) ---- (9) ---- **(10)**

(Cannot do at all) **(Moderately certain can do)** **(Certain can do)**

1. Break an upsetting problem down into smaller parts.
2. Sort out what can be changed, and what cannot be changed.
3. Make a plan of action and follow it when confronted with a problem.
4. Leave options open when things get stressful.
5. Think about one part of the problem at a time.
6. Find solutions to your most difficult problems.
7. Make unpleasant thoughts go away.
8. Take your mind off unpleasant thoughts.
9. Stop yourself from being upset by unpleasant thoughts.
10. Keep from feeling sad.
11. Get friends to help you with the things you need.
12. Get emotional support from friends and family.
13. Make new friends.

APPENDIX E

Marlowe-Crowne Social Desirability Scale (MCSDS)

Directions: Read each item and decide whether it is true (T) or false (F) for you. Try to work rapidly and answer each question by clicking on the T or F.

1. Before voting I thoroughly investigate the qualifications of all the candidates.

   (*True*) (*False*)

2. I never hesitate to go out of my way to help someone in trouble.

   (*True*) (*False*)

3. It is sometimes hard for me to go on with my work if I am not encouraged.

   (*True*) (*False*)

4. I have never intensely disliked someone.

   (*True*) (*False*)

5. On occasions I have had doubts about my ability to succeed in life.

   (*True*) (*False*)

6. I sometimes feel resentful when I don't get my way.

   (*True*) (*False*)

7. I am always careful about my manner of dress.

   (*True*) (*False*)

8. My table manners at home are as good as when I eat out in a restaurant.

   (*True*) (*False*)

9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.

   (*True*) (*False*)

10. On a few occasions, I have given up something because I thought too little of my ability.

(*True*) (*False*)

11. I like to gossip at times.

(*True*) (*False*)

12. There have been times when I felt like rebelling against people in authority even though I knew they were right.

(*True*) (*False*)

13. No matter who I am talking to, I'm always a good listener.

(*True*) (*False*)

14. I can remember "playing sick" to get out of something.

(*True*) (*False*)

15. There have been occasions when I have taken advantage of someone.

(*True*) (*False*)

16. I'm always willing to admit it when I make a mistake.

(*True*) (*False*)

17. I always try to practice what I preach.

(*True*) (*False*)

18. I don't find it particularly difficult to get along with loudmouthed, obnoxious people.

(*True*) (*False*)

19. I sometimes try to get even rather than forgive and forget.

(*True*) (*False*)

20. When I don't know something, I don't mind at all admitting it.

(*True*) (*False*)

21. I am always courteous, even to people who are disagreeable.

(*True*) (*False*)

22. At times I have really insisted on having things my way.

(*True*) (*False*)

23. There have been occasions when I felt like smashing things.

(*True*) (*False*)

24. I would never think of letting someone else be punished for my wrong-doings.

(*True*) (*False*)

25. I never resent being asked to return a favor.

(*True*) (*False*)

26. I have never been irked when people expressed ideas very different from my own.

(*True*) (*False*)

27. I never make a long trip without checking the safety of my car.

(*True*) (*False*)

28. There have been times when I was quite jealous of the good fortune of others.

(*True*) (*False*)

29. I have almost never felt the urge to tell someone off.

(*True*) (*False*)

30. I am sometimes irritated by people who ask favors of me.

(*True*) (*False*)

31. I have never felt that I was punished without a cause.

(*True*) (*False*)

32. I sometimes think when people have misfortune, they only got what they deserved.

(*True*) (*False*)

33. I have never deliberately said something that hurt someone's feelings.

(*True*) (*False*)

APPENDIX F

Descriptive Statistics

Demographics	*n*	
Total Valid Participants	172	
Ethnicity		% of participants
White	143	83.1%
Multiethnic	9	5.2%
Hispanic, Latino/a, Spanish Origin	7	4.1%
Asian	5	2.9%
American Indian, Indigenous, or Alaska Native	2	1.2%
African American	2	1.2%
Middle Eastern, North African	1	0.6%
"Open Response"	3	1.7%
Highest Level of Education Obtained		
Master's or Other Professional Degree	44	25.6%
Doctorate Degree	7	4.1%
Bachelor's Degree	56	32.6%
Associate degree or Technical College Certification	36	20.9%
High School Diploma or GED Equivalent	27	15.7%
Did not complete High School	2	1.2%
Total Estimated Annual Income in 2019		
$100,000 or more	52	30.2%
$90,000 - $99,999	18	10.5%
$80,000 - $89,999	15	8.7%
$70,000 - $79,999	18	10.5%
$60,000 - $69,999	10	5.8%
$50,000 - $59,999	12	7.0%
$40,000 - $49,999	9	5.2%
$30,000 - $39,999	20	11.6%
$20,000 - $29,999	6	3.5%
$10,000 - $19,999	3	1.7%
Less than $10,000	6	3.5%
Other Persons Living in Household		
Romantic Partner, Spouse, Boyfriend, Girlfriend, etc.	143	83.1%
Child/Children	155	90.1%
Parent/Parents	8	4.7%
Other Family Member	8	4.7%
Friend	3	1.7%
Other Response	5	2.9%

