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Pepperdine University  
Graduate School of Education and Psychology

PARENTAL SPIRITUAL COPING AS A PROTECTIVE FACTOR AGAINST  
PSYCHOLOGICAL MALTREATMENT AMONG KOREAN AMERICAN IMMIGRANT  
FAMILIES

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Chin He Bae

July, 2019

Thema Bryant-Davis, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vi
LIST OF FIGURES.....	vii
ACKNOWLEDGEMENTS.....	viii
VITA.....	ix
ABSTRACT.....	x
INTRODUCTION.....	1
Child Psychological Abuse.....	1
General Prevalence Rates.....	2
Child Psychological Abuse among Korean-Americans.....	2
Risk Factors: Characteristics of Korean-American Psychologically Maltreating Perpetrators..	2
Effects: Consequences of Child Psychological Abuse on Korean-American.....	3
Korean-American Parents, Spiritual and Religious Coping, and Childhood Maltreatment.....	4
Rationale for the Proposed Project.....	8
Hypotheses.....	9
METHODOLOGY.....	10
Subjects.....	10
Procedures.....	10
Demographic Variables and Questionnaire.....	11
Independent Variable: Spirituality.....	11
Dependent Variables.....	12
Data Analysis Procedure.....	13
RESULTS.....	18
Sample Descriptives.....	18
Outcome Variables.....	19
DISCUSSION.....	22
REFERENCES.....	29
TABLES.....	38
FIGURES.....	41
APPENDIX A: Extended Review of the Literature.....	42

APPENDIX B: IRB Approval Notice.....	112
APPENDIX C: Demographic Questions (English-Korean) .....	115
APPENDIX D: Daily Spiritual Experience Scale (DSES).....	118
APPENDIX E: Korean Version of Daily Spiritual Experience Scale (K-DSES) .....	120
APPENDIX F: Parent-Child Conflict Tactics Scales .....	122
APPENDIX G: Parent-Child Conflict Tactics Scales (CTSPC): Items in the Psychological Aggression Subscale .....	124
APPENDIX H: Parent-Child Conflict Tactics Scales (CTSPC): Korean.....	127
APPENDIX I: Parenting Stress Index-Short Form (PSI-SF) .....	130
APPENDIX J: K-PSI-SF .....	133

## LIST OF TABLES

	Page
Table 1. Variables with More than 5% Missing Values .....	38
Table 2. Correlations and Descriptive Statistics of Hierarchical Regression Continuous Variables .....	39
Table 3. Hierarchical Regression $R^2$ and Coefficients for PD, PCD, and DC Outcome Variables .....	40

LIST OF FIGURES

	Page
Figure 1. Parent-Child Conflict Tactics Scales: Psychological aggression subscale, # of instances of psychological aggression in the past year.....	41



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## ABSTRACT

This study aimed to examine whether greater parental daily spiritual practices relate to their psychological aggression potential and parenting stress. A sample of Korean American adults who identified as Christians and had at least one child aged 18 and under were included in the sample ( $n = 108$ ). Correlations associated with parental daily spiritual practices, their psychological aggression potential, and parenting stress were examined. Hierarchical multiple regression analyses and negative binomial regression analysis were used to determine if parental daily spiritual practices are predictive of lower parental psychological aggression and parenting stress. Results found weak to moderate correlations between parental daily spiritual experiences and parenting stress. Results also suggest that parental daily spiritual experiences are inversely related to parenting stress whereas psychological aggression was found to be non-significant. The implications and limitation of the study were discussed.

*Keywords: Christian, spirituality, parenting, Korean American, psychological aggression, psychological abuse, parenting stress, immigrant*

## INTRODUCTION

Research suggests that parental religiosity or spiritual resources may serve as a protective mechanism against the risk factors of child maltreatment or maladaptive parenting. Parental religious involvement and private religious practices have been associated with less parental stress and depressive symptoms, positive parenting behaviors and attitudes, positive marital relationships, and increased ability to responsibly care for children (DiLorenzo, Johnson, & Bussey, 2001; Friedman & Billick, 2015; Guterman, Lee, Taylor, & Rathouz, 2009; Lee, 2013; Mahoney, 2010; Spilman, Neppel, Donnellan, Schofield, & Conger, 2013; Wilson, Lamis, Winn, & Kaslow, 2014; Yi & Bjorck, 2014).

### **Child Psychological Abuse**

The DSM-5 defines child psychological abuse as “nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child” (American Psychiatric Association [APA], 2013, p. 719). Although child psychological maltreatment tends to occur in combination with physical or sexual abuse, psychological maltreatment is distinct from physical and sexual abusive acts (APA, 2013). Psychological maltreatment is a repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship (Kairys & Johnson, 2002); it communicates to the child that he or she is worthless, flawed, unloved, unwanted, endangered, or only of value when meeting another’s needs (The American Professional Society on the Abuse of Children [APSAC], 1995; Myers et al., 2002). Psychological maltreatment involves spurning, terrorizing, exploiting, rejecting, isolating the child, unreliable and inconsistent parenting, and witnessing intimate partner violence (Kairys & Johnson, 2002). It is characterized by a chronic, severe, and escalating pattern of emotionally abusive and neglectful parental behavior combined

with increased risk of psychological harm to the child. It is differentiated from dysfunctional parenting (Wolfe & McIsaac, 2011).

### **General Prevalence Rates**

In the United States in 2013, 679,000 children were victims of abuse and neglect perpetrated by one or both parents. Although only 8.7% of child maltreatment cases were identified as occurrences of psychological maltreatment in 2013 (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015), the American Academy of Pediatrics (AAP) has identified psychological maltreatment of children as the most challenging and prevalent form of child abuse and neglect (Hibbard, Barlow, & MacMillan, 2012).

### **Child Psychological Abuse among Korean-Americans**

There are 1.8 million Korean Americans (KAs) residing in the U.S., making up approximately 0.6% of the national population (U.S. Census Bureau, 2013). They are the fifth largest Asian American subgroup; 65% of this population was foreign-born per the U.S. Census Bureau in 2003. According to a study that examined the characteristics and patterns of child abuse cases among immigrant Korean families in Los Angeles, immigrant Korean families were charged with physical abuse (49.4%), neglect (20.6%), emotional abuse (17.1%), and sexual abuse (1.8%; Chang, Rhee, & Weaver, 2006).

### **Risk Factors: Characteristics of Korean-American Psychologically Maltreating**

#### **Perpetrators**

The rate of KAs' spousal abuse is the highest among various Asian Pacific groups (Rhee, 1997), and the most frequent circumstances under which emotional abuse occurred among Korean families were children witnessing domestic violence (Chang et al., 2006). Given that the

majority of perpetrators of child maltreatment are the child's parent or primary caregiver, it is also important to note that mental health of parents and caregivers is closely associated with child treatment. The research shows that depression in mothers in Korea is positively related to infant abuse and the marital relationship is negatively related to infant abuse (K. Kim, Choi, & Kim, 2014). Additionally, whereas foreign-born immigrant Korean parents experience challenges with disrupted gender role and stress in adjusting to a new society (Y. Kim & Grant, 1997), they and their American-born children also simultaneously experience conflicts in values and behavioral norms that can contribute to the increased risk for child psychological maltreatment and abusive parenting.

### **Effects: Consequences of Child Psychological Abuse on Korean-American**

Although there is limited literature concerning the correlates and consequences of child maltreatment in the KA immigrant population, studies examining the consequences of abusive parenting show that parental abuse has significant effects on self-concept, emotional stability, and behaviors of KA children and adolescents. A childhood history of abuse has also been found to be related to self-concept in young adulthood (Lee & Shin, 2006), indicating low self-esteem and emotional instability in KA university students. KA adolescents tend to experience more mental health problems than adolescents in other ethnic groups. Additionally, experiencing low maternal warmth and high intergenerational acculturation conflicts with fathers were significant predictors for depressive symptoms among KA adolescents (E. Kim & Cain, 2008). Consistent with this finding, in a quantitative study with 1,949 participants, You and Lim (2015) found that parental abuse and neglect exacerbate depression and aggression, resulting in both violent and nonviolent delinquent behaviors in Korean children.

## **Korean-American Parents, Spiritual and Religious Coping, and Childhood Maltreatment**

Virtually no research has focused directly on the role of spirituality in KA parents in child maltreatment or punitive parenting. However, some research findings indicate that spiritual resources strengthen family bonds and foster quality family relationships in Caucasian and African-American families (Brody & Flor, 1998; Cain, 2007; Mahoney, Pargament, Tarakeshwar, & Swank, 2008; Murray-Swank, Mahoney, & Pargament, 2006; Spilman et al., 2013; Strayhorn, Weidman, & Larson, 1990; Wen, 2014). According to a nationally representative large-scale sample data from the 1999 and 2002 National Survey of America's Families, parental religious attendance was positively associated with parent mental well-being, positive parenting attitudes, child health, and child school engagement (Wen, 2014). A meta-analytic review of 94 studies examining links among religion, marriage, and parenting showed that religion may facilitate positive family interactions (Mahoney et al., 2008). Some studies have also shown that religious involvement or private religious practice of parents is related to parenting quality and child maltreatment risk factors. In a 20-year longitudinal study of two-parent families, higher levels of parents' religiosity were related to more positive parenting (Spilman et al., 2013). Spilman et al. (2013) found that parents' religiosity is associated with positive marital relationships and parenting behaviors during children's adolescence. Moreover, parent religiosity was positively associated with youths' parenting behavior quality in their subsequent adult years. Similarly, in a sample of 156 single-mother-headed African-American families, Brody and Flor (1998) showed that parents' religiosity was related to higher mother-child relationship quality.

Although some studies have found parent religiousness being used to justify physical abuse, withhold medical attention, or use corporal punishment (Bottoms, Shaver, Goodman &

Qin, 1995; Ellison & Sherkat, 1993), most of the literature supports parental religious involvement as a protective mechanism against the risk factors of child maltreatment or maladaptive parenting. In a meta-analytic review of studies from 1999 to 2009, Mahoney (2010) summarized that greater general religiousness appear to lower the risk of child physical abuse. In a longitudinal study that evaluated the impact of religiosity on socioemotional and behavioral outcomes of adolescent mothers and their children over 10 years of age, Carothers, Borkowski, Lefever, and Whitman (2005) found higher parental religious attendance to be associated with less depression and less child abuse potential. Strayhorn et al. (1990) also showed that high religiosity was correlated with lower hostility and more favorable parenting, suggesting religiosity may be tied to greater warmth or positivity in family relationships. Moreover, a longitudinal study of 644 families across a 17-year period showed that young children with parents of low religious service attendance were twice as likely to be physically abused (Brown, Cohen, Johnson, & Salzinger, 1998).

Parental stress is one of the factors contributing to increased risk of child maltreatment in minority families. Studies show that parental stress from neighborhood disorder is closely related to negative parenting such as ineffective parenting practices and low parent involvement, which increases the odds of neglect (Friedman & Billick, 2015; Guterman et al., 2009; Lee, 2013; Wilson et al., 2014). The results of Cain's (2007) study of the influences of religion on parenting stress among African American families revealed that private worship and intrinsic religiousness positively influenced parenting practices. Mothers who engaged in more frequent private worship—such as prayer, meditation, or Bible study—were more responsive, were more involved, and provided more quality learning materials for their infants. Consistent with Cain's findings, Mahoney (2010) also found that single minority mothers' greater religious service



attendance and personal salience of God or spirituality were correlated to greater maternal satisfaction, efficacy, authoritativeness, and consistency, and less parental distress and risk of child maltreatment.

There are several risk factors for perpetrating abuse, some of which have been demonstrated to have a relationship with a person's faith, religion, or spirituality. One risk factor of child abuse and neglect is parental substance abuse; 40-80% of families involved with child welfare services have alcohol and other drug problems (Young, Gardner, & Dennis, 1998). Friedman and Billick (2015) also supported the finding that parental alcohol or drug abuse increases the odds of child neglect. In discussing innovative approaches to working with substance-abusing parents of maltreated children, DiLorenzo et al. (2001) proposed spirituality as a critical component of recovery, indicating that the regulation of spirituality by parents has a significant influence on their ability to responsibly care for their children.

Another risk factor for perpetrating child abuse is the parent's own history of childhood trauma or neglect (Friedman & Billick, 2015); spirituality appears to have a protective effect against this factor. In a study that examined predictors of parents' potential for abusing their children, the results indicated that parents who experienced childhood abuse and neglect scored significantly higher in child abuse potential than parents without a history of abuse or neglect (Finzi-Dottan & Harel, 2014). Gall, Basque, Damasceno-Scott, and Vardy (2007) examined the role of spirituality in the current adjustment of adult survivors of childhood sexual abuse with a sample of 101 men and women survivors of childhood sexual abuse. Results showed that the more important survivors considered spirituality in their lives, the less they experienced depressive mood. Gall et al. also found that a relationship with a benevolent God or higher power was related to a greater sense of resolution of the abuse. Moreover, studies suggest that spiritual

or religious individuals may experience a protective effect against the neuroendocrine consequences of stress, exhibiting lower cortisol levels (Brewer-Smyth & Koenig, 2014).

Parents' exposure to intimate partner violence is yet another risk factor for child maltreatment. The most frequent circumstances under which emotional abuse occurred among KA families were children witnessing domestic violence (Chang et al., 2006). In a study of 152 low-income African-American women, Wilson et al. (2014) found spiritual well-being to be a protective factor against parenting stress and experiencing non-physical intimate partner violence (IPV). Wilson et al. further suggested that spiritual well-being may be a key coping resource that facilitates trauma recovery for women whose partners engage in emotional abuse and coercion.

Religious beliefs and spiritual meaning of parental role held by parents also play a significant role in parent-child relationships. *Sanctification of parenting* refers to perceptions of one's parenting role as having divine character and significance. In a quantitative study of 74 parents, greater sanctification of parenting was associated with less use of verbal aggression and, to some extent, increased parental consistency. Results revealed that greater sanctification of parenting was tied to decreased corporal punishment by mothers who scored low on an index of biblical conservatism measuring biblical literalism, but related to more use of corporal punishment among conservative mothers. Greater sanctification was tied to increased positive mother-child interactions by mothers with conservative biblical views, but did not alter the uniformly high rates of positivity reported by liberal mothers with low score on a biblical conservatism index (Murray-Swank et al., 2006).

No study has focused on the role of religiosity or spirituality as a protective factor to prevent psychological abuse among KA families. However, limited studies suggest that religious support promotes positive parental functioning and lower distress among this population. The

results of a study surveying of 622 Korean immigrants residing in the Chicago area showed that female sample of the church affiliates indicated significantly lower degrees of depression and psychophysiological impairment and higher life-satisfaction (Hurh & Kim, 1990). In another study that examined the relationships between religious support and psychological functioning of KA Christians, religious support from God and one's community were both found to be related to fewer depressive symptoms, suggesting that religious support is associated with not only increased positive functioning but also decreased emotional distress (Yi & Bjorck, 2014).

### **Rationale for the Proposed Project**

Research suggests that parental religiosity or spiritual resources may serve as protective factors against the risk factors of child maltreatment or maladaptive parenting. Parental religious involvement and private religious practices have been associated with less parental stress and depressive symptoms, positive parenting behaviors and attitudes, positive marital relationships, and increased ability to responsibly care for children (DiLorenzo et al., 2001; Friedman & Billick, 2015; Guterman et al., 2009; Lee, 2013; Mahoney, 2010; Spilman et al., 2013; Wilson et al., 2014; Yi & Bjorck, 2014).

The role of parental spirituality in the context of child abuse potential is an important factor to be considered for KA immigrants. KA families are more likely to turn to clergy and other religious resources for help than psychologists or mental health services, and spiritual well-being represents a vital resource for immigrant KA parents. Although limited research suggests that religious support promotes positive functioning and decreased emotional distress in KA Christians, there is no research exploring the role of spirituality in KA immigrant parents specifically relating to quality of parenting behaviors and the parent-child relationship or child maltreatment. Limited studies have investigated the link between parental religiousness and

favorable parenting or less child abuse potential (Brown et al., 1998; Carothers et al., 2005; Strayhorn et al., 1990), but findings have not been replicated with KA immigrant families.

### **Hypotheses**

The present study sought to clarify connections of parental spiritual coping and psychological abuse potential within KA families. This study employed a cross-sectional quantitative design with a sample of KA immigrant parents who have at least one child (migrant or U.S.-born children) aged up to 18 years old. Survey questionnaires and self-report measures were administered to assess demographic information, parenting stress level, parental psychological aggression, and daily spiritual experiences. The study aimed to determine whether greater parents' daily spiritual experiences related to psychological aggression and parenting stress. The investigator's first aim was to utilize multiple hierarchical regression analyses to determine if religious engagement is predictive of lower parental aggression, while controlling for SES and age. In addition, the investigator also investigated if parent gender and lengths of stay in U.S. are predictive. This study examined the following research questions and hypothesis:

- Research Question 1: Is parental religious engagement predictive of lower parental aggression?
  - Hypothesis 1: Parental spirituality and ordinary spiritual experiences will be significantly inversely related to parental aggression level.
- Research Question 2: Is parental religious engagement predictive of lower parenting stress?
  - Hypothesis 2: Parental spirituality and ordinary spiritual experiences will be significantly inversely related to parenting stress level.

## METHODOLOGY

### Subjects

A total of 109 participants were recruited for this study using convenience sampling and snowball sampling. Institutional and Review Board (IRB) recruitment approval for this study was obtained first. After receiving full IRB approval, individuals who identified as Korean or KA immigrant parents who are Christians and have at least one child aged up to 18 were recruited from Korean private schools, local churches, and community centers. Individuals who did not identify as Korean or KA, or did not have any child aged under the age of 18, were excluded. Individuals were not excluded based on sexual orientation.

### Procedures

The participant recruitment process included contacting local Korean private Christian schools, churches, and community counseling centers in Los Angeles County. Once permission to post recruitment letters and flyers was granted, the research letters and flyers were posted and distributed at each given site, informing potential participants of project contact email address and phone number. Meeting arrangements with participants of small groups and individuals were determined based on participants' preference and availability. To ensure participants' anonymity and confidentiality, participants were given the survey questionnaires and self-report measures to complete and hand back to the investigator in an envelope. For participants who wished to complete survey questionnaires and self-report measures in the privacy of their home, self-addressed, stamped envelopes were provided. The option of online completion was also available. An online survey was created on Survey Monkey, a HIPAA-compliant website. All information was confidential and all meta-data of this survey was deleted on Survey Monkey after the study was complete.

## **Demographic Variables and Questionnaire**

A demographic and background questionnaire obtained information related to age, gender, marital status, length of stay in U.S. since immigration, immigration status, religion, frequency of religious service attendance, education level, employment status, economic status, number of children, children's ages, and parents' own experience of childhood abuse as a child, if any (Appendix B). The term *first generation* describes individuals who immigrated to the United States as adults. The term *1.5 generation* describes foreign-born individuals who immigrated as children or adolescents.