Total Residents in Household (excluding participant)		
One other resident	12	7.0%
Two other residents	66	38.4%
Three other residents	55	32.0%
Four other residents	25	14.5%
Five other residents	11	6.4%
Six or more other residents	3	1.8%
Did not report	12	7.0%

Number of Children Serving as Primary Caregiver		
One Child	93	54.1%
Two Children	56	32.6%
Three Children	18	10.5%
Four Children	4	2.3%
Five Children	1	0.6%

APPENDIX G

Case Descriptive Statistics

Maternal caregiver childhood abuse experiences	Range	*M*	*SD*
Emotional neglect	12.00	11.49	3.99
Emotional abuse	12.00	9.78	3.79
Physical neglect	12.00	6.77	3.12
Physical abuse	10.00	7.30	3.05
Sexual abuse	12.00	5.73	2.75

Reported current use of harsh parenting practices	Range	*M*	*SD*
Nonviolent discipline	100.00	39.19	24.51
Minor assault	42.00	2.13	5.59
Psychological aggression	66.00	11.53	13.69
Severe assault	15.17	.31	1.47
Very severe assault	1.00	.01	.11

Coping self-efficacy	Range	*M*	*SD*
Problem-focused coping	60.00	38.79	12.17
Stop unpleasant feelings and thoughts	40.00	17.42	8.50
Get support from family and friends	30.00	14.17	7.53

Social Desirability	*n*	% of participants
Low social desirability	19	11.05%
Average social desirability	130	75.60%
High social desirability	23	13.37%

APPENDIX H

Correlation Matrix of Social Desirability and Predictor Variables

Predictor Variable	1	2	3	4	5	6	7	8	9	10
1. Social Desirability	-									
2. Maternal History of Childhood Physical Abuse	-.11	-								
3. Maternal History of Childhood Sexual Abuse	-.07	.38**	-							
4. Maternal History of Childhood Emotional Abuse	-.16*	.70**	.34**	-						
5. Maternal History of Childhood Physical Neglect	-.15*	.53**	.37**	.55**	-					
6. Maternal History of Childhood Emotional Neglect	-.26**	.60**	.30**	.77**	.56**	-				
7. Reported Harsh Parenting Practices	-.24**	.12	-.04	.10	.08	.13	-			
8. Problem-Focused Coping	.31**	-.16*	-.13	-.19*	-.21**	-.25**	-.23**	-		
9. Stop Unpleasant Emotions and Thoughts (Emotion-Focused Coping)	.29**	-.13	-.15	-.28**	-.25**	-.31**	-.22**	.63**	-	
10. Get Support from Friends and Family (Social Support)	.28**	-.17*	-.17*	-.24**	-.30**	-.30**	-.20**	.41**	.47**	-

* $p < .05$
** $p < .01$

APPENDIX I

Hierarchical Multiple Regression Analyzing Impact of Childhood Abuse Experiences on Current Harsh Parenting while Controlling for Social Desirability

Predictor	*B*	*SE B*	β	*t*	*p*	95% CI
Step 1						
Social Desirability	-.95	.30	-.24	-3.20	.00**	-1.54 - -.36
Step 2						
Composite Maternal History of Childhood Abuse Experiences	.09	.10	.06	.82	.41	-.12 - .29

* $p < .05$
** $p < .01$

APPENDIX J

Moderation Results

Variable(s)	*B*	*SE B*	*t*	*p*	95% CI
Composite Maternal History of Childhood Abuse Experiences	-.01	.35	-.04	.97	-.70- .67
Composite Current Coping Practices	-.17	.20	-.87	.39	-.56- .22
Interaction	.00	.00	.07	.95	-.01- .01
Social Desirability	-.65	.33	-2.00	.05*	-1.29- -.00

* $p < .05$
** $p < .01$