### **Independent Variable: Spirituality**

The Daily Spiritual Experience Scale (DSES) was administered to assess participants' spiritual experiences. The DSES is a 16-item self-report measure of spiritual experiences in everyday parts of the individual's life. The first 15 items were scored using a 6-point scale (i.e., 1 = many times a day, 2 = every day, 3 = most days, 4 = some days, 5 = once in awhile, and 6 = never or almost never). The 16th item (i.e., In general, how close do you feel to God?) has four response categories: not close at all, somewhat close, very close, and as close as possible. Scores can range from 16 to 94. Psychometric studies evaluating the DSES provide evidence of good reliability with internal consistency estimating in the .90s (Underwood & Teresi, 2002). Psychometric validity of the measure in English (Appendix C), Spanish, French, Mandarin Chinese, Brazilian Portuguese, and German has been published, and a number of other translations are being used as well. Both the DSES (Appendix C) and the Korean version of the DSES (K-DSES, Appendix D) were used for this study.

## Dependent Variables

**Psychological aggression.** The Conflict Tactics Scales, Parent-Child Version (CTSPC) is a parent-report measure that is intended to assess psychological and physical maltreatment and neglect of children by parents, as well as non-violent modes of discipline (Appendix E). It measures the extent to which a parent has carried out specific acts of physical and psychological aggression, regardless of whether the child was injured. Literature supports its use as a screening tool for child maltreatment or for evaluating prevention and treatment of physical and psychological maltreatment of children. It has been used with African-American, Caucasian, Hispanic/Latino populations and its criterion validity has been assessed and found to be acceptable. The measure consists of 22 items with subscales measuring corporal punishment, physical abuse, psychological aggression, neglectful behavior by the parent, and non-violent discipline. Psychometric studies evaluating the CTSPC provide evidence of both its discriminant and construct validity (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Test-retest reliability for the CTSPC is good, but the internal consistency is variable across subscales (Straus et al., 1998). The Psychological Aggression scale (Appendix F), one of the three core scales of the CTSPC, was used in this study to assess annual prevalence and frequency of KA parents' use of psychological aggression as a means of correcting or controlling the behavior of their child/children. The Psychological Aggression scale measures verbal and symbolic acts by the parent intended to cause psychological pain or fear on the part of the child. The five items in the scale are (a) shouted, yelled, or screamed at him or her; (b) threatened to spank or hit him or her but did not actually do it; (c) swore or cursed at him or her; (d) said you would send him or her out of the house; and (e) called him or her dumb or lazy or some other name like that. The alpha coefficient of reliability for the 5-item Overall Psychological Aggression scale was .60 (Straus &

Field, 2003). As no authorized translation of the CTSPC is available in the Korean language, the measure was translated to Korean under the supervision of the dissertation chair and the guidelines provided by the publisher of the CTSPC. The measure was first translated from English to Korean by the principal investigator and translated back to English by a research assistant to ensure accuracy of the Korean translation.

**Parenting stress.** The 36-item Parenting Stress Index-Short Form (PSI-SF, Appendix H) is a commonly used measure developed to assess the stress level experienced by parents and as a brief measure of parental stress (Abidin, 2012). It is used frequently as a screening and triage measure for evaluating the parenting system and identifying issues that may lead to problems in the child or parent's behavior. The PSI-SF focuses on three major domains of stress in child characteristics, parent characteristics, and situational/demographic life stress and includes three subscales: parental distress (PD; 12 items), parent-child dysfunctional interaction (PCD; 12 items), and difficult child (DC; 12 items). For each of the 36 items, participants rated the extent (1 = *strongly disagree* to 5 = *strongly agree*) to which they agreed with negative statements about their parenting experience. Literature supports its reliability and validity of the test as a measure that is useful across diverse populations, including clinical minority populations. Both the PSI-SF in English and its Korean version (PSI-SF-Korean, Appendix I) were available for participants in this study.

### **Data Analysis Procedure**

Hierarchical multiple regression analyses and binomial regression analyses were used to determine if the independent variable (parental spiritual experiences) related to the dependent variables (parental psychological aggression and parenting stress). Prior to testing the



hypotheses, the data were examined and missing data and outliers were managed such that the conditions and assumptions of regression were met.

**Preliminary diagnostics analyses: Missing data.** There were 18 variables (16 demographic and two dependent/outcome variable-related items) with missing rates ranging from 6% to 44% (shown in Table 1). Beginning with identifying the missing data mechanism, a diagnostic procedure was used to help determine the best method for handling missing data when conducting the subsequent analyses.

A non-significant Little's MCAR test,  $\chi^2(1341) = 1384.45, p = .20$ , revealed that the data were missing completely at random (MCAR; Little, 1988). In other words, there were no discernible patterns to missingness found in the data. Consequently, several methods for handling missing data were potentially suitable (e.g., listwise, expectation maximization (EM), multiple imputation, etc.; Cheema, 2014; Enders, 2010) and have been shown to produce virtually identical regression models (R and ANOVA) and regression coefficient ( $\beta$ ) estimates when less than 10% of the data is missing (Cheema, 2014; Dong & Peng, 2013).

The EM method was chosen because: (a) compared to listwise, EM increased statistical power as more participants would be included in the analyses; (b) EM is simpler, more straightforward, and more time efficient to implement compared to multiple imputation; and (c) compared to listwise and multiple imputation, EM has been shown to produce more accurate standard errors when up to 20% of the data is missing, which in turn increases the precision of parameter estimates (Dong & Peng, 2013). Missing data for all continuous variables were imputed using Missing Values Analysis in SPSS 20.0. To maximize the information known for each participant when inputting the missing values, all collected quantitative variables not related to the hierarchical regression analyses were included as auxiliary variables.

**Hierarchical regression assumptions diagnostics.** The sample size of 108 participants was the minimum amount needed to test the hierarchical regression model fit ( $R$  and ANOVA) and slopes for four explanatory variables (Field, 2005; Miles & Shevlin, 2004; Stevens, 1996; Tabachnick & Fidell, 2007). However, because only 100 participants gave responses for gender (i.e., mother or father), the regression analyses were constrained to a sample size of 100. To assess whether any findings in the hierarchical regressions might be due to a loss of power, hierarchical regression models excluding gender were also examined. The results were different in Step 1 for only the PCD outcome variable when gender was not included compared to when gender was included; however, the final adjusted model results in Step 2 when including or excluding gender were all identical. Thus, all hierarchical regressions reported hereafter include gender as an explanatory variable.

The PA data were not suitable as an outcome variable for linear regression because they were count data (i.e., the number of times physical aggression that were done in the past year). As such, a Poisson or negative binomial regression, designed for count outcome variables, was more suitable. The Pearson  $\chi^2$  (95) = 19.53 indicated over-dispersion, meaning the variance assumption associated with Poisson regression was violated. As such, a negative binomial regression was more suitable because it had the capacity to model over-dispersion (Cameron & Trivedi, 2013).

Diagnostic analyses were also conducted to ensure that assumptions for the hierarchical regressions were met (i.e., normality, linearity, homoscedasticity, and multicollinearity). Normality was investigated by examining outliers, skew, distance statistics, and influence statistics associated with PD, PCD, and DC. There was no indication of outliers, and all standardized residuals were less than the cut-off criterion of 3 (Tabachnick & Fidell, 2007).

Moreover, the absolute values for skew ranged from .051 to .656, well below the cut-off criterion of 2 (Miles & Shevlin, 2004). Additionally, there was no evidence via distance statistics (i.e., Leverage, Mahalanobis, and Cook's D computed for each participant) that any participant's data values acted as a lever: that is, pulled the regression line in a certain direction. The Leverage statistic values ranged from 0.01 to 0.12, below the cut-off criterion of 0.15 (using Stevens' [1992] formula; Miles & Shevlin, 2004); Mahalanobis statistic values ranged from .05 to 12.21, below the cut-off criterion of 15; and, Cook's D statistic values ranged from 0.00 to 0.07, below the cut-off criterion of 1.0. Furthermore, there was no evidence that the data values from any participant unduly influenced the model or changed the model fit as determined by DfBeta and DfFit statistics, respectively. The values for DfBeta ranged from -0.51 to .61, below the cut-off criterion of +/- 1.00 (Field, 2005), and, the DfFit values ranged from 0.30 to 0.45, below the cut-off criterion of 10 (Miles & Shevlin, 2004).

Linearity and homoscedasticity were investigated by visually examining the normal probability plots. The residuals hugged along a straight diagonal line, with nominal deviations, indicating that the assumption of linearity was met. A visual inspection of the scatterplots of the residuals and predicted values revealed a rectangular pattern, meaning that the variance of the residuals was equal at each predicted value of the dependent variable. Therefore, the assumption of homoscedasticity was met.

Multicollinearity was investigated with the Tolerance and VIF statistics. The Tolerance statistic ranged from 0.743 to 0.994, above the cut-off criterion of 0.20 (values below 0.20 indicate a potential multicollinearity problem). The VIF statistic ranged from 1.005 to 1.346, below the cut-off criterion of 10 (at which point multicollinearity is evident; Field, 2005).

Furthermore, the weak to moderate correlations (see Table 2) also indicated that multicollinearity was unlikely.

## RESULTS

### Sample Descriptives

Participants were 109 KA parents who had at least one child aged 18 or under. One participant had a high non-response rate to the questionnaire items (48 out of 69; 70%) and was excluded from the study analyses. Hence, this convenience sample consisted of 108 participants. Most of the demographic variables had missing rates of more than 5%, as shown in Table 1. Therefore, the reported numbers of participants associated with the various demographic characteristics varied accordingly.

The study sample included 74 mothers and 26 fathers. The number of children a parent had ranged from one to six, and the ages of the children ranged from 0 to 34 years. Parents' age ranged from 31 to 60 years,  $M = 43.13$ ,  $SD = 6.86$  ( $N = 102$ ): mothers' age,  $M = 42.22$ ,  $SD = 6.81$ , and fathers' age,  $M = 44.69$ ,  $SD = 5.91$ . The majority (97 or 90%) of participants were married, three were divorced, and one was single, never married. The education level of the participants included high school graduate, diploma or equivalent (1), some college (17), a professional degree (7), bachelor degree (49), master degree (23), and doctorate degree (3). Only 61 (56%) of the participants reported an annual income that ranged from \$5,000 to \$300,000,  $M = \$80,000$ .

Of the 108 participants, 107 reported their religion as Christian and one reported their religion as Catholic. Furthermore, the majority of participants (83; 86%) attended church regularly, five attended sometimes, 11 attended seldom or only on special occasions or religious holidays, and three did not attend church at all. As for immigration status, 48 participants reported first generation immigration status and 44 reported a 1.5-generation immigration status. The range of years since immigration was 0-45 years;  $M = 19.71$ ,  $SD = 10.57$ . As for past abuse,

20 participants reported having experienced neglect, sexual, psychological, and/or physical abuse.

The correlations associated with the explanatory variables (parent's age, years since immigration, and DSES) and the outcome variables (PA, PD, PCD, and DC) were examined, as shown in Table 2. There were weak to moderate correlations between DSES and PD, PCD, and DC (ranging from  $r = -.23, p < .05$  to  $r = -.37, p < .01$ ), as well as between parent age and PD and PCD. The remaining correlations were not significant. Additionally, mean differences between mothers and fathers (explanatory variable) with regard to the outcome variables were explored. An examination of *t*-tests revealed a significant difference on PD between mothers ( $M = 32.45, SD = 7.10$ ) and fathers ( $M = 28.14, SD = 8.14; t [100] = 2.49, p = .01$ ). There were no significant differences between parents in terms of PCD, DC, or PA outcome variables.

Three two-step hierarchical multiple regressions were performed to investigate parental daily spiritual experiences, after controlling for parental age, gender, and number of years since immigration to explain the following parenting stress domains: (a) parental distress (PD), (b) parent-child dysfunctional interaction (PCD), and (c) difficult child (DC). As seen in Table 3, parental age, gender, and number of years since immigration were entered in the first step of the hierarchical regressions. DSES was entered in the second step.

### **Outcome Variables**

**Parental Distress (PD).** With PD as the outcome variable, the results for the model in the first step were statistically significant— $F(3, 96) = 3.56; p < .05$ —and explained 10% of the variance in PD. Only gender made a unique contribution to the model (see Table 3). After the entry of DSES at Step 2, the total variance explained by the model increased to 23%:  $F(4, 95) = 6.99, p < .001$ . The introduction of DSES explained an additional 13% of the variance in PD

after controlling for parental age, gender, and number of years since immigration:  $R^2$  Change = .13;  $F(1,95) = 15.63$ ;  $p < .001$ ; medium effect size (Cohen, 1988),  $f^2 = 0.17$ . In the final adjusted model, three out of the four explanatory variables were statistically significant. The best explanatory variable to explain PD was DSES ( $\beta = -0.36$ ) followed by mothers ( $\beta = 0.21$ ) and parental age ( $\beta = -0.21$ ).

**Parent-Child Dysfunctional Interaction (PCD).** With PCD as the outcome variable, the results for the model  $R^2$  in Step 1 were not statistically significant— $F(3, 96) = 2.22$ ;  $p = .091$ —although parent age coefficient was significant and Step 1 accounted for 7% of the variance in PCD. After the entry of DSES in Step 2, the total variance explained by the model increased to 14%:  $F(4, 95) = 3.69$ ,  $p < .01$ . The introduction of DSES explained an additional 7% of the variance in PCD after controlling for parental age, gender, and number of years since immigration:  $R^2$  Change = .07;  $F(1,95) = 7.56$ ;  $p < .01$ ; small effect size (Cohen, 1988),  $f^2 = 0.08$ . In the final adjusted model, two out of the four explanatory variables were statistically significant. The best explanatory variable to explain PCD was DSES ( $\beta = -0.26$ ) followed by parental age ( $\beta = -0.25$ ).

**Difficult Child (DC).** With DC as the outcome variable, the results for the model in the first step were not statistically significant,  $F(3, 96) = 0.55$ ,  $p = .65$ , accounting for 2% of the variance in PCD. After the entry of DSES in Step 2, the total variance explained by the model was 11% ( $F[4, 95] = 2.90$ ;  $p < .05$ ). The introduction of DSES explained an additional 9% of the variance in DC after controlling for parental age, gender, and number of years since immigration ( $R^2$  Change = .09;  $F[1,95] = 9.82$ ;  $p < .01$ ; small effect size [Cohen, 1988],  $f^2 = 0.10$ ). In the final adjusted model two only one explanatory variable was statistically significant: DSES ( $\beta = -0.30$ ).

**Psychological Aggression (PA).** The outcome variable PA was a count variable and the most suitable regression model was a negative binomial regression. The model Likelihood ratio chi-square test for the negative binomial regression was not significant,  $\chi^2 (4) = 7.953, p = .093$ . Distribution of PA scores is shown in Figure 1.



## DISCUSSION

This study was the first of its kind to explore the role of spirituality in KA immigrant parents specifically relating to quality of parenting behaviors and parent-child relationship or child maltreatment. The current study examined whether more daily parental spiritual experiences relate to psychological aggression and parenting stress in terms of the three major domains of parental distress (PD), parent-child dysfunctional interaction (PCD), and difficult child (DC). The results supported the hypotheses that parental spirituality and ordinary spiritual experiences are significantly inversely related to parenting stress level and that parental religious engagement is predictive of lower parenting stress. More specifically, the results showed higher parental religious engagement to be indicative of lower PD, lower threat to parents' favorable perception of parent-child bond, and lower perceived difficulty in managing child's behavior. Consistent with studies that showed positive influence of parental spirituality on parenting practices and quality of parent-child interaction (Cain 2007; Mahony 2010), the result supports that parental spirituality contributes to reduced parents' level of distress, reduced parents' dissatisfaction about interaction with their children, and also to reduced negative perception of their children, such as children's temperamental difficulties, defiance, non-compliance, and demandingness. The PD subscale captures parents' level of distress related to conflicts with a partner, social support, and stresses resulting from life restrictions due to child rearing. This study's result of increase in parental spirituality resulting in lower PD scores is of relevance as foreign-born immigrant Korean parents experience challenges with disrupted gender role and stress in adjusting to a new society (Kim & Grant, 1997) and the most frequent circumstances under which emotional abuse occurred among KA families are children witnessing domestic violence (Chang et al., 2006). Moreover, parental spirituality contributing to lower DC,

perceived difficulty in managing child's behavior, is also particularly significant as studies have found that parents' negative views of their children contribute to abuse potential (Miragoli, Balzarotti, Camisasca, & Di Blasio, 2018) and also abusive or at-risk parents hold highly negative view of their children's behavior (Culp, Howell, Culp, & Blankemeyer, 2000; Haskett, Scott, Grant, Ward, & Robinson, 2003; Kinard, 1995; Lau, Valeri, McCarty, & Weisz, 2006; Whipple & Webster-Stratton, 1991).

Contrary to hypotheses that parental religious engagement would be predictive of lower parental aggression, however, the result found no significant relationship between parental aggression (PA) and parental spirituality. It is interesting to note that the range of possible scores of PA is 0 and 125, and over 51% of the data were scores that were less than 10. Additionally, 13% of the data were of score 0. In other words, a considerable amount of the data was clustered toward the lower end of scores. The absence of relationship between PA and spirituality may be related to a number of factors associated with the instrumental measure used for PA, the sample characteristics or size, and issues related to social desirability and defensiveness. First, the CTSPC is a parent-report measure intended to assess psychological and physical maltreatment and neglect of children by parents, as well as non-violent modes of discipline. As it measures the extent to which a parent has carried out specific acts of psychological aggression, regardless of whether the child was injured, the measure may not be sensitive enough to be used with participants who have varying religious parenting beliefs. Depending on the context and the individual's belief, the same behavior (e.g., "yelling or shouting") may rather be subjectively perceived as raising voice as a disciplinary action that aligns with one's faith and not be endorsed by the individual as a psychological aggression when completing the Psychological Aggression subscale used in the study. Second, the current study's

sample may largely be low in PA as compared to the clinical sample in which the CTSPC is used to screen for child maltreatment or for evaluating prevention and treatment of physical and psychological maltreatment. Additionally, a  $p$ -value of 0.093 from the negative binomial regression of PA and spirituality (DSES) could mean that there was not enough power to detect a significant relationship and that the sample did not include enough participants to detect significant results. A power analysis is done during the planning stage of a research to determine the smallest sample size needed for the desired effect size of a given type of analysis. For this study, suitable sample size was assessed using regression analysis standards. A power analysis was not completed for this study but it should be done in future research. Third, few parents may be comfortable endorsing some of the harsh items (e.g., “threatened to spank or hit him/her but did not actually do it”) due to social desirability or defensiveness, particularly considering that study participants are self-identified Christians. Participants may have had some reluctance to acknowledge or endorse harsh items and responded to the items in PA in ways that are culturally more acceptable, hence presenting self in a favorable light. For future study, dichotomizing the sample into two subgroups based on PA scores and comparing and contrasting parent characteristics of the two groups may generate identifiable parent characteristic that differentiate the subgroups.

Of note is some of the missing demographic data, particularly the annual income data with 44% of nonresponse rate in this study. Income data are often more difficult to obtain than other socioeconomic variables potentially due to various factors such as variety of income sources and difficulty recalling amounts of income (Davern, Rodin, Beebe, & Call, 2005). Additionally, very limited studies have focused on missing data in different racial groups and a few studies showed minority and immigrant respondents with higher proportion of missing

income data compared to their white counterparts or very high nonresponse rate of household income in immigrant respondents (Kim, Egerter, Cubbin Takahashi, & Braveman, 2007; Ryder et al., 2011). One potential factor to be considered for the high nonresponse rate of annual income in this study is also participants' perceived social status associated with household income. A study examining the individual and contextual sources of variation in the subjective social standing of Asian American across 251 communities from the National Latino and Asian American Study (NLAAS) suggested that there is a significant positive association between individuals' household income and subjective social status (Woo, Wang, & Takeuchi, 2017). Subjective social status may be of particular relevance for KA immigrants since their experience of migration is associated to changes in their social mobility and socioeconomic status (SES). Participants in this study were asked to directly indicate their annual income and annual income may be of sensitive and uncomfortable information for KA immigrants to disclose. For future studies, providing a few response options with income brackets, each with broader income range, may be helpful in reducing nonresponse rate.

A review of the research literature indicates a pattern linking parental religiousness and spirituality with parental coping and less risk of child maltreatment. However, existing studies are limited to Caucasian and African-American families and there is a lack of research focusing specifically on parent spirituality relating to quality of parenting behaviors and potential for child maltreatment in KA immigrant parents. Therefore, this study aimed to fill the gap in the literature. Moreover, some studies indicate a link between parental religiosity and physical abuse (Brown et al., 1998; Carothers et al., 2005; Mahoney et al., 2008; Mahony 2010; Strayhorn et al., 1990) and there is little consensus about specific features of parents' religious and spiritual coping as a protective mechanism with regard to the likelihood of engaging in abusive parenting

practices. This study aimed to clarify protective factors of parental spiritual coping in private religious practice of KA immigrant parents as well as to capture an overall snapshot of their spirituality and its role in the context of the potential for child psychological abuse.

The limitations of the study include limited generalizability of the results due to the convenience sampling consisting of self-selected participants from a limited geographical area. Participants were either self-selected to participate or nominated by existing participants. The sample was also limited to those who reside in Los Angeles County. Therefore, generalizability of the findings to other settings, such as other geographical areas in the United States, is limited. Additionally, the majority of participants are expected to hold Judeo-Christian beliefs. Therefore, the implications derived from the study may not generalize to KA parents of other religious orientations. The data used in current study were quantitative in nature and as such did not capture nuances of each individual's experience. A mixed-methods research design may have provided a more rich and thorough examination of each individual's religious beliefs as it relates to parenting and PA. A closer examination of parent participant characteristics including their spiritual journey and conversion processes, experiences of life stressors, as well as their assumptions on parental role may provide further understanding in their spirituality and its role in the context of child psychological abuse potential.

Potential contributions of this study include highlighting the importance of parental spirituality and ordinary spiritual experiences as a protective buffer against parenting stress contributing to decreased risk of child maltreatment in minority immigrant families. Pew Research Center indicates that 71% of Korean immigrants in the United States are identified as Christians (Pew Research Center, 2012). Given the high proportion of KA Christians in the United States, the distribution of the findings in KA faith communities may contribute to

educating immigrant parents of the significant role parental religiousness and spirituality play in reducing parenting stress, and consequently reducing the risk of psychological abuse. Parental spirituality and daily spiritual practices can be promoted to decrease parenting stress among those identified as religious as part of self-care, not just for their own well-being, but also as a means to become more available for their children, hence enhancing the quality of parent-child interaction. The dissemination of the findings in therapeutic settings of the community may also help clinicians with treatment formulation and prevention model development as a preventive measure against child psychological abuse. Parenting skills programs can capitalize on these findings by incorporating parental spiritual self-care into existing programs. Future research looking closely into different types of private spiritual practices that are more effective in reducing child psychological abuse potential and in enhancing the quality of parent-child interaction may contribute to promoting parental spirituality as a protective factor against the risk of psychological abuse in KA families. Last but not of least in importance is the consideration of spiritual competence and cultural humility of clinicians to effectively serve KA Christian clients. Ethical and competent practice emphasizes diversity and multiculturalism (American Psychological Association, 1990; Falender, Shafranske, & Falicov, 2014). However, topics of spirituality and religion as related to multiculturalism are frequently overlooked areas in professional training, education, and research as a component of clinical cultural competence. Moreover, cultural humility to intentionally self-reflect and to learn from client's cultural backgrounds and experiences is an important part of a clinician's multicultural orientation toward the client, which provides a framework for engaging culturally diverse clients and orienting to client's particular needs. While clinicians should be cautioned that advocating for religious engagement with non-religiously inclined clients would be an unethical practice, it is

also imperative to note that attention to religious and spiritual needs and orientation of clients is an important component of clinical cultural competence. Therefore, addressing challenges in spiritual cultural competence of clinicians in settings of KA communities may also help clinicians with effective treatment formulation and prevention model development as a preventive measure against child psychological abuse.

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## TABLES

Table 1

*Variables with More than 5% Missing Values*

Demographic Variable	Missing		Valid N	Total N
	N	Percent		
Annual income	47	44%	61	108
Immigration status	15	14%	93	108
Years since immigration	11	10%	97	108
Education level	8	7%	100	108
Gender	8	7%	100	108
Employment status	7	7%	101	108
Marital status	7	7%	101	108
Age	6	6%	102	108
No abuse experience	6	6%	102	108
Neglect	6	6%	102	108
Sexual abuse	6	6%	102	108
Psychological abuse	6	6%	102	108
Physical abuse	6	6%	102	108
Church attendance frequency	6	6%	102	108
Number of children	6	6%	102	108
Language preference	6	6%	102	108
<b>Dependant Variable Items</b>				
CTSPC4	8	7%	100	108
CTSPC5	8	7%	100	108

*Note.* CTSPC4 = Called him/her dumb lazy or some other name like that;

CTSPC5 = Said you would send him/her away or kick him/her out of the home

Table 2

*Correlations and Descriptive Statistics of Hierarchical Regression Continuous Variables*

Outcome Variables	PA	PD	PCD	DC	DSE	PrA	YI
Psychological Aggression(PA)	1						
Parental Distress (PD)	.21*	1					
Parent-Child Dysfunction (PCD)	.37**	.39**	1				
Difficult Child (DC)	.42**	.53**	.74**	1			
<b>Explanatory Variables</b>							
Daily Spiritual Experience (DSE)	-.12	-.37**	-.26*	-.31**	1		
Parent age( PrA)	-.13	-.23*	.24*	-.07	.01	1	
Years since immigration (YI)	-.01	-.14	.09	-.12	.07	.48**	1
<i>Mean</i>	14.78	31.73	23.10	27.43	3.21	43.13	19.7
<i>Standard Deviation</i>	17.01	7.30	7.25	7.57	0.97	6.86	10.6
<i>Range</i>	0-81	14-47	12-42	12-46	0-5	31-60	0-45
<i>Possible Range</i>	0-125	12-60	12-60	12-60	0-5		
N	108	108	108	108	108	108	108

Note. Statistical significance: \* $p < .05$ ; \*\* $p < .01$ ;

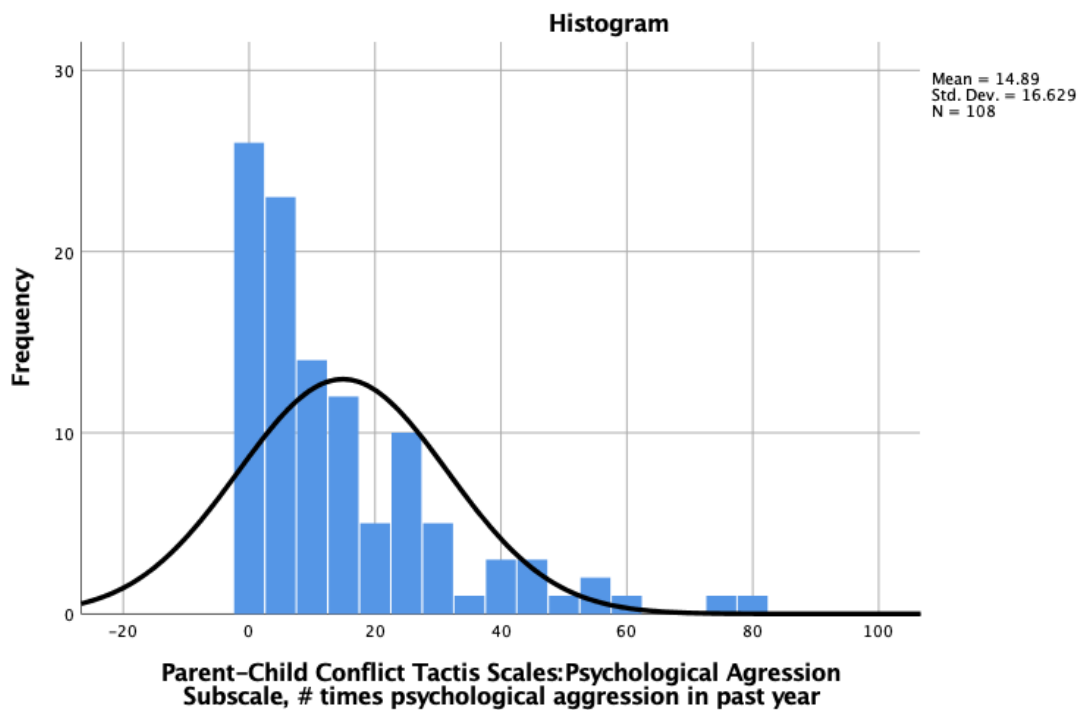
Table 3

*Hierarchical Regression R<sup>2</sup> and Coefficients for PD, PCD, and DC Outcome Variables*

Model	PD			PCD			DC		
	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$
Step 1									
Constant	37.55	5.01		10.52	4.94		28.89	5.33	
Parent age	-0.21	0.12	-0.20	0.27	0.18	<b>0.26*</b>	-0.02	0.13	-0.02
Years immigration	0.01	0.08	0.01	-0.01	0.08	-0.01	-0.06	0.08	-0.09
Gender_Mothers	3.81	1.68	<b>0.23*</b>	1.47	1.66	0.09	0.96	1.79	0.06
Step 2									
Constant	46.27	5.16		16.74	5.29		36.44	5.64	
Parent age	-0.22	0.11	<b>-0.21*</b>	0.26	0.11	<b>0.25*</b>	-0.03	0.12	-0.03
Years immigration	0.03	0.07	0.04	0.01	0.07	0.01	-0.05	0.08	-0.07
Gender_Mothers	3.58	1.57	<b>0.21*</b>	1.31	1.61	0.08	0.76	1.71	0.04
DSES	-2.63	0.67	<b>-0.36**</b>	-1.88	0.68	<b>-0.26*</b>	-2.28	0.73	<b>-0.30*</b>
R <sup>2</sup> <sub>step 1</sub>		.10			0.07			0.02	
R <sup>2</sup> <sub>step 2</sub>		.23			0.14			0.11	
Change in R <sup>2</sup> <sub>Step 1:Step 2</sub>		.13			0.07			0.09	
F for change in R <sup>2</sup>		<b>15.63**</b>			<b>7.56*</b>			<b>9.82*</b>	

Note. Statistical significance in bold: \* p < .05; \*\*p < .001; PD = parental distress; PCD = parent-child dysfunction; DC = difficult child.

## FIGURES



*Figure 1.* Parent-Child Conflict Tactics Scales: Psychological aggression subscale, # of instances of psychological aggression in the past year.

## APPENDIX A

## Extended Review of the Literature

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
Bottoms, B. L., Shaver, P. R., Goodman, G. S., & Qin, J. (1995).	In the name of God: A profile of religion-related child abuse.				
Brewer-Smyth, K., & Koenig, H. G. (2014).	Could spirituality and religion promote stress resilience in survivors of childhood trauma?	To provide an overview of religion and spirituality as they relate to the neurobiology of resilience in victims of childhood trauma	N/A	Literature search in August and October 2013 using MEDLINE database. Key words used are "abuse" or "trauma". Also included keywords "cortisol" or "neuroendocrine". Limited to studies published in English.	The search for articles including the key words brought back no results. This highlights the critical need for research on the links between and among these major concepts. Individual responses to traumatic stress vary widely from PTSD to mild symptoms that resolve rapidly. Stress Resilience: Although females, individuals with lower levels of education and income, and individuals with histories of childhood maltreatment report diminished resilience overall, the majority of variance in resilience remains unexplained, leaving much room for other factors that may influence a person's resilience to stress, such as religion and spirituality. Psycho-Neuroendocrine Function: Positive associations between resilience and the dehydroepiandrosterone (DHEA)-S and DHEA-S/cortisol ratio suggest that DHEA-S could be a biomarker of resilience. Hypocortisolism is associated with chronic stress and early life stress. Women with a history of trauma had markedly low levels of cortisol upon awakening and elevated evening cortisol levels, indicating a decrease in diurnal cortisol variation related to prior trauma such as abuse. Religiosity may help preserve the cortisol rhythm in stress-related illness through a protective influence on the physiological effects of stress among women. Women reporting medium or high

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>religiosity had rhythmic cortisol profiles characterized by high morning levels and low evening levels, while diurnal cortisol rhythms of those reporting low religiosity appeared flattened, even when controlling for social support. Cortisol levels have been related to indices of neuro-cognitive function.</p> <p>Spirituality, Religion, or Other Group Characteristics:</p> <p>Religious engagement is associated with better physical and psychological health.</p> <p>Evidence supports the hypothesis that religious engagement may have direct physiological effects that promote mental health and well-being. Findings suggest that spiritual or religious individuals may experience a protective effect against the neuroendocrine consequences of stress. Forgiveness could influence cortisol levels.</p> <p>Participants with higher composite religiosity/spirituality scores, levels of forgiveness, and frequency of prayer showed lower cortisol responses to a stress task, suggesting a potential protective effect against the neuroendocrine consequences of stress.</p> <p>Religion and spirituality may promote resilience through both intrinsic and extrinsic forms of social support. Intrinsic religious orientation appears to be a useful construct in measuring religiosity in association with consequences of trauma. Faith-based groups that provide positive influences or otherwise redirect attention from traumatic experiences to protective thoughts and emotions might promote resilience after adverse experiences and this is known</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>as mind renewal. Participation in secular social activities may have just as robust an effect on health, or more so, than religious attendance. Some aspects of religiosity may have a negative effect on mental health. Although health care providers typically shy away from discussions with patients about religion/spirituality, these practices are clearly associated with mental health and stress resilience. Violent Behavior and Spirituality: Religion and spirituality were found to be protective factors that prevented suicide. Religiosity/spirituality has been shown to be related to greater forgiveness, which has been related to decreased hostility, which has been related to better subjective health. Faith-based groups that promote qualities such as forgiveness of self and others, prayer, trusting God, friendship, and social support may influence the neuroendocrine stress response in a healthy direction. Whereas those that emphasize sin, punishment, and the wrath of God may have the opposite effect. Altruism is encouraged by almost all faith-based groups, which has consistently been related to stress resilience in both children and adults. Although individual outcomes after traumatic events depend on numerous genetic, developmental, cognitive, psychological, and neurobiological risk and protective factors, religion and spirituality are important considerations when studying resilience.</p>
Brody, G. H., & Flor, D. L. (1998).	Maternal resources , parenting practices,	A family process model was tested that linked maternal	156 (N=156) 6 to 9 year old African American children living	Two home visits were made to each family within a 7 day period. Self-	The distal variable of greater maternal religiosity was directly linked with more maternal use of no nonsense parenting, more harmonious mother-child



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
	and child competence in rural, single-parent African American families.	education, maternal religiosity, and the adequacy of family financial resources to cognitive and psychosocial competence in children.	in single-mother-headed household in rural areas (nonmetropolitan counties in Georgia)	report questionnaires were administered in an interview format. Maternal education was assessed using a single item from the demographic section of the interview. Perceived financial adequacy was assessed using three subscales from the Family Resource Scale. Religiosity was assessed through the use of two indicators, the Ritual and Experiential subscales of Faulkner and DeJong's Religiosity in 5-D Scale. No nonsense parenting was measured using a single indicator taken from in-home ratings of the Firm Parental Discipline and Parental Warmth subscales of the HOME Inventory. Mother-child relationship quality was assessed using three behavioral indicators: globally rated mother-child harmony during each of the three	relationship quality, and more maternal involvement in the child's school activities. Indirect effects between religiosity and children's self-regulation also emerged. Self-regulation was positively linked to children's cognitive competence and social competence, and negatively linked with internalizing problem.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>interactional contexts. Maternal involvement with the child's school was assessed using a single teacher-reported indicator. Child self-regulation was assessed using the self-control subscale of the Children's Self-Control Scale. Cognitive competence was assessed using several subscales from the Woodcock-Johnson Psycho-Educational Battery-Revised. Social competence was assessed using Social subscale and teacher global ratings from the Perceived Competence Scale for Children (PCSC) and social competence indexing conduct-disorder subscale from the Revised Behavior Problem Checklist. Internalizing problems was assessed using revised version of the Children's Depression Inventory.</p>	
Brown, J.,	A	To identify		Survey assessing	Different patterns of risk factors

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
Cohen, P., Johnson, J. G., & Salzinger, S. (1998).	longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect.	demographic, family, parent, and child factors prospectively associated with risk for child abuse and neglect among families in the community, using data on child maltreatment obtained from both official records and youth self-reports.		demographic variables, family relationships, parental behavior, and characteristics of parents and children were administered to a representative sample of 644 families in upstate New York on four occasions between 1975 and 1992. Data on child abuse and neglect were obtained from New York State records and retrospective self-report instruments administered when youths were 18 years old or younger. Used logistic regression analysis.	predicted the occurrence of physical abuse, sexual abuse, and neglect, although maternal youth and maternal sociopathy increased from 3% when no risk factors were present to 24% when 4 or more risk factors were present. Five demographic risk factors (low maternal education, low religious attendance, maternal youth, single parent, and welfare dependence), six familial risk factors (early separation from mother, maternal dissatisfaction, maternal external locus of control, maternal sociopathy, poor marital quality, and serious maternal illness), three parenting risk factors (low father involvement, low father warmth, and low maternal involvement), and one child risk factor (pregnancy or birth complications) were associated with combined reports of physical abuse. seven demographic risk factors (ethnicity, large family size, low income, low maternal education, maternal youth, single parent, and welfare dependence), 12 family risk factors (early separation from mother, maternal alienation, anger, dissatisfaction, external locus of control, hostility, low self-esteem, sociopathy, parental conflict, paternal psychopathology, paternal sociopathy, poor marital quality, and serious maternal illness), two parenting risk factors (low paternal involvement and low paternal warmth), and two child risk factors (early childhood anxiety/withdrawal and low

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>verbal IQ) were associated with combined official records and self-reports of child neglect. Sexual abuse was associated with two demographic risk factors (maternal youth and parental death), four familial risk factors (harsh punishment, maternal sociopathy, negative life events, and presence of a stepfather), one parenting risk factor (unwanted pregnancy), and two child risk factors (child gender and handicap). Eight demographic risk factors (ethnicity, large family size, low income, low maternal education, low religious attendance, maternal youth, single parent, and welfare dependence), nine familial risk factors (early separation from mother, maternal alienation, anger, dissatisfaction, external locus of control, low self-esteem, sociopathy, poor marital quality, and serious maternal illness), three parenting risk factors (low maternal involvement, low paternal involvement, and low paternal warmth), and one child risk factor (difficult temperament) were significantly associated with combined reports of any child maltreatment. The likelihood of child maltreatment increased substantially with increases in the number of risk factors present. When no risk factors were present, maltreatment was reported for 0% (physical abuse), 2% (neglect), 1% (sexual abuse), and 3% (any abuse or neglect) of youths, respectively.</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>Maltreatment prevalence rates increased to 16% (physical abuse), 15% (neglect), 33% (sexual abuse), and 24% (any abuse or neglect) when four or more risk factors were present. Results of logistic regression analyses, controlling for child ethnicity and gender, indicated that increases in the number of risk factors present were associated with significant increases in risk for physical abuse, neglect, sexual abuse, and any abuse or neglect.</p>
Cain, D. S. (2007).	The effects of religiousness on parenting stress and practices in the African American family.	Identify whether religiousness influences parenting stress and practices, and if so, what specific aspects of religiousness (church attendance, private religious activities, or int. Expanded on what is already known and asked two related questions: Does religiousness influence parenting practices, and does religiousness influence parenting stress in the African American family? Also studied uses a multidimensional measure of religiousness, allowing for an analysis of what specific	A total of 246 newly delivered European American and African American mothers were recruited from the population of mothers giving birth at a university-affiliated, publicly funded hospital in a midsize southeastern city	To investigate these research questions, multiple linear regression was used because of the continuous nature of the dependent variables. To test the effect of religiousness, the control variables were entered into the regression equation first; religiousness was entered into the regression equation after entry of the control variables. Two-tailed tests (alpha $\leq$ .05) were used because results in either direction were of importance, and there is inadequate prior research to make definitive predictions about the directions of the relationships. Generally, imputation of missing data is not recommended	<p>Results reveal that private worship and intrinsic religiousness (i.e., spirituality) positively influence parenting practices, but that attendance at religious services was not related to parenting. Moreover, religiousness had no influence on parenting stress.</p> <p>First study to investigate the influences of religion on parenting stress, although research has been conducted on religiousness, stressful life events, and psychological distress among African Americans (Ellison et al., 2001; Prado et al., 2004; Wiley et al., 2002). The findings of the stressful life events studies were mixed. Religion (particularly attendance) appeared to decrease distress or reduce the number of stressful life events experienced (perhaps through an insulating mechanism), but prayer appeared to slightly increase distress (Ellison et al., 2001). This may be due to a rumination effect prayer plays in coping with negative life events. Moreover, social support and active coping mediated the relationship between religious involvement and psychological distress (Prado et al., 2004). This study revealed no relationship between religiousness of any kind (attendance, private worship, or intrinsic religiousness) and parenting stress.</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		aspects of religiousness (service attendance, private worship, or subjective/intrinsic religiousness) influence parenting		<p>for dependent variables (Cohen &amp; Cohen, 1983). Thus, I chose to use listwise deletion with scales used as dependent variables that had more than 70% missing data. Data were missing for 4 of 96 respondents (4%) for the PSI-SF; and 15 of 96 (16%) for the HOME.</p> <p>The Parenting Stress Index–Short Form (PSI-SF) (Abidin, 1995), a 36-item, standardized instrument used to measure stress related to parenting and parent–child interactions, is widely used in investigations of parenting stress and intervention research. The measure was standardized for use with parents of children ages 1 month to 12 years.</p> <p>The Duke Religion Index (DUREL) (Koenig, Parkerson, &amp; Meador, 1997), is a 5-item scale that measures the organizational, nonorganizational, and subjective/intrinsic aspects of religion. Respondents indicate frequency of attending services or religious</p>	<p>Some aspects of religiousness were related to parenting practices as observed by the interviewers. Mothers who engaged in more frequent private worship (prayer, meditation, or Bible study) were more responsive, involved, and provided more quality learning materials for their infants. Additionally, mothers who reported holding high subjective or intrinsic religious beliefs were more responsive to their infants. Both private worship and subjective/intrinsic religious beliefs could be categorized as spirituality (Hodge 2003; Hodge &amp; Williams, 2002; Wiley et al., 2002). Thus, the findings suggest that spirituality, and not organized religious involvement or engagement, plays a significant and positive role in African American parenting practices. Ellison (1997) put forth specific mechanisms by which parenting may be influenced by religious practices. He suggested that private worship may contribute to positive perceptions of family life when individuals construct personal relationships with “divine others.” By identifying with figures portrayed in religious texts, individuals engage in “role taking” (Ellison, 1997, p. 121) and act in accordance with what a divine other would expect in terms of appropriate roles including parenting roles. Additionally, Ellison (1997) averred that scriptural passages are widely interpreted as offering specific parental guidance that may lead to more positive parenting. Enhanced self-esteem and parenting efficacy may also come from the experience of a close personal relationship with the divine being “who loves and cares for each person unconditionally” (Ellison &amp; Levin, 1998, p. 707). Specific religious cognitions and practices (prayer and meditation) may be salient to parenting practices by altering primary appraisals of child behavior as opportunities for spiritual growth and learning, or as part of a larger divine plan</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				meetings (organizational measure of religion) and engaging in private religious activities (prayer, meditation, or Bible study) (nonorganizational measure of religion) on a 6-point scale from “never” to “more than once per week.” Three questions about personal religious beliefs (subjective/intrinsic measure of religion) are measured on a 5-point Likert scale from “definitely true of me” to “definitely not true.” Some items are reverse-scored, and then all items are summed (score range = 5–27). Lower scores indicate greater religiousness.	for the parent to engage. Moreover, prayer may also help in the management of strong emotions commonly associated with parenting. Finally, prayer and intrinsic religious beliefs may lead to the experience and expression of positive emotions (forgiveness, contentment, love, and empathy) that likely positively influence parenting behaviors and practices (Ellison & Levin, 1998). Additionally, and independent of religion, income appears to influence parenting, with more affluent mothers appearing more involved. Involvement, as measured in this study, required maternal watchfulness, alertness, awareness, care, and attention—activities that require a great deal of physical and mental availability.
Carothers, S. S., Borkowski, J. G., Lefever, J. B., & Whitman, T. L. (2005).	Religiosity and the socioemotional adjustment of adolescent mothers and their children.	Examined the role of religious involvement as a protective factor helping to explain resilience among adolescent mothers and their children. Assess the impact of religiosity on the socioemotional and behavioral outcomes of adolescent mothers and their offspring over 10 years.	91 adolescent mothers	Data were drawn from an ongoing longitudinal study of the effects of adolescent parenting on child development from pregnancy until each child reached 10 years of age. Religiosity: Religiosity was operationalized as the amount of contact with and dependence on the church community reported by adolescent	Mothers classified as high in religious involvement had significantly higher self-esteem and lower depression scores, exhibited less child abuse potential, and had higher occupational and educational attainment than mothers classified as low in religious involvement; differences remained when multiple factors, such as stress and grandmother support, were held constant. Children with more religious mothers had fewer internalizing and externalizing problems at 10 years of age, with maternal adjustment mediating this relationship. Religiosity, through increased social support, served as a protective factor for teenaged mothers and

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>mothers at four times points: prenatally and when their children were 3, 5, and 8 years old.</p> <p>Coopersmith Self-Esteem Inventory: Maternal self-esteem was assessed with the Coopersmith Self-Esteem Inventory, short form version.</p> <p>Beck Depression Inventory: Maternal depression was assessed through the Beck Depression Inventory. State-Trait Anxiety Inventory: Anxiety was evaluated through the State-Trait Anxiety Inventory. Child Abuse Potential Inventory: Child abuse potential was assessed through two subscales of the Child Abuse Potential Inventory: rigidity and unhappiness.</p> <p>Life history questionnaire: A life history questionnaire was used at all time points to determine current information</p>	<p>their children.</p>



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>regarding education, employment, relationship status, financial situation, additional children/pregnancies, and child-care arrangements.</p> <p>Hollingshead two-factor index of social position: It is a measure of social position computed from occupational and educational status, score ranging from 11 to 77, with lower scores reflecting higher social position.</p> <p>Parenting Stress Index: Life stress was measured with a subtest of the Parenting Stress Index.</p> <p>Social support interview: A social support interview was used to obtain information about the adolescent mother's social network, a list of important people in her life including family and friends; boyfriend, partner, or spouse; social agency personnel; and people at school or work.</p> <p>Achenbach Child</p>	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>Behavior Checklist (CBCL): It is a measure on which parents rate their child's behaviors.</p> <p>Achenbach Teacher Report Form: The same syndromes are assessed as for th CBCL: depressed, anxious, aggressive, and delinquent.</p> <p>Child Depression Inventory: It was used to assess the severity of depression among study children.</p> <p>Revised Children's Manifest Anxiety Scale: It was used to measure anxiety in the children of adolescent mothers at 10 years of age</p>	
Chang, J., Rhee, S., & Weaver, D. (2006).	Characteristics of child abuse in immigrant Korean families and correlates of placement decisions.	Examine the characteristics and patterns of child abuse among immigrant Korean families in Los Angeles and critical variables that contribute to the type of placement made by the child protective services system.	170 active Korean case files maintained by the Asian Pacific Unit (APU) of the Los Angeles County Department of Children and Family Services (LAC- DCFS).	Logistic regression analysis was employed to examine the odds of children being kept in or removed from the home.	1)immigrant Korean families are more likely to be charged with physical abuse (49.4%) and less likely to be charged with neglect (20.6%) in comparison with all other groups in Los Angeles (13.2% and 27.1%, respectively); 2) the circumstance under which physical abuse occurred most frequently was corporal punishment used by Korean parents with an intention to discipline their children; and 3) the context under which emotional abuse occurred among the Korean families was likely to be children's witnessing domestic violence.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					In addition, the logistic regression showed that response stats, referral source, living arrangement, victim's relationship to perpetrator, and chronicity of abuse were significant in predicting out-of-home placement.
DiLorenzo, P., Johnson, R., & Bussey, M. (2001).	The role of spirituality in the recovery process.	Discusses spirituality as a critical component of recovery for parents with addiction	N/A	N/A	<p>Regulation of spirituality by parents has a significant influence on their ability to responsibly care their children. The addicts' physical and emotional deterioration can lead to a distortion of the spiritual self and contributes to the inability of the parent to act responsibly or in a caring, nurturing manner. The notion of spirituality involves a complexity of feelings, thoughts, and attitudes about oneself in the world. When positive, they work to regulate the individual's sense of self-esteem in a healthy manner.</p> <p>The case worker can encourage the parent to pursue her own spiritual path. "Whether the client reads, meditates, prays, or participates in healing groups, spiritual communities, or AA/NA, she will feel a sense of belonging and connection that is markedly different from the isolation she lived with a consequences of drinking or taking drugs."</p>
Ellison, C. G., & Sherkat, D. E. (1993).	Conservative Protestantism and support for corporal punishment.	Primary purpose is to test our theoretical argument regarding the role of Conservative Protestantism in shaping attitudes toward corporal punishment,	Analyze data from the 1988 General Social Survey (GSS) (Davis and Smith 1990), a national cross-sectional sample of approximately 1,500 U.S. adults replicated annually since	988 of the 1,481 GSS respondents in 1988 analyzed	<p>Dependent Variable: Support for Corporal Punishment</p> <p>Independent Variables: Religious Factors</p> <p>The results of these analyses generally confirm our core hypotheses. First, although the total effect of affiliation with a Conservative Protestant denomination is substantial, there is no direct relationship between such denominational</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		we have also explored other denominationl patterns	1972 (ex- cept for 1979 and 1981).		ties and support for corporal punishment. Instead, the estimated denominational effect is indirect, owing primarily to the role of the religious groups in promulgating the doctrine of biblical literalism. This literalist belief has the largest total effect of any variable in the model. In addition to its substantial direct effect on attitudes toward corporal punishment, biblical literalism also exerts a strong indirect effect, conditioning beliefs about human nature, sin, and judgment. Individuals who feel that human nature is sinful and corrupt and that sinful behavior should be punished express strong support for the principle of corporal punishment. The estimated effects of these religious orientations are comparable in magnitude, and they appear to be largely independent of one another. Second, education has strong direct and indirect effects that inhibit support for the physical punishment of children. Better-educated respondents may be more likely to be aware of (and to seek out) a range of current information regard- ing parent-child relations. In addition to this esti- mated direct effect, educational attainment has a negative indirect effect on support for corporal punishment, by virtue of its negative influence on biblical literalism and a belief that human nature is sinful. Income also has a significant negative indirect effect due to its inverse relationships with these aspects of conservative religious ide- ology. This negative estimated indirect effect mitigates the marginally significant positive direct effect of income on

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>support for spanking, yielding an insignificant total effect. Third, the modest but statistically significant total effect of southern residence on attitudes toward corporal punishment is due entirely to the literal interpretations of religious Scripture that prevail in the South. However, while rural natives are particularly supportive of corporal punishment, virtually none of the total effect is mediated by religious factors. Fourth, consistent with prior research, support for the principle of physical discipline rises with increases in the number of children in the household. Finally, we find no substantial gender or age differences in support for corporal punishment.</p> <p>The main findings of these ancillary analyses are: (1) There is a modest but significant direct effect of Conservative Protestant affiliation on support for corporal punishment. (2) Consistent with the analyses reported in Table 4, the bulk of the total effect of Conservative Protestant affiliation is indirect. (3) There is also a weaker but significant positive total effect of Moderate Protestant affiliation on support for corporal punishment. (4) While a portion (around 20 percent) of the total Moderate Protestant effect is indirect - due mainly to the presence of a significant number of biblical literalists within these denominations and the higher-than-average punitiveness of Moderate Protestants toward sinners - most of the total Moderate Protestant effect on support for corporal punishment is direct.</p>

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					<p>The inclusion of a Moderate Protestant dummy variable yields only modest improvements the explanatory value of the OLS and logistic regression models in Tables 1 and 2, and no significant improvement in the fit of the structural equation models reported in Tables 3 and 4. The results of these supplementary analyses suggest that Moderate Protestant traditions tend to support corporal punishment, albeit only as a "last resort" (Greven 1977; Campbell and Likes 1989). Because both the total and direct effects of Moderate Protestantism are weaker than those of Conservative Protestantism, we also see support for the argument that a conservative-moderate-liberal denominational continuum exists regarding attitudes toward public and family-related issues (Hertel and Hughes 1987; Roof and McKinney 1987).</p> <p>It is concluded that the popular doctrine of biblical literalism inclines Conservative Protestants to endorse corporal punishment for three reasons. First, literalists tend to take seriously (more so than others) the doctrine of original sin, which is partly rooted in a literal interpretation of Genesis. This doctrine holds that all persons are born sinful, tending toward egocentrism and selfishness. Second, literalists generally view the punishment of sin as appropriate and necessary. This basic preoccupation with themes of sin</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>and judgment makes "shaping the will" of youngsters an especially urgent task for many Conservative Protestant parents. Third, the Bible explicitly underscores the importance of parental discipline, and both Old and New Testaments contain specific passages that appear to recommend the use of physical punishment by parents. Contemporary understandings of literalism sustained within Conservative Protestant interpretive communities tend to emphasize these passages.</p>
Finzi-Dottan, R., & Harel, G. (2014).	Parents' potential for child abuse: An intergenerational perspective.	Examined predictors for parents' potential for abusing their children	Two hundred and thirteen Jewish and Arab parents of children up to 6 years of age	<p>Six questionnaires assessing child-abuse potential, childhood history of abuse/neglect, attachment style, emotional control, perceived stress, and cognitive appraisal of parenthood</p> <p>Demographic Questionnaire A demographic questionnaire was administered relating to age, gender, marital status, number of children and their ages, degree of religiosity, education, employment, and economic status. Child Abuse</p>	<p>A Structural Equation Model indicated that anxious and avoidant attachment mediated the experiences of abuse and neglect in childhood and emotional control; whereas emotional control deficits mediated the relationship between insecure attachment and parenthood as challenge vs. threat, leading to greater child-abuse potential.</p> <p>Childhood History of Abuse/Neglect and the Research Variable A MANOVA was conducted in order to examine the differences between the childhood abuse/neglect and the "no history" clusters revealing significant differences between the clusters (<math>F(6, 416)=6.20, p</math></p> <p>According to the path model, avoidant attachment mediated the relationship between history of neglect and emotional control, and anxious attachment mediated the relationship</p>

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				<p>Potential Inventory The Child Abuse Potential Inventory (CAP Inventory; Milner 1986) is a 160-item, forced choice (i.e., agree or disagree) self-report questionnaire designed to serve as a screening instrument for child abusers. The Childhood Trauma Questionnaire The Childhood Trauma Questionnaire (CTQ; Bernstein and Fink 1998), a 28-item retrospective self-report questionnaire, is designed to assess five types of negative childhood experiences. The Experiences in Close Relationships Scale The Experiences in Close Relationships Scale (ECR; Brennan et al. 1998), consisting of 36 items assessing attachment anxiety (e.g., "I worry about being abandoned") and</p>	<p>between history of abuse and emotional control. Emotional control mediated the relationship between anxious and avoidant attachment and perceived stress and perception of parenthood as a threat.</p> <p>Based on the SIP model and attachment theory, the present study was designed to examine parents' potential for abusing their children and the risk for intergenerational transmission of abuse. Results indicate that parents who had experienced childhood abuse and neglect were characterized by insecure attachment styles, scored lower in emotional control, experienced higher levels of stress and perceived parenthood as a threat, and their child-abuse potential was significantly higher than parents who reported they did not experience abuse or neglect as children. Path analysis results confirmed most of the research hypotheses: (a) insecure attachment (anxious and avoidant) mediated the relationship between experiences of abuse and neglect in childhood and emotional control; (b) emotional control mediated the relationship between insecure attachment and cognitive appraisals of stress and of parenthood as a threat; and (c) the aforementioned cognitive appraisals mediated the relationship between insecure attachment and emotional control and the target variable of CAP. In addition, the study found a direct contribution to CAP of traumatic experiences of emotional abuse and neglect in childhood. The main findings arising from the regression analysis indicated that personal</p>



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>avoidance (e.g., “I prefer not to show a partner how I feel deep down”), was used to assess attachment dimensions.</p> <p>Emotional Control Questionnaire</p> <p>Emotional control was assessed using 18 items from Roger and Najarian’s (1989) Emotional Control Questionnaire, which were previously used in Eisenberg et al.’s (1994) study (e.g., “I find it hard to get thoughts that have upset me out of my mind”)</p> <p>Cognitive Appraisal Questionnaire for Parenthood</p> <p>Cognitive appraisal of parenting as a challenge and/or threat was assessed using a modification of the Lazarus and Folkman (1984) Cognitive Appraisal Questionnaire for Parenthood (Dimitrovsky et al. 2000).</p> <p>Perceived Stress Scale</p> <p>Perceived stress was</p>	<p>data, such as nationality (Jewish or Arab), personality traits (attachment characteristics and emotional control), and cognitive characteristics (appraisal of stress and of parenthood as a threat) predict CAP.</p> <p>These results support Milner’s (2003) model of SIP and the theory regarding the risk of intergenerational transmission of abuse. Specifically, those who reported childhood physical and sexual abuse scored highest on the CAP. This result may suggest that physical abuse is more detrimental than emotional abuse and neglect; however, path analysis revealed the direct impact of emotional abuse and neglect on child-abuse potential. It seems that the effect of childhood physical abuse on parents’ potential for abusing their children passes through damaged personality (in terms of insecure attachment and emotional control), resulting in cognitive appraisals of stress and of parenting as a threat. The path leading from emotional abuse and neglect to parental potential for child abuse is more complex. Our results, indicating a path leading from abuse and neglect to insecure attachment and deficits in emotional control, converge with the existing research, but with contradictory findings as to whether they lead to anxious or to avoidant attachment (e.g., Finzi et al. 2001a, b; McWey 2004).</p> <p>Practical Implications</p> <p>The results of this study highlight the impact of parental deficiency in emotional control</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				assessed using the Perceived Stress Scale (PSS) developed by Cohen et al. (1983).	and appraised stress on CAP, and warrant supportive interventions, whether individual, family, or in group form. Such interventions might focus on enhancing emotional control and providing support designed to decrease parental stress. From the perspective of social learning theory, parents may be coached in (and practice) effective behavior management strategies as they interact with their children, such as minimizing negative communication, criticism, and frequent commands or instructions, as well as enhancing parents' accurate reading of, and timely response to, the child's behavior and using emotional cues to enhance sensitive interactions. From the attachment theory perspective, interventions would focus on improving caregiver sensitivity to children, meaning parents' ability to read their children's behavioral and emotional signals accurately and respond promptly and appropriately. Some have suggested that these parents need to be provided with long term support (Thomas and Zimmer-Gembeck 2011) in order to incorporate intervention strategies that move beyond a focus on behavior management and stress reduction to improving capacity for emotional regulation and empathic responding, promoting feelings of parent competence, and changing rigid attributions about child rearing practice.
Friedman, E., &	Unintentional	Literature review and	A total of 170 care-giving	Participants were observed on the	Child abuse is a problem that affects over six million children

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
Billick, S. B. (2015).	child neglect: Literature review and observational study.	observational study	situations were observed. Some situations were simply one caregiver and one child, while others included multiple caregivers and multiple children, one caregiver and multiple children, and multiple caregivers and one child	Upper East Side of Manhattan. Observations were made on the corner of East 72nd Street and 5th Avenue, and in the surrounding ten-block radius. Observations were made at various times of day and days of the week. None of the participants knew that they were being observed. The following factors were noted about the children and their caregivers: 1. How many children and how many caregivers? 2. Is the caregiver the probable child's parent? 3. Is the caregiver talking or texting on a cell phone? 4. Is the caregiver engaged in a conversation and not paying adequate attention to the child? 5. Did the caregiver wait for the walk signal to cross the street? 6. Is a small child holding the caregiver's hand while crossing the street? 7. Is the child walking behind the	in the United States each year. Child neglect accounts for 78 % of those cases. Despite this, the issue of child neglect is still not well understood, partially because child neglect does not have a consistent, universally accepted definition. Some researchers consider child neglect and child abuse to be one in the same, while other researchers consider them to be conceptually different. Factors that make child neglect difficult to define include: (1) Cultural differences; motives must be taken into account because parents may believe they are acting in the child's best interests based on cultural beliefs (2) the fact that the effect of child abuse is not always immediately visible; the effects of emotional neglect specifically may not be apparent until later in the child's development, and (3) the large spectrum of actions that fall under the category of child abuse. Some of the risk factors for increased child neglect and maltreatment have been identified. These risk factors include socioeconomic status, education level, family composition, and the presence of dysfunction family characteristics. Studies have found that children from poorer families and children of less educated parents are more likely to sustain fatal unintentional injuries than children of wealthier, better educated parents. Studies have also found that children living with adults unrelated to them are at increased risk for unintentional injuries and maltreatment. Dysfunctional family characteristics may even be more indicative of child

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>caregiver, not in full view? 8. Is the child struggling to keep up with the caregiver's pace? 9. Is the child properly strapped in the stroller? 10. If the child is on a bicycle or scooter, are they wearing proper protective gear like a helmet?</p>	<p>neglect. Parental alcohol or drug abuse, parental personal history of neglect, and parental stress greatly increase the odds of neglect. Parental depression doubles the odds of child neglect. However, more research needs to be done to better understand these risk factors and to identify others. Having a clearer understanding of the risk factors could lead to prevention and treatment, as it would allow for health care personnel to screen for high-risk children and intervene before it is too late. Screening could also be done in the schools and organized after school activities. Parenting classes have been shown to be an effective intervention strategy by decreasing parental stress and potential for abuse, but there has been limited research done on this approach. Parenting classes can be part of the corrective actions for parents found to be neglectful or abusive, but parenting classes may also be useful as a preventative measure, being taught in schools or readily available in higher-risk communities. More research has to be done to better define child abuse and neglect so that it can be effectively addressed and treated.</p>
Gall, T., Basque, V., Damasceno-Scott, M., & Vardy, G. (2007).	Spirituality and the current adjustment of adult survivors of childhood sexual abuse.	Explored the role of spirituality in the current adjustment of adult survivors of childhood sexual abuse (CSA)	The sample consists of 101 self-identified adult survivors of CSA, 17.8 percent men and 82.2 percent women. The majority of our sample is of a traditional	Completed questionnaires on spirituality (relationship with God or higher power), person factors (blame attributions, self-acceptance, hope), and	Hypotheses: (1) relationship with a benevolent God or higher power will be related to a greater sense of current adjustment for CSA survivors in general; (2) relationship with a benevolent God or higher power will be related to lesser self- and Godblame, greater hope, and greater self-acceptance; and (3) relationship

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
			<p>Christian faith: 47.5 percent Catholic, 23.8 percent Protestant, and 4 percent Christian.</p>	<p>current adjustment (mood, personal growth, resolution of the abuse).</p> <p>Included several single-item descriptor variables of the nature of the CSA</p> <p>God Image Scale (GIS). The GIS is a clinical inventory developed by Lawrence (1997) to assess one's relationship with God. We used two subscales in the current study: (1) "Benevolent" measures God's loving nature toward the individual; and (2) "Provident" taps into the issue of God having control in the relationship. Hope Scale. The Hope scale is a 12-item measure designed to assess the cognitive construct of hope (Snyder et al. 1991). T Attribution of Blame. Since several studies on CSA have demonstrated the importance of attribution of blame to</p>	<p>with a benevolent God or higher power will significantly predict current adjustment beyond the contribution of demographics, abuse characteristics, and other person factors (e.g., hope).</p> <p>Results indicated that relationship with a benevolent God or higher power is related to the experience of less negative mood and a greater sense of personal growth and resolution of the abuse. Also, relationship with a higher power is related to other person factors such as self-acceptance and hope. Relationship with a benevolent God appears to have an indirect link to depressive mood and resolution of abuse through the mediating pathways of hope and self-acceptance. In contrast, relationship with God appears to have a more direct association to the outcome of personal growth for these survivors.</p> <p>Relationship with God, Person Factors, and Current Adjustment Pearson correlation coefficients between relationship with God or a higher power and measures of current adjustment and person factors (see Tables 4 and 5) show that survivors who experience a greater sense of relationship with a benevolent God report less anxious, angry, and depressive moods and greater personal growth and resolution of the abuse. In addition, a sense of a provident God who has control in the relationship is related to less depressive mood and more personal growth. A relationship with a benevolent or provident God is related to adult survivors' greater sense of hope</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>survivors' wellbeing (e.g., Wyatt and Newcomb 1990), three single-item measures of blame were included in the present study. Using a five-point Likert scale ranging from not at all (1) to completely (5), participants were asked to rate the extent they blamed their past child sexual abuse on: God, the perpetrator, or themselves. Self-Acceptance. We drew the Self-Acceptance subscale from the Personal Meaning Profile (PMP) (Wong 1993, 1998) as it taps into the concept of inner peace and the ability to accept personal and other limitations, two aspects of self that are relevant to the well-being of adult survivors of CSA (Bass and Davis 1988). Profile of Mood States (POMS). The POMS is a widely used measure that assesses the degree to which an individual is currently</p>	<p>and self-acceptance. Finally, a relationship with a benevolent God is related to survivors ascribing less blame to the perpetrator of their childhood abuse. Relationship with God as a Contributor to Current Adjustment Hierarchical regression analyses evaluated the relative contribution of relationship with a higher power to current adjustment, controlling for other predictive factors (e.g., demographics). Since the regression equations were similar for types of mood, only the analysis for depressive mood is presented here. In addition, Table 5 presents regression analyses with personal growth and resolution as criteria measures. In each regression analysis, demographic factors (e.g., age) were entered in the first block, followed by the abuse characteristics (e.g., type of abuse) in the second block. These two factors were control variables in the regression equations. The person factors of self-blame, hope, and self-acceptance were entered in the third block while relationship with God was entered in the fourth block. We adopted a conservative approach wherein only predictor variables that had a significant zero-order correlation with at least two of the adjustment variables were entered in the analyses. The same variables were used in the prediction of each criterion measure of current adjustment so that the regression models would be comparable. Relationship with God or a higher power accounted for an additional 1 percent of the variance in depressive mood</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>experiencing a variety of mood states (McNair, Lorr, and Droppleman 1992). For the present study only 10 items were selected that tap into three moods: depressive (helpless, unhappy, worthless, hopeless), anxious (tense, nervous, anxious), and angry (angry, resentful, grouchy). Post-Traumatic Growth Inventory (PTGI). The PTGI is a 21-item scale that assesses positive outcomes that individuals might experience from a traumatic event (Tedeschi and Calhoun 1996). Resolution of Abuse. We used a single item to measure the degree of felt resolution of the abuse history in one's current adult life. Specifically, participants were asked to think about their current life in general, and the impact of the</p>	<p>and resolution of the abuse, and 7 percent in personal growth above the variance accounted for by demographics, abuse characteristics, and other person factors. In terms of specific contributions, more severe type of abuse, greater self-blame, and less hope are predictive of greater current depressive mood. Survivors who have less income, a greater sense of hope, and a relationship with a benevolent God report experiencing more personal growth from their history of CSA. Finally, higher levels of hope and self-acceptance are predictive of a greater sense of resolution of the abuse for these survivors.</p> <p>Overall, the results of the present study provide support for the role of spirituality in the current adjustment of adult survivors of CSA. The more important these survivors considered spirituality in their lives, the less they experienced depressive mood and the more they reported experiencing personal growth and a sense of resolution of their history of abuse. In contrast, the importance of religion in survivors' lives had no association with their current adjustment with the exception of religious service attendance being related to greater resolution of the abuse. It appears that a more personal sense of spirituality is a key factor for the well-being of these CSA survivors rather than their reliance on a more traditional religious approach to coping. In particular, a personal sense of relationship with God or a higher power may serve as a significant protective factor for CSA survivors. It is notable</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				CSA, and rate how resolved they felt their history of abuse was on a five-point Likert scale ranging from not at all resolved (1) to totally resolved (5).	that while a more severe history of abuse (sexual and physical) is related to greater negative mood and less hope and sense of self-acceptance for these adult survivors, it was not related to either measure of their relationship with God. In fact, none of the characteristics of the original childhood abuse (e.g., age of onset, duration) was related to these survivors' relationship with a higher power. From such findings, it appears that the nature of the abuse may have had no direct impact on these survivors' current sense of God. Thus, relationship with a higher power may exist currently as a resource in their coping with everyday life stress including perhaps the residual effects of their history of abuse. In fact, relationship with God or a higher power can represent an important source, and perhaps an only source, of secure attachment for an individual in crisis.
Guterman, N. B., Lee, S. J., Taylor, C. A., & Rathouz, P. J. (2009).	Parental perceptions of neighborhood processes, stress, personal control, and risk for physical child abuse and neglect.	Examine whether mothers' individual perceptions of their neighborhood social processes predict their risk for physical child abuse and neglect directly and/or indirectly via pathways involving parents' reported stress and sense of personal	3,356 mothers	In-home and phone interview data were examined cross-sectionally from a national birth cohort sample of 3,356 mothers across 20 US cities when the index child was 3 years of age. Mothers' perceptions of neighborhood social processes, parenting stress, and personal control were examined as predictors, and three subscales	Although perceived negative neighborhood processes had only a mild direct role in predicting risk for physical abuse, and no direct role on child neglect, these perceptions had a discernable indirect role in predicting risk via parenting stress and personal control pathways. Parenting stress exerted the clearest direct role on both physical abuse and neglect risk. This predictor model did not significantly differ across ethnic groups. Although neighborhood conditions may not play a clear directly observable role on physical child abuse and neglect risk, the indirect role they play underscores the importance of parents' perceptions of their



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		control in the parenting role		of the Parent-To-Child Conflict Tactic Scale (CTS-PC) were employed as proxies of physical child abuse and neglect risk. Structural equation modeling (SEM) was employed to test direct and indirect pathways (via parenting stress and control) from perceived neighborhood processes to proxy measures of physical child abuse and neglect. Multiple group SEM was conducted to test for differences across major ethnic groups: African American, Hispanic, and White.	neighborhoods, and especially the role they play via parents' reported stress and personal control. Such findings suggest that targeting parents' sense of control and stress in relation to their immediate social environment holds particular potential to reduce physical child abuse and neglect risk. Addressing parents' perceptions of their neighborhood challenges may serve to reduce parenting risk via improving parents' felt control and stress.
Hibbard, R., Barlow, J., & MacMillan, H. (2012).	Psychological maltreatment.	To update the pediatrician on current knowledge and approaches to psychological maltreatment, with guidance on its identification and effective methods of prevention and treatments/intervention	N/A	A clinical report updating the pediatrician on current knowledge and approaches to psychological maltreatment, with guidance on its identification and effective methods of prevention and treatments/intervention	Psychological or emotional maltreatment of children may be the most challenging and prevalent form of child abuse and neglect. Caregiver behaviors include acts of omission (ignoring need for social interactions) or commission (spurning, terrorizing); may be verbal or nonverbal, active or passive, and with or without intent to harm; and negatively affect the child's cognitive, social, emotional, and/or physical development. Psychological maltreatment has been linked with disorders of attachment,

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>developmental and educational problems, socialization problems, disruptive behavior, and later psychopathology. Although no evidence-based interventions that can prevent psychological maltreatment have been identified to date, it is possible that interventions shown to be effective in reducing overall types of child maltreatment, such as the Nurse Family Partnership, may have a role to play. Furthermore, prevention before occurrence will require both the use of universal interventions aimed at promoting the type of parenting that is now recognized to be necessary for optimal child development, alongside the use of targeted interventions directed at improving parental sensitivity to a child's cues during infancy and later parent-child interactions. Intervention should, first and foremost, focus on a thorough assessment and ensuring the child's safety. Potentially effective treatments include cognitive behavioral parenting programs and other psychotherapeutic interventions. The high prevalence of psychological abuse in advanced Western societies, along with the serious consequences, point to the importance of effective management. Pediatricians should be alert to the occurrence of psychological maltreatment and identify ways to support families who have risk indicators for, or evidence of, this problem.</p>
Hurh, W. M., & Kim, K. C. (1990).	Religious participation of Korean immigrants	1) To review past studies on the Korean ethnic church in the U.S., 2)	622 Korean immigrants (20 years and older) residing in the Chicago area;	A total of 633 interviews were conducted. The schedule developed by the	Regardless of length of residence, sex, age, education, economic status, or sociocultural assimilation, church participation was found

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
	nts in the United States.	To analyze the religious participation patterns of Korean immigrants in light of various theories on the immigrant church, and 3) To explore theoretical implications of the findings from historical, comparative, and structural perspectives	334 males and 288 females	author consisted of 9 areas: 1) pre- and post-immigration backgrounds of the respondents, 2) acculturation patters, 3)social interaction and religious participation, 4) social and psychological well-being, 5) attitudes towards family members and Korean immigrants, 6) attitudes toward the American culture and society, 7) reference groups, 8) family roles, and 9) occupational experience	to be a way of life among Korean immigrants in the U.S. Data analysis confirmed the meaning, belonging, comfort, and mental-health theories.
Kairys, S. W., & Johnson, C. F. (2002).	The psychological maltreatment of children: Technical report.	Provides practicing pediatricians with definitions and risk factors for psychological maltreatment and details how pediatricians can prevent, recognize, and report psychological maltreatment.	N/A	N/A	DEFINITION Psychological maltreatment is a repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship. In some situations, the pattern is chronic and pervasive; in others, the pattern occurs only when triggered by alcohol or other potentiating factors. Occasionally, a very painful singular incident, such as an unusually contentious divorce, can initiate psychological maltreatment. Psychological maltreatment of children occurs when a person conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. The perpetrator may spurn, terrorize, isolate, or ignore or impair the child's socialization. If severe and/ or repetitious,

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>the following behaviors may constitute psychological maltreatment:</p> <ol style="list-style-type: none"> <li>1. Spurning (belittling, degrading, shaming, or ridiculing a child; singling out a child to criticize or punish; and humiliating a child in public).</li> <li>2. Terrorizing (committing life-threatening acts; making a child feel unsafe; setting unrealistic expectations with threat of loss, harm, or danger if they are not met; and threatening or perpetrating violence against a child or child's loved ones or objects).</li> <li>3. Exploiting or corrupting that encourages a child to develop inappropriate behaviors (modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior; encouraging or coercing abandonment of developmentally appropriate autonomy; restricting or interfering with cognitive development).</li> <li>4. Denying emotional responsiveness (ignoring a child or failing to express affection, caring, and love for a child).</li> <li>5. Rejecting (avoiding or pushing away).</li> <li>6. Isolating (confining, placing unreasonable limitations on freedom of movement or social interactions).</li> <li>7. Unreliable or inconsistent parenting (contradictory and ambivalent demands).</li> <li>8. Neglecting mental health, medical, and educational needs (ignoring, preventing, or failing to provide treatments or services for emotional, behavioral, physical, or educational needs or problems).</li> <li>9. Witnessing intimate partner</li> </ol>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>violence (domestic violence).</p> <p>At-risk children include children whose parents are involved in a contentious divorce; children who are unwanted or unplanned; children of parents who are unskilled or inexperienced in parenting; children whose parents engage in substance abuse, animal abuse, or domestic violence; and children who are socially isolated or intellectually or emotionally handicapped.</p> <p>Consequences of Psychological Maltreatment:  Psychological maltreatment may result in a myriad of long-term consequences for the child victim. A chronic pattern of psychological maltreatment destroys a child's sense of self and personal safety. This leads to adverse effects on the following:</p> <ol style="list-style-type: none"> <li>1. Intrapersonal thoughts, including feelings (and related behaviors) of low self-esteem, negative emotional or life view, anxiety symptoms, depression, and suicide or suicidal thoughts.</li> <li>2. Emotional health, including emotional instability, borderline personality, emotional unresponsiveness, impulse control problems, anger, physical self-abuse, eating disorders, and substance abuse.</li> <li>3. Social skills, including antisocial behaviors, attachment problems, low social competency, low sympathy and empathy for others, self-isolation, noncompliance, sexual maladjustment, dependency, aggression or violence, and delinquency or criminality.</li> <li>4. Learning, including low academic achievement, learning</li> </ol>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>impairments, and impaired moral reasoning.</p> <p>5. Physical health, including failure to thrive, somatic complaints, poor adult health, and high mortality. Similar patterns can be seen in children who are exposed to intimate partner violence. Exposure to domestic violence by terrorizing, exploiting, and corrupting children increases childhood depression, anxiety, aggression, and disobedience in children.</p> <p><b>ASSESSMENT</b>  A diagnosis of psychological maltreatment is facilitated when a documented event or series of events has had a significant adverse effect on the child's psychological functioning. Often it is a child's characteristics or emotional difficulties that first raise concern of psychological maltreatment. A psychologically abusive child-caregiver relationship can sometimes be observed in the medical office. More often, confirmation or suspicion of psychological maltreatment requires collateral reports from schools, other professionals, child care workers, and others involved with the family. Documentation of psychological maltreatment may be difficult. Physical findings may be limited to abnormal weight gain or loss. Ideally, the pediatrician who evaluates a child for psychological maltreatment will be able to demonstrate or opine that psychological acts or omissions of the caregiver have resulted (or may result) in significant damage to the child's mental or physical health. Documentation of</p>

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					<p>the severity of psychological maltreatment on a standardized form (see Professional Education Materials for example) can assist practices to develop an accurate treatment plan in conjunction with (or cooperation with) other child health agencies. The severity of consequences of psychological maltreatment is influenced by its intensity, extremeness, frequency, and chronicity and mollifying or enhancing factors in the caregivers, child, and environment. Documentation must be objective and factual, including as many real quotes and statements from the child, the family, and other sources as possible. Descriptions of interactions, data from multiple sources, and changes in the behavior of the child are important. Ideally, the pediatrician will be able to describe the child's baseline emotional, developmental, educational, and physical characteristics before the onset of psychological maltreatment and document the subsequent adverse consequences of psychological maltreatment. In uncertain situations, referral to child mental health for additional evaluation is warranted. The stage of a child's development may influence the consequences of psychological maltreatment. Early identification and reporting of psychological maltreatment, with subsequent training and therapy for caregivers, may decrease the likelihood of untoward consequences. Because the major consequences of psychological maltreatment may take years to develop, delayed reporting of suspected</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					psychological maltreatment (in an effort to document these adverse consequences more completely) may not be in the child's best interests.
Kim, E., & Cain, K. C. (2008).	Korean American adolescent depression and parenting	Examine the association between relationships and adolescents' depressive symptoms.	Convenience sample of 56 Korean American adolescents recruited from Korean American churches and language schools in the Pacific Northwest.	Depressive Symptoms: Center for Epidemiologic Studies Depression Scale (CES-D); Parental Warmth: The Parental Acceptance-Rejection portion of the Parental Acceptance-Rejection/Control Questionnaire (PAR!/Control) was used to assess adolescents' views of maternal and paternal warmth.; Parental Control: The Control portion of the PARQ/Control was used to measure adolescent's perceptions of parental control; Intergenerational Acculturation Conflicts: Adolescents' perceptions of intergenerational acculturation conflicts were measured with the Asian American Family Conflict Scale.	39% of adolescents reported elevated depressive symptoms. Adolescents' perceived low maternal warmth and higher intergenerational acculturation conflicts with fathers were significant predictors for adolescent depressive symptoms. Korean American adolescents reported their mothers and fathers as warm and moderately controlling. Adolescents perceived mothers as more controlling than fathers.
Kim, K. E., Choi, J. H.,	Effect of infant	Test a model linking infant	The number of study	This study employed a	Infant health problem and mother's depression had a



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
& Kim, Y. H. (2014).	health problem, mother's depression and marital relationship on infant abuse in Korea: Mediating pathway of marital relationship.	health problem, mother's depression, and marital relationship to infant abuse	participants was 1,060 families. Data were collected from the 2009 Data of Index Studies for Korean Children and Adolescents Development collected by Gallup for the Ministry of Health and Welfare Statistics.	cross-sectional survey design. Data were collected from 2009 Data of Index Studies for Korean Children and Adolescents Development. Survey data from 1,060 infants and their mothers (including infant health status and infant physical illness scale, depression scale, marital relationship scale, and child abuse scale) were used to test the model. The model was tested using path analysis techniques within structural equation modeling.	negative direct effect on marital relationship, which in turn had a direct negative effect on infant abuse. Infant health problems directly affected infant abuse and also influenced infant abuse indirectly through the marital relationship. Mother's depression had significant direct effects on infant abuse and also influenced infant abuse indirectly through the marital relationship.
Kim, Y., & Grant, D. (1997).	Immigration patterns, social support, and adaptation among Korean immigrant women and Korean American women.	The literature on immigration patterns, social support networks, and issues around adaptation experienced by Korean American women was reviewed. Issues examined include gender role disruption, limited use of social services, and evidence of depressive symptoms in	N/A	N/A	Authors recommend that social work practitioners consider the following: 1) Evidence of depressive symptoms in immigrant and Korean American women suggests a population that is at risk for substance abuse, suicide, battering, loss of employment, deficits in parenting, and mental health problems. This evidence also suggests a population that can interfere with social work in myriad places including schools, hospitals and other health care agencies, employment agencies and fairs, and in community centers. The challenge to social work is to be there, prepared, when and where the contacts can be made. 2) One way to increase

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		<p>Korean American women and subsequent risk of substance abuse, suicide, battering, loss of employment, deficits in parenting, and mental health problems.</p>			<p>professional competence in addressing depression-specific needs in this population would be to extend social work interventions to health clinic and hospital settings. Ascertaining the degree to which depression in this population is treated by physicians is seen as a necessary step, followed by target-specific outreach and psychoeducation in medical settings. 3) For Korean women with Hwa-Byung, exploration with them of nonsomatic yet culturally congruent ways to communicate emotional difficulties and frustrations may prove quite useful for increasing the credibility of social workers with this population. A particular area of focus should also be on the dynamic of anger suppression. Once patterns of effective intervention emerge, practitioners are encouraged to examine formalizing the interventive approach into training for practitioners helping Korean women with anger management. 4) The importance of church and family to reducing risk suggests community-level and family-level intervention strategies. Social workers are challenged to build a level of flexibility into grants and programming for outreach and service delivery in nontraditional settings such as out of churches and in the home. 5) Gender role disruption due to limited earning opportunities for Korean men in the United States has an impact on marital and broader family functioning. This suggests micro and macro practice foci in terms of brokering and advocating for clients as well as marital</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>therapy to reframe the family's situation for maximum adjustment and use of the strengths the family brings to the situation. 6) Limited use of social service programs by Korean American women is the result of several factors, including decision making vested in the male roles in the family and a historically justified wariness of the intent of outsiders/others. Social workers are challenged to become community and agency educators, educating faculty staff and students in the dynamics of the Korean American family and the impact of interaction with the broader U.S. society on Korean individual and family functioning. Training is seen as critical to moving toward the skills necessary to work with this population as effectively and proficiently as possible. 7) Empirical investigations that separate out the racial/ethnic demographic category "Asian American" will be critical to increasing our knowledge base about Korean Americans and other specific Asian groups.</p>
Lee, S. J. (2013).	Paternal and household characteristics associated with child neglect and child protective services involvement.	To examine the association of paternal and household characteristics with household-level measures of child neglect and Child Protective Services (CPS) involvement, measured when the index child was 5 years of age.	Analyses of the Fragile Families and Child Well-Being Study were conducted using a subsample of 1,089 residential, biological fathers.	Most variables were self-reported by the fathers. Items collected at the baseline core inter-view included time-invariant demographic variables such as father's age at time of child's birth, education level, and race/ethnicity. Father-reported items collected at the 3-year core	Logistic regression models indicated that paternal depression was associated with greater than doubled odds of child neglect and CPS involvement. Paternal alcohol use and parenting stress were associated with approximately 50% increased odds for child neglect, and a scale measuring 13 caregiving tasks to reflect positive father involvement with the child was also associated with less risk for child neglect. However, paternal alcohol use, parenting stress, and positive involvement with the child were not associated with CPS

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>interview included frequency of religious attendance, current employment status, all measures of household economic hardship, paternal psychosocial characteristics, parental relationship quality, coparenting support from mother, and child health. Because paternal reports were not available for all relevant study variables, some variables were taken from the mother's interviews, including male child and child low birth weight (collected at baseline), and child neglect and CPS involvement (collected as part of the 5- year In-Home Study interview). Not all fathers were interviewed at baseline; therefore, the parents' marital status at the time of the child's birth was taken from the maternal report to avoid the</p>	<p>involvement. An implication of this study is that paternal psychosocial functioning is important to consider in conjunction with sociodemographic factors when examining maltreatment risk in two-parent families.</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>problem of missing data.</p> <p>For dependent variables (Physical child neglect and household CPS involvement), inter-viewers administered the revised Parent–Child Conflict Tactics Scales (CTS-PC; Straus, Hamby, Finkelhor, Moore, &amp; Runyan, 1998) to measure any instance of child neglect by either the father or mother within the past year (i.e., when the child was between 4 and 5 years old). The variable for CPS involvement was based on the question, “Since the child was born, has Child Protective Services contacted you about any child or children in this household?”</p>	
Lee, S.-H., & Shin, K.-S. (2006).	The self-concept of Korean-American university student victims of childhood	Examined the impact of childhood physical abuse on the self-concept of older adolescents and assessed perceptions of parental relationships	Sixty-college undergraduates (aged 18-23 yrs.) completed	(1) The Self-Description Questionnaires, a multidimensional measure of self-concept, (2) the parent scales of the inventory parent and Peer Attachment, a measure of perceived	<p>Controlling for SES and education, showed that a history of physical abuse was a strong predictive of adolescence current self-concept.</p> <p>Association between physical abuse and self-concept : As predicted, analysis of the relation between abuse and self-concept, after removing out the effect of SES, revealed that</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
	physical abuse.	as a mediator for consequences of abuse		parental support, and (3) the Assessing Environments, a retrospective report of family environment and parenting practices. Analyses,	subjects with a greater history of physical punishment scored significantly lower on the measure of self-concept. A childhood history of abuse was negatively related to self-concept in young adulthood. Examination of five selected subscales revealed that Relation with Parents, General Self-Esteem and Emotional Stability were the aspects of self-concept most closely associated with physical abuse. Subjects' scores on the Physical Punishment scale were significantly related to their self-concept. However, the reported abuse experiences accounted for a relatively small portion of the variance in overall self-concept.
Mahoney, A. (2010).	Religion in families, 1999–2009: A relational spirituality framework.	Examined the role of religion, for better and worse, in marital and parent – child relationships according to peer reviewed studies from 1999 to 2009	N/A	Meta-analysis 184 peer-reviewed studies	<p>Overall, the findings imply that higher general religiousness helps form (e.g., marital unions) and maintain (e.g., lowers divorce risk) traditional family bonds. Scarce research exists, though, on specific positive or negative roles that religion may play in families, especially in nontraditional or distressed families.</p> <p><i>Domestic violence risk.</i> According to national surveys, men and women who frequently attend religious services are about half as likely as nonattenders to perpetrate physical aggression against intimate partners, according to both partners. This link persists net of the offender's social integration and support, alcohol and substance abuse, and low self-esteem and depression (Ellison &amp; Anderson, 2001). More frequent attenders also report less often being a victim of partner aggression in marital, cohabiting, or dating</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>relationships. Further, being a CP or biblically conservative does not predict being a perpetrator or victim, nor does having an interfaithmarriage. Still, in the rare cases in which marked disparities exist in spouses' biblical beliefs, conservative men married to more liberal women are more likely to be aggressive than men married to women with similar biblical views (Ellison, Bartkowski, &amp; Anderson, 1999). Overall, higher religious attendance decreases the risk of exhibiting or experiencing domestic violence, although substantial disagreement between partners on spiritual matters may increase the risk of partner aggression.</p> <p><i>Children: Parenting Processes Disciplinary attitudes.</i> Multiple studies conducted from 1980 to 1999 established that CPs more often value children's obedience than do adults affiliated with no or other religious subgroups (Mahoney et al., 2001). Further, according to national U.S. surveys, frequent churchgoing CPs increasingly came to value children's obedience over autonomy from 1986 to 2002, and CPs desired obedience more than Catholics, mainline Protestants, or nonaffiliated people (Starks &amp; Robinson, 2005, 2007). Nevertheless, differences in Christian subgroups on moral cosmology were far more important in predicting disciplinary values than differences between religious subgroups. In all religious subgroups, including CPs, members who more strongly</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>endorsed the theologically orthodox position that individuals were subject to timeless divine law more strongly valued children's obedience than fellow members who leaned toward a modernist view that individuals, not a deity, are the ultimate arbiters of morality (Starks &amp; Robinson, 2007). Also, according to 1998 national data, merely being a CP was unrelated to support for corporal punishment, whereas hierarchical images of God and belief in hell strongly predicted this attitude, even after controlling sociopolitical conservatism (Ellison &amp; Bradshaw, 2009).</p> <p><i>Disciplinary practices.</i> Perhaps in light of consistent evidence from 1980 to 1999 that CPs more often spank young children than do non-CP parents (Mahoney et al., 2001), researchers in the past decade have further examined ways that religion shapes various disciplinary practices of parents. In a small Midwestern sample of married parents, higher sanctification of parenting was tied to greater use of reasoning and positive socialization techniques (e.g., praise) to elicit young children's moral conduct in disciplinary situations but not to punitive techniques (e.g., shaming or spanking) (Volling, Mahoney, &amp; Rauer, 2009). In another community sample, higher sanctification of parenting was linked to less spanking by biblically liberal mothers, though more spanking by biblical conservatives (Murray-Swank,</p>



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>Mahoney, &amp; Pargament, 2006). Biblically conservative parents cannot, however, be assumed to be excessively harsh. In fact, in a national survey, such parents reported yelling at their children less often than other parents (Bartkowski &amp; Wilcox, 2000). In addition, an in-depth comparison of parents affiliated with CP versus non-CP denominations (or none) in a southwestern U.S. sample found that CP parents were no more likely to spank preschoolers when stressed and equally likely to use nonpunitive, disciplinary techniques (Gershoff, Miller, &amp; Holden, 1999). Still, CP parents more strongly believed that spanking was necessary to gain obedience and reported fewer negative side effects of this method for themselves (guilt) or their children (fear, anger). Such beliefs mediated the links between CP affiliation and spanking (Gershoff et al., 1999). Overall, evidence suggests that a constellation of spiritual beliefs consistent with a CP schema about parenting may motivate thoughtful, calm, and consistent use of corporal punishment, and other spiritual views on parenting may increase other disciplinary strategies.</p> <p><i>Child physical abuse.</i> Despite widespread concerns that certain CP teachings about discipline may increase parents' child physical abuse, no published studies have directly examined this question. In three rigorous longitudinal studies, higher parental religious attendance substantially decreased the occurrence or potential of</p>

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					<p>physical abuse. For instance, young children whose parents rarely attended services were more than twice as likely to be physically abused than were children whose parents attended church regularly, according to official state records and youth self-reports across a 17-year period (Brown, Cohen, Johnson, &amp; Salzinger, 1998). In addition, in studies of low-income or minority mothers, higher levels of the importance of religion correlate with a lower risk of severe physical aggression toward offspring (Appendix B). In summary, greater general religiousness appears to lower the risk of child physical abuse, but more work is needed to determine whether certain spiritual beliefs (e.g., biblical beliefs) or practices (e.g., prayers) centered on discipline could increase this risk.</p> <p><i>Affection and monitoring.</i> Speculation that CP parents are excessively authoritarian because of the spiritual weight their subculture places on child obedience and corporal punishment is offset by a national surveys that have tied biblical conservatism to greater parental physical affection toward children (Wilcox, 1998) and to CP fathers giving their children more affection and supervision than other fathers (Bartkowski &amp; Xu, 2000). Further, in a small-scale study, the more biblically conservative mothers viewed parenting as a sacred endeavor, the more positive mother – child interactions they reported (Murray-Swank et al., 2006). Thus, CP parents often appear to blend firmness and warmth</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>in childrearing (Wilcox, 1998). Again, though, in national surveys, higher religious attendance also predicted parental affection (Wilcox, 1998) and fathers' appraisals of their supervision, mental investment, and quality of parent – child bonds (Bartkowski &amp; Xu, 2000; King, 2003). Moreover, attendance mediated CP affiliation ties to such outcomes. Thus, active participation in diverse religious traditions may offer parents spiritual resources to facilitate positive parent – child interactions in families drawn from nondistressed samples.</p> <p><i>Coping with stressful contexts.</i> Studies on lowincome and disproportionately single minority mothers suggest that religion may facilitate positive parenting in the absence of a biological father or ample economic resources. In such contexts, greater religious attendance and personal salience of God or spirituality have been tied to more maternal satisfaction, efficacy, authoritativeness, and consistency, as well as less parental distress and risk of child maltreatment. Although the findings imply that religion may offer single mothers valuable coping resources, the studies' global indices of religiousness obscure that some spiritual beliefs and behaviors may exacerbate poor parenting in stressful circumstances. Extensive research on spiritual methods to cope with nonfamilial stressors (e.g., natural disasters, illness) shows that maladaptive spiritual coping is less common than adaptive spiritual coping, but</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>the former consistently predicts undesirable psychosocial outcomes (Pargament, 1997, 2007). Similarly, in the sole study that assessed specific spiritual coping methods, mothers who experienced spiritual struggles with God or a faith community about parenting also reported lower parental investment and satisfaction (Dumas &amp; Nissley-Tsiopinis, 2006).</p> <p><i>Adolescents: Parenting Processes and Relational Outcomes</i>  <i>Parental supervision and parenting style.</i> Religion seems to encourage parents to make ageappropriate demands of adolescents without being excessively controlling. In national surveys, higher parental religious attendance was tied to parents imposing higher moral expectations and supervision on adolescent and having more influence in their offspring's social networks (peers, other parents, teachers) (Smith, 2003). In smaller scale studies, greater general parental religiousness was tied to observations of Caucasian mothers and fathers relying more on authoritative strategies with their adolescents during videotaped problemsolving discussions (i.e., blending demands with negotiation) (Gunnoe, Hetherington, &amp; Reiss, 1999; Simons, Simons, &amp; Conger, 2004) and of mothers being less authoritarian. Minority parentswho often participated in a spiritual community also reported more effective parenting (Simons et al., 2004). Finally,</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>one study using a community sample from a larger project on genetics addressed the speculation that paternal authoritarianism may be less harmful to adolescents whose parents are both CPs, presumably because youths accepted their fathers' parenting style on religious grounds. Namely, in Gunnoe, Hetherington, and Reiss (2006), links found between paternal authoritarianism and adolescent depressive or externalizing symptoms in non-CP families disappeared in CP families; however, paternal authoritarianism predicted lower social responsibility and academic competence in both types of homes. <i>Parent – adolescent relational satisfaction and closeness</i>. Greater individual religiousness of a parent or adolescent has been repeatedly tied to adolescents feeling more satisfied with their relationship with parents. According to longitudinal surveys, U.S. adolescents for whom religion initially is, or becomes more important during the teen years, even controlling for their degree of rebelliousness (Regnerus &amp; Burdette, 2006). No such links emerged for religious attendance or affiliation changes. The results imply that fostering internalized religiousness among adolescents is key for facilitating closeness to parents. Furthermore, Stokes and Regnerus (in press) found that religious dissimilarity between a U.S. parent and adolescent covaried with more relational discord and distance. A qualitative study on highly religious families identified</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					constructive and counterproductive communication dynamics when parents tried to discuss spiritual matters with teens (Dollahite & Thatcher, 2008). Further, college students and mothers who more often had constructive dialogue about their spiritual journeys reported better relationship quality (Brelsford & Mahoney, 2008).
Mahoney, A., Pargament, K. I., Tarakeshwar, N., & Swank, A. B. (2008).	Religion in the home in the 1980s and 1990s: A meta-analytic review and conceptual analysis of links between religion, marriage, and parenting .	Reviewed 94 studies published in journals since 1980 and religion and marital or parental functioning 1)to provide up-to-date information on the empirical literature published since 1980 on links between religion and marital or parental functioning and 2) to encourage more psychological research in the area by delineating specific, but largely unexplored, theoretical mechanisms through which religion may influence family processes.	N/A	I. Three steps to locate studies: 1) computer search using the electronic databases of PsychInfo, ISocioInfo, and Social Science Citation Index for the period from January 1980 to September 1999. Used key words religion and religiosity paired with the words marriage, sexuality, parenting, or child adjustment. 2) Searched for articles by hand in journals that had published more than one article in the area of religion and marital or family functioning, 3) reviewed the reference list of the studies located in the first two steps: Covered 94 studies, with 51 studies pertaining to the marital domain	Some of the key findings on empirical links between religion and the domain of marriage and parenting: *Marital verbal conflict: two studies suggest that greater religiousness may be linked with greater use of adaptive communication skills. *Domestic violence: Two studies on this topic yielded results that frequent churchgoers were half as likely as infrequent attenders to experience physical aggression or to use physical aggression against their partners. Theologically conservative men married to more religiously liberal wives were 2.5 times more likely to be physically aggressive than those married to women with similar views about the Bible. *Disciplinary attitudes and behaviors: With regard to parenting practices, considerable attention has been paid to how Christian conservatism relates to disciplinary attitudes and practices. Parents who are affiliated with conservative Christian groups or who hold literalistic beliefs about the Bible are more likely than other parents to express autocratic parenting attitudes, believe in corporal

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>and 48 studies dealing with religion and the parenting domain.</p> <p>II. Basic descriptive information about research literature: 78 quantitative studies formed the pool of data for generating meta-analytic statistics.</p> <p>III. Use of meta-analytic techniques to summarize key quantitative findings: First, identified all of the bivariate associations between religious and marital or family variables. Then used two criteria to identify associations that are sufficiently well-established to justify the use of meta-analytic techniques to calculate an average effect size. The criterion variable of the link had to be 1) examined in at least three studies and 2) represented by at least five separate effect sizes. Then the following meta-analytic strategy was used to estimate the</p>	<p>punishment, and spank preadolescents.</p> <p>* Virtually no research, however, has focused on child physical abuse per se or on nonconservative, religiously based beliefs about punitive parenting.</p> <p>* In terms of adaptive parental or family functioning, initial evidence suggests that religion may facilitate positive family interactions.</p> <p>In at least one study, greater parental religiousness has been tied to greater satisfaction with parent-child relationships, higher rates of parental affection, more parental consistency, stronger co-parenting alliances, and more cohesive family relations.</p> <p>* several studies indicate that greater parental religiousness lowers the risk of child maladjustment and adolescent alcohol or drug use, with two investigations suggesting that religion leads to these outcomes by promoting effective parenting skills.</p> <p>Limitation to consider: Because brief measures (especially single-item measures) yield a restricted range of scores and are more prone to be unreliable, statistical associations based on such indexes are likely to be attenuated. More important, research with global religious variables does not reveal what it is about religion that affects marriage and parenting.</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>average magnitude of the linear relationship between the pairs of constructs. 1) bivariate statistics were transformed into correlations, and then correlations were transformed into Z scores. 2) metaanalytic techniques were performed on the Z scores. 3) results were transformed back into correlations to facilitate interpretation.</p>	<p>To reiterate, most research has relied on a handful of global markers to capture the religious domain, such as denomination affiliation, frequency of church attendance, personal religiousness (e.g., frequency of prayer), and single items about Christian conservatism.</p> <p>*Religion is too significant to be ignored, oversimplified, or reduced to purely psychosocial functions. Religion appears to play adaptive functions in marriage and parenting. Thus, clinicians who ignore this area may overlook helpful resources available to at-risk families in the community or those referred for clinical services. The virtual absence of research with distressed families, however, leaves open the possibility that religion may sometimes exacerbate maladaptive family processes. In either case, it is recommended that therapists routinely and carefully explore how religion operates in the lives of clients referred for marital or family therapy.</p>
Miragoli, S., Balzarotti, S., Camisasca, E., & Di Blasio, P. (2018)	Parents' perception of child behavior, parenting stress, and child abuse potential: Individual and partner influences.	Examined the associations between mothers' and fathers' perception of child behavior and child abuse potential, as well as whether parenting stress mediates the association between these constructs	Two hundred and fifty-nine mother-father couples raising preschool children	The Child Behavior Checklist (CBCL), the Parenting Stress Index (PSI), and the Child Abuse Potential Inventory (CAPI)	The results of dyadic path analysis showed that perception of child behavior was related to heightened parenting stress and abuse potential in both mothers and fathers. Concerning partner effects, we found that mothers' perception of child behavior problems was positively associated with fathers' parenting stress and that the higher the mothers' distress, the higher the fathers' risk of physical abuse. Finally, parenting distress partially mediated the association between parents' perception of child behavior and child abuse



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					potential, with mothers' perception of their children as problematic showing a significant indirect effect through distress on their own abuse risk and on fathers' CAP as well. These findings suggest that parental distress may represent a critical mechanism by which parents' negative views of their children contribute to abuse potential. Moreover, mothers seem to influence fathers' tendency towards abusive behaviors.
Murray-Swank, A., Mahoney, A., & Pargament, K. I. (2006).	RESEARCH: Sanctification of parenting : Links to corporal punishment and parental warmth among biblically conservative and liberal mothers.	Used the theoretical construct of sanctification to examine the degree to which parenting holds spiritual significance and meaning for parents and whether sanctification is related to parenting behaviors.  This study had two primary objectives. First, we tested the hypothesis that sanctification of the parenting role would be associated with specific parenting behaviors reflecting positivity and consistent investment in the parenting role. We predicted that	Potential participants in the study were identified through past research participation and public birth records of 4- to 6-year-old children in a rural and midsize suburban area in the Midwest. Mothers were called and asked to participate in a study about parenting.  Seventy-four mothers completed questionnaires measuring sanctification of the parenting role, a biblical conservatism scale, and measures of parenting practices.	Individual religiousness. To assess individual religiousness, respondents answered four global items often used in research in the psychology of religion: (a) frequency of attending religious services in the past year, (b) frequency of prayer outside of church, (c) global religious self-rating on a 5-point scale, and (d) global PARENTING AMONG CONSERVATIVE AND LIBERAL MOTHERS 277 spiritual self-rating on a 5-point scale. Ratings for these items were summed to yield a total score of individual	Greater sanctification of parenting was associated with less use of verbal aggression and, to some extent, increased parental consistency. Biblical conservatism moderated the link between sanctification and (a) use of corporal punishment and (b) positive parent-child interactions. Specifically, greater sanctification of parenting was tied to decreased corporal punishment by mothers with liberal biblical beliefs but related to more use of corporal punishment among conservative mothers; greater sanctification was tied to increased positive mother-child interactions by mothers with conservative biblical views but did not alter the uniformly high rates of positivity reported by liberal mothers.  Correlations Between Religious and Parenting Variables: Overall, the results were mixed concerning the bivariate associations between sanctification and parenting variables. The Sacred Qualities and Manifestation of God scales were both linked with lower levels of verbal aggression, but these scales were not associated

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		<p>sanctification of the parenting role would be associated with greater nurturing behaviors, positive parent-child interactions and greater parental consistency, and less parental use of verbal aggression and corporal punishment as disciplinary practices. Second, we explored how parents' level of sanctification interacts with their level of biblical conservatism in predicting parenting behaviors. We predicted that parents' level of biblical conservatism would moderate the link between sanctification of the parenting role and their use of corporal punishment. We believed that parents who sanctified their role</p>		<p>religiousness. Sanctification of the parenting role. Consistent with prior research on the topic, two scales were designed to assess the degree to which parents sanctify their role as a parent (Mahoney et al., 1999). The first scale, which may be labeled the "Sacred Qualities of Parenting" scale, was constructed to assess the degree to which parents perceive their parenting role as having qualities related to the divine or transcendent phenomenon. The second scale, labeled the "Manifestation of God in Parenting" scale, was constructed to assess the degree to which parents viewed their role as a parent as being linked to their experiences of God. Compared with the semantic differential task, this measure represents a more traditional, theocentric index of the</p>	<p>with the nurturance or positive parent-child interaction variables. The Sacred Qualities scale was associated with higher levels of parental consistency, but this did not occur for the Manifestation of God scale. Neither sanctification scale was correlated with mothers' use of corporal punishment.</p> <p>Regression Analyses: Testing for Biblical Conservatism as a Moderator of the Links Between Sanctification of the Parenting Role and Parenting Behaviors: Hierarchical, multiple regression analyses using the product-variable technique (Barron &amp; Kenny, 1986) were conducted to examine whether biblical conservatism moderated links between sanctification of the parenting role and the parenting variables. We found that biblical conservatism moderated the link between sanctification and mothers' use of corporal punishment, as well as the link between sanctification and positive parent-child interactions. Among those ascribing to less conservative religious beliefs, sanctification of the parenting role was negatively associated with mothers' use of corporal punishment, whereas sanctification was positively associated with use of corporal punishment among those with more conservative religious views. In the positive parent-child interactions. For mothers on the liberal end of the spectrum, levels of positive parent-child interactions remain uniformly high across all levels of sanctification. For mothers who were more biblically</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		<p>within a religiously liberal context would use less corporal punishment. Among more biblically conservative mothers, however, we expected that sanctification would be tied to more frequent use of corporal punishment. In exploratory analyses, we examined moderating effects of biblical conservatism on links between sanctification and the parenting variables of verbal aggression, nurturance, positive parent-child interactions, and consistency.</p>		<p>sanctification of parenting. Biblical conservatism. As in previous research on this topic (Ellison et al., 1996a, 1996b; Ellison and Sherkat, 1993), a two-item index was used to measure this construct. Subjects were asked to indicate their agreement with the following statements on a scale ranging from 1 (strongly disagree) to 5 (strongly agree): (a) "The Bible is God's word and everything will happen exactly as it says" and (b) "The Bible is the answer to all important human problems." Parental nurturance and consistency. The nurturance and consistency scales of the Parenting Dimensions Inventory (PDI; Slater &amp; Power, 1987) were used to measure these constructs in the study. Positive parent-child interactions. Parents completed the positive</p>	<p>conservative, however, levels of positive parent-child interactions are relatively low at lower levels of sanctification but tend to increase as sanctification increases. In terms of descriptive data, this study indicates that many mothers sanctify their role as a parent. On the average, mothers in this sample generally endorsed beliefs that sacred and spiritual adjectives aptly describe their parental role and indicated that they perceive God as integrally involved in their lives as a parent. These data provide compelling evidence that parents often see the role of parenting as having deep spiritual meaning and significance, and such beliefs are linked to how parents interact with their children. In terms of bivariate relationships, we found that mothers who viewed their role as sacred reported using fewer verbally aggressive disciplinary tactics in the past year. Thus, sanctification of parenting may operate as a "protective factor," operating to short-circuit potentially hostile parent-child interactions. Also, mothers who perceived their role as imbued with sacred qualities reported that they implemented more consistent control for child misbehavior. The sanctification of parenting scales were not directly related to parental nurturance or positive parent-child interactions, however. One possible explanation for this could have been a "ceiling effect" in these criterion variables in this sample of well-functioning families. Indeed, in research with more at-risk families, other researchers have found parental religious variables to be related to more</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>parentchild interaction subscale from the Parent-Child Interaction Questionnaire (Weiber, 1997). This subscale is a 14-item measure that was designed to assess the frequency of positive parent-child interactions on a 7-point Likert scale ranging from 1 (never) to 7 (very often) Use of verbal aggression and corporal punishment. These constructs were measured by the verbal aggression ("psychological aggression") and corporal punishment scales from the Parent-Child Conflict Tactics scales (PC-CTS), a widely used measure of these constructs (Straus, 1997).</p>	<p>positive family interactions (Brody et al., 1994; 1996). Perhaps the most unique and intriguing results of this study were the moderating effects of biblical conservatism on links between sanctification and two parenting variables: use of corporal punishment and positive parent-child interactions. Consistent with our predictions, we found that the link between sanctifying one's role as a parent and using corporal punishment as a disciplinary strategy was moderated by how conservative or liberal a mother was in their interpretation of the Bible. These results were not due to socioeconomic or social structural variables, because these were statistically controlled for in our analyses. On further exploration of the data, we found a decrease in level of corporal punishment used as sanctification increased among the subset of mothers who endorsed a more theologically liberal orientation (see Figure 1). Conversely, increasing sanctification is associated with higher levels of corporal punishment among those with more conservative beliefs.</p>
Rhee, S. (1997).	Domestic violence in the Korean immigrant family.	Examined the prevalence of wife abuse among Korean immigrant families in the United States and factors contributing to domestic violence in this population.	N/A	Literature Review	Immigrant <b>Korean</b> families are reported to experience the highest rate of <b>domestic violence</b> among diverse Asian-American groups in Los Angeles. Research findings indicate that wife abuse is much more prevalent among the immigrant Korean population in comparison with other ethnic groups. Correlates and factors contributing to the high

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>occurrence of domestic violence include (1) a cultural variable of higher than usual levels of male domination in Korean families, (2) environmental factors such as immigration stress and frustrations stemming from adjustment difficulties for Koreanmen, and (3) heavy drinking among Korean men and permissive attitudes toward male drinking in Korean culture.</p>
<p>Spilman, S. K., Nepl, T. K., Donnellan, M. B., Schofield, T. J., &amp; Conger, R. D. (2013).</p>	<p>Incorporating religiosity into a developmental model of positive family functioning across generations.</p>	<p>Evaluated a developmental model of intergenerational continuity in religiosity and its association with observed competency in romantic and parent-child relationships across 2 generations.</p>	<p>Multiinformant data from the Family Transitions Project, a 20-year longitudinal study of families that began during early adolescence (N =451)</p>		<p>Parental religiosity assessed during youths' adolescence was positively related to youths' own religiosity during adolescence, which, in turn, predicted their religiosity after the transition to adulthood. The findings also supported the theoretical model guiding the study, which proposes that religiosity acts as a personal resource that will be uniquely and positively associated with the quality of family relationships. Especially important, the findings demonstrate support for the role of religiosity in a developmental process that promotes positive family functioning after addressing earlier methodological limitations in this area of study, such as cross-sectional research designs, single informant measurement, retrospective reports, and the failure to control for other individual differences. The results document an impressive level of intergenerational consistency in religiosity, and perhaps more important, they suggest that religiosity is associated with interpersonal competencies in both generations that are relevant to critical family relationships involving</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					romantic partners and children
Straus, M. A., & Field, C. J. (2003).	Psychological aggression by American parents: National data on prevalence, chronicity, and severity.	Describes the prevalence of psychological aggression in a nationally representative sample. Provides information on the relation between psychological aggression and demographic variables that is not restricted to cases known to service providers.	Sample of 991 parents	Data collected from a national telephone survey conducted by the Gallup Organization in August and September of 1995 for purpose of estimating the prevalence of child abuse in the U.S.A. The telephone numbers were selected by a random-digit stratified probability design. Among households that met the eligibility criterion, the participation rate was 81%, with a total of 991 interviews completed. In two-parent households, one parent was randomly selected for the interview. In multiplechild households, one child was randomly identified and a parent of that child was interviewed, and all data reported pertain to the selected child.  ANOVA was used to examine the relationship	By child-age 2, 90% reported using one or more forms of psychological aggression during the previous 12 months and 98% by age 5. From ages 6 to 17, the rates continued in the 90% range. The rate of severe psychological aggression was lower: 10%-20% for toddlers and about 50% for teenagers. Prevalence rates greater than 90% and the absence of differences according to child or family characteristics suggests that psychological aggression is a near universal disciplinary tactic of American parents.  Results showed extremely high prevalence of psychological aggression. By ages 2-4, almost all parents reported yelling, screaming, or shouting as a method of correcting or controlling the behavior of the child. By the teen years, about half of all parents reported using one or more of the three severe behaviors in the Psychological Aggression scale. Parents of teen-agers who used severe psychological aggression as a means of controlling and correcting behavior tended to do so frequently, with an average of 10 instances during the previous year.  After controlling for the other variables, the age of the parent is significantly related to using psychological aggression as a disciplinary tactic. Older parents with less averaged instances of psychological aggression in the previous 12 months.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				of child and family characteristics to psychological aggression because it provides the observed mean number of acts of psychological aggression for children of each age, each gender, and each category of the other independent variables and for the interactions of these variables.	
Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998).	Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents.	To create a parent-to-child version of the Conflict Tactics Scales, the CTSPC.	Sample of 1,000 U.S. children. The survey was conducted by telephone in August and September, 1995. The telephone numbers were selected by a random digit stratified probability design. A random procedure was used to provide representation of both listed and unlisted numbers. These methods are designed to produce, with proper weighting for differential sampling rates, an unbiased probability sample of telephone households in the continental United States,	A computer search for 1980 through 1996 revealed 132 publications that reported results from using the CTS1 to measure child maltreatment (see bibliography in Straus, 1995). Most were based on data from responses by parents. A substantial number used the CTS1 to obtain recall data from adults about the behavior of their parents. Twenty-two studies were based on administration of the CTS1 to children ranging in age from 6 through 17.	<p>(1) Improved Psychological Aggression and Physical Assault scales. (2) New Nonviolent Discipline scale, supplementary scale for Neglect, and supplemental questions on discipline methods and sexual abuse. (3) Reliability ranges from low to moderate. (4) Evidence of discriminant and construct validity.</p> <p>The CTSPC is better suited to measuring child maltreatment than the original CTS. It is brief (6 to 8 minutes for the core scales) and therefore practical for epidemiological research on child maltreatment and for clinical screening. Methodological issues inherent in parent self-report measures of child maltreatment are discussed.</p> <p><i>Psychological aggression.</i> The rates show that psychological aggression was almost as frequent as Nonviolent Discipline. Again, not surprisingly, the most frequent mode of psychological</p>

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			<p>which includes 94% of all households (6% of U.S. households cannot be reached by telephone). Among households that met the eligibility criterion (one or more children under 18 living there), the participation rate was 81%. A total of 1,000 interviews were completed. In two-parent households, one parent was randomly selected for the interview. In multi-child households, one child was randomly identified, and a parent of that child interviewed. All data reported pertain to the child who was randomly identified. See Gallup Organization (1995) for more detailed sampling information.</p>		<p>aggression was shouting, yelling, or screaming at the child, and the next most frequent was threatening to spank or hit. Swearing at and cursing the child occurred much less often, but still at very high rates (243 per thousand).</p>
Strayhorn, J. M., Weidman, C. S., & Larson, D. (1990).	A measure of religiousness, and its relation to parent and child mental health variables. <i>Journal</i>	Report revised scale's psychometric properties	Parents and children in nine Head Start classrooms. 199 families and 201 children	Factor analysis  The scale was administered on two test occasions	<p>Factor analysis revealed two factors corresponding to "private" and "public" use of religion.</p> <p>Internal consistency and 6-month stability of the 12-item scale were good. Correlations of parents' religiousness with parent mental health indices, where significant, were positive in direction but low in magnitude. Parents scoring</p>



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
	<i>of Community</i>				higher on religiousness reported significantly greater social support from friends, more favorable parenting practices, higher socioeconomic status, and lower hostility. Religiousness in parents was not related to child behavior or to parent verbal ability.
Underwood, L. G., & Teresi, J. A. (2002).	The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data.	Describes the Daily Spiritual Experience Scale (DSES) and its development, reliability, exploratory factor analyses, and preliminary construct validity	N/A	DSES	Normative data from a total of 1,845 sample and preliminary relationships of health-related data with the DSES; The DSES evidenced good reliability across several studies with internal consistency estimates in the .90s. Preliminary evidence showed that daily spiritual experience is related to decreased total alcohol intake, improved quality of life, and positive psychosocial status.
Wen, M. (2014).	Parental participation in religious services and parent and child well-being: Findings from the National Survey of America's Families.	Examined whether participation in religious services is positively associated with several health and behavioral aspects of well-being of children, adolescents, and their parents. Explored subgroup variations in the observed link between religious participation and well-being	Data from the 1999 and 2002 National Survey of America's Families, a large-scale nationally representative sample	NA	Parental religious attendance is positively associated with parent self-rated health, parent mental well-being, positive parenting attitudes, child health, and child school engagement. Although the strength of these associations varies to some extent according to socio-demographic factors, the interactive patterns are not consistently predictable. Moreover, parental health and well-being and positive attitudes toward parenting appear to be important pathways linking parental religious attendance to child well-being. These findings suggest that opportunities for participation in local religious services offered by faith-based organizations may be fruitful avenues through which

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
		to test the generalizability of this connection and gain a fuller picture of the religion—well-being connection. Tested whether parental well-being and parenting attitudes constitute a key mechanism through which religious participation exerts positive influences on youth development.			the government and society can help American families enhance parent and child well-being.
Wilson, C. K., Lamis, D. A., Winn, S., & Kaslow, N. J. (2014).	Intimate partner violence, spiritual well-being, and parenting stress in African-American women.	To explore the relations between specific dimensions of IPV (physical and nonphysical), spiritual well-being, and specific domains of parenting stress (parental distress, difficult child, parent-child dysfunctional interaction).	Sample of 152 low-income, African-American women	INDEX OF SPOUSE ABUSE The Index of Spouse Abuse (ISA; Hudson & McIntosh, 1981) is a 30-item inventory assessing severity of physical (e.g., my partner beats me so badly that I must seek medical help) and nonphysical (e.g., my partner is jealous and suspicious of my friends) IPV. Participants rate the degree of abuse on each item using a 5-point Likert scale (1 = <i>never</i> to 5 = <i>very frequently</i> ). PARENTING STRESS INDEX—SHORT FORM The Parenting Stress Index—	Path analytic models identified spiritual well-being as a mediator of the nonphysical (but not physical)–IPV parenting stress (three subscales) link. These findings suggest that spiritual well-being may be a protective factor against parenting stress for African-American women who experience nonphysical IPV, and an important target for culturally informed preventative interventions and treatment in this population. Hypothesis 1: the first hypothesis was that exposure to both physical and nonphysical IPV would be related to higher levels of each domain of parenting stress. Consistent with an ecological perspective, results revealed that both physical and nonphysical IPV were largely correlated with each of the parenting stress subscales (parental distress, difficult child, parent-child dysfunctional interaction). The one exception is the nonsignificant association between physical IPV and the parent-child dysfunctional interaction subscale. These

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				<p>Short Form (PSI-SF; Abidin, 1995) is a 36-item measure completed by caregivers, which assesses stress in the parent-child system on a 5-point Likert scale (1 = <i>strongly agree</i>, 2 = <i>agree</i>, 3 = <i>not sure</i>, 4 = <i>disagree</i>, 5 = <i>strongly disagree</i>). For this project, they were asked to complete the form with regard to their parenting stress in general, not specific to the target child. Three subscales (parental distress, difficult child, and parent-child dysfunctional interaction) measure specific facets of parenting stress and also can be summed together to yield a total score of parenting stress. The parental distress subscale measures both distress specifically related to parenting responsibilities and more general distress without a specified source.</p>	<p>findings are in accord with results from other investigations that have largely confirmed the relation between IPV and parenting stress (Huth-Bocks &amp; Hughes, 2008; Levendosky &amp; Graham-Bermann, 1998; Mitchell et al., 2006; Owen et al., 2006; Renner, 2009). However, they extend our understanding of this connection by demonstrating that both physical and nonphysical IPV are linked with multiples aspects of parenting stress. These results underscore the pervasive nature of the IPV-parenting stress association. Hypothesis 2, which predicted that both physical and nonphysical IPV would be negatively associated with spiritual well-being, was only partially confirmed. Interestingly, spiritual well-being was negatively associated with nonphysical IPV, but did not have a significant association with physical IPV. Hypothesis 3, spiritual well-being was negatively associated with the three parenting stress subscales (parental distress, difficult child, parent-child dysfunctional interaction). These findings are in line with the body of literature focused on relational spirituality, which suggests that an individual's level of religiousness or spiritual engagement also affects relationships within the family system (Mahoney, 2010). It appears that spirituality may be a more positive predictor of parenting stress than religious involvement, which does not seem to influence parenting stress (Cain, 2007). For African-American women,</p>

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				<p>SPIRITUAL WELL-BEING SCALE</p> <p>The Spiritual Well-Being Scale (SWBS; Paloutzian &amp; Ellison, 1991) was used to determine the participants' spirituality level. Specifically, the SWBS is a measure of the affirmation of life in relationship with a god (religious wellbeing) and the perception that one's life has meaning (existential well-being).</p>	<p>spirituality is critical to meaning-making and adaptive coping (Mattis, 2002), and through this process may serve to reduce parenting stress. The main finding of this study is associated with Hypothesis 4, and suggests that in low-income, African-American families with elementary school children, spiritual well-being plays a mediating role in the relation between nonphysical (but not physical) IPV and each domain of parenting stress. As maternal IPV exposure is associated with heightened levels of parenting stress (Huth-Bocks &amp; Hughes, 2008), these findings suggest that spiritual well-being may be a key coping resource that facilitates trauma recovery for women whose partners interact with them in an emotionally abusive and/or coercive fashion</p>
Wolfe, D. A., & McIsaac, C. (2011).	Distinguishing between poor/dysfunctional parenting and child emotional maltreatment.	Distinguish between poor parenting and child emotional maltreatment (CEM), to inform child welfare and public health policymakers of the need for differentiated responses	N/A	<p>Scientific literature was integrated with current practice and assumptions relating to poor/dysfunctional parenting and child emotional maltreatment, with a primary focus on the parent-child relationship context (rather than abnormal parent behavior alone). Numerous factors that impinge on the distinction between these acts were considered, such as the child's age, the</p>	<p>Although they share many similarities, two primary factors distinguish emotional maltreatment from poor/dysfunctional parenting: 1) The chronic, severe and escalating pattern of emotionally abusive and neglectful parental behavior toward the child. The repetitive, ongoing pattern of parental behavior is most often emphasized by researchers and practitioners to distinguish CEM from more common but problematic parenting styles. In addition, parents defined as emotionally abusive typically have shown more extreme, appalling, and disturbing behaviors toward a child. 2) The pattern of chronic and severe parenting methods is associated with a proportionate increase in the likelihood of psychological harm or</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
				<p>frequency, and severity of behavior shown by caregivers, cultural norms, and parental beliefs and goals in childrearing.</p>	<p>developmental disruptions, presumably because the child is exposed to ongoing stress that interferes with his or her ability to establish emotion regulation.</p> <p>The developmental perspective views poor parenting and child emotional maltreatment in the context of the parent-child relationship, which has major implications for defining and addressing these issues. Rather than focusing on parental actions alone, this perspective is bi-directional and takes into consideration the relative risk of harm to the child. Therefore, acts of emotional maltreatment may differ in form or intensity in accordance with a child's age or special needs. Because of this variability and the relationship context in which parental actions occur, it is deemed necessary to include dual criteria for CEM pertaining to 1) specific parental behaviors shown, and 2) their potential impact on the child. Whereas specific criteria are necessary for child welfare decisions relating to allegations of CEM, meeting specific criteria may not be necessary for determining poor/dysfunctional parenting. Conclusions: 1) parental actions and relative risk of harm to the child are both important ingredients in defining and distinguishing child emotional maltreatment from other forms of poor parenting; (2) poor parenting methods fall along a broad continuum and fit within a population health mandate aimed at reducing incidence of all forms of negative parenting methods; (3) child emotional maltreatment can be defined categorically</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					based on qualitatively more extreme and potentially more harmful behaviors (than poor parenting), which requires a focused intervention response.
Yi, G. H., & Bjorck, J. P. (2014).	Religious support and psychological functioning in Korean American Protestant Christians.	Examined relationships between religious attendance, general social support from persons of the same ethnicity, religious support, and psychological functioning among Korean-speaking Protestants in the United States.	The sample consisted of 295 Korean-Speaking Protestants residing in Southern California. There were 181 women (61.4%) and 114 men (38.6%) who ranged in age from 22 to 82	<p>Religious attendance.</p> <p>Religious attendance.: It assessed perceived social support from “friends, acquaintances and relatives who are of the <i>same ethnic background</i>”</p> <p>Religious support.</p> <p>The Multi-Faith Religious Support Scale</p> <p>Psychological functioning.: The <i>Beck Depression Inventory-II</i></p>	<p>Religious support operationally defined as coming from 2 perceived sources: (a) God and (b) members of one’s religious community. General social support and both sources of religious support were all related positively to life satisfaction and negatively to depression. Moreover, even after controlling for 5 demographic covariates (gender, education, income, age, and years in the United States), attendance, and general social support, these findings were maintained for both God support and religious community support regarding life satisfaction but not depression. Conversely, after controlling for the same 5 covariates, attendance, and religious support, general social support’s relationship was maintained with depression but not with life satisfaction. Findings support the importance for Korean Protestants of both religious support and general social support from fellow Koreans.</p>
Woo, B., Wang, K., & Takeuchi, D. T. (2017).	Perceived social position of Asian Americans: Neighborhood context and social comparison.	Examined relationships between religious attendance, general social support from persons of the same ethnicity, religious support, and psychological functioning among Korean-speaking Protestants in the United States.	Data on Asian Americans is drawn from the National Latino and Asian American Study (N = 2095 nested in 251 census tracts).	Hierarchical linear modeling is used to estimate the associations between individual household income, neighborhood median household income, relative income, and subjective social status.	<p>Subjective social status moves beyond conventional measures of socioeconomic status and, in part, taps the experience of social stratification.</p> <p>Overall, the respondents rated their positions in the U.S. and their community as a middle on the subjective social status scale. The study results suggest that there are significant positive associations between individuals’ household income and subjective social status on both national and neighborhood levels. In other words, Asians’ social</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					status awareness may spring from their household income. This result is consistent with past research evidence that socioeconomic aspects influence the assignment of subjective social status (Chen et al. 2009; Jackman and Jackman 1973; Singh-Manoux et al. 2003). Different household income levels may represent an aspect of social inequality or unequal distribution of resources and are likely to reflect individuals' perceived social position in their neighborhoods, as well as in the U.S. society.
You, S., & Lim, S. A. (2015).	Development pathways from abusive parenting to delinquency: The mediating role of depression and aggression.	Investigate the long-term relationship between abusive parenting and adolescent mental health, and the path to delinquent behavior.	The data used in the present study were from the Korean Children and Youth Panel Survey (KCYPs), a 6-year longitudinal study of students' school life experiences conducted by the National Youth Policy Institute, with funding from the national government. The survey design included a clustered, stratified national probability sample of about 85 elementary schools. Sample of 2,013 participants comprised of 1,055 (52.4%) male and 958	Longitudinal data from 5 <sup>th</sup> through 7 <sup>th</sup> graders from the Korean Children and Youth Panel Survey (KCYPs) were analyzed to examine if abusive parenting was a predictor of early adolescent delinquency behavior, via aggression and depression as mediating factors. MEASURES: Abusive and Parental Neglect: Parenting was measured using the scale developed by the National Youth Policy Institute (NYPI); Depression: Thirteen items on the depression scale from Symptom Checklist-90-	1) parental abuse (both emotional and physical) was found to have significant effects on children's psychosocial factors (aggression and depression), while parental neglect (both emotional and physical) had significant effects on depression alone and not on aggression. 2) aggression exerted significant effects on both violent and non-violent delinquent behaviors. 3) children's psychosocial factors (aggression and depression) played significant mediating roles between earlier abusive parenting and delinquent behaviors. 4) for children living in a family with their grandparents, paths from abusive parenting, psychosocial adaptation, and later delinquent behaviors were not significant, implying that living with grandparents played a protective factor in these relationship.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
			(47.6%) female students.	Revision were used to measure depression. ; Adolescent Aggression: Five items from the Korean Adolescent Aggression Scale were used. Adolescent Delinquency: Based on the Korean Youth Panel Survey, adolescent delinquency was measured by 4 items of non-violent delinquent experiences (e.g., smoking, drinking, truancy, and running away from home) and 6 items of violent delinquent experiences (e.g., group fighting, beating someone, threatening, mugging, theft, and sexual harassment or assault).	
Young, N., Gardner, S., & Dennis, K. (1998).	<i>Responding to alcohol and other drug problems in child welfare.</i>	Guidebook citing estimates of 40 to 80% of all the families in the child welfare system as AOD users/abusers.	40 to 80% of all the families in the child welfare system as AOD users/abusers.	N/A	Evidence drawn from numerous studies across the nation produces estimates that 40 to 80% of families in the child welfare system have problems with alcohol and other drugs and that those problems are connected with the abuse and neglect experienced by their children. Children are affected by their parents' alcohol and drug use in several ways. With an estimated 13 million children living with a parent who reportedly has used illicit drugs



Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>in the past year and some 28.6 million children living in alcoholic households [Colliver et al. 1994], a significant number of children may be at risk of maltreatment. Of the nearly 1 million children found to be substantiated victims of child abuse and neglect in 1995, at least 50% had chemically involved caregivers [CWLA 1997].</p> <ul style="list-style-type: none"> <li>• For two consecutive years, more than three-fourths of states (76% in 1996 and 80% in 1995) reported that substance abuse is one of the top two conditions assessed as problems for families reported for maltreatment [Wang &amp; Daro 1997].</li> <li>• Famularo and his colleagues found that more than two-thirds (67%) of child maltreatment cases involved a substance-abusing parent [Jaudes et al. 1995]</li> </ul> <p>Children who are prenatally exposed to drugs are two to three times more likely to be abused than other children. In their study of more than 500 infants exposed prenatally to illicit substances, reports of abuse were subsequently filed for close to one-third (30%) of the children, two-thirds of which were substantiated. Of the substantiated cases, 51% were abused once, 37% twice, and 12% three or more times [Jaudes et al. 1995].</p> <ul style="list-style-type: none"> <li>• A study of families reported to CPS who were followed for an average of two years found that in 55% of the families, one or both caretakers were identified as having a substance abuse problem. One or more recurrent reports were reported in just over half of these families [Wolock &amp; Magura 1996].</li> </ul> <p>Effects of Alcohol and Other Drug Abuse on a Parent's Ability to Care for Children</p>

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s) / Methods	Major Findings
					<p>Use of alcohol and other drugs can seriously compromise a parent's capacity to protect a child, and such use interferes with the individual's general functioning in a number of ways. Bays [1990] stated that up to 90% of drug abusers have mental, emotional, or personality disorders that can compromise their ability to care for their children and influence poor parenting skills. More specifically, AOD use, abuse, and dependence can have the following effects [Besharov 1992]:</p> <ul style="list-style-type: none"> <li>• Interfere with thought processes and thus consistent parenting processes—a parent's mental functioning, judgment, inhibitions, and protective capacity may become impaired.</li> <li>• Interfere with the ability to respond consistently and sensitively to a child—a parent may be less sensitive, responsible, and accessible to infants. This can decrease the development of secure attachments between mother and child.</li> <li>• Leave the parent emotionally and physically unavailable to a child—caseworkers may have difficulty getting a parent to focus on needs of the child.</li> <li>• Lower a parent's threshold of aggression toward children.</li> <li>• Result in a parent spending household money needed for food, clothing, and other basic needs on alcohol and other drugs.</li> <li>• Be associated with criminal activity that may jeopardize a child's health and safety. Lead to the neglect of a child's routine health care needs, including well-baby checkups and immunization schedules.</li> </ul>

APPENDIX B

IRB Approval Notice



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### NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: May 23, 2018

Protocol Investigator Name: Chin Bae

Protocol #: 17-07-596

Project Title: Parental Spiritual Coping as a Protective Factor Against Psychological Maltreatment Among Korean American Immigrant Families

School: Graduate School of Education and Psychology

Dear Chin Bae:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today May 23, 2018, and expires on May 22, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond May 22, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at [community.pepperdine.edu/irb](http://community.pepperdine.edu/irb).

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.



**Pepperdine University**  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist

APPENDIX C

Demographic Questions (English-Korean)

**Some information about you (본인 정보):**

1. Gender (성별):
  - Male (남)             Female(녀)
2. Age (나이) : \_\_\_\_\_
3. Marital Status:
  - Single, never married: 미혼     Married: 기혼         Separated: 별거
  - Divorced: 이혼     widowed: 미망인
4. Language Preference (선호 언어):
  - Korean: 한국어     English: 영어     Both: 이중언어 가능하므로 무관함
5. Employment status (취업 상태):
  - unemployed: 무직     part-time employment: 파트 타임 부업
  - full-time employment: 풀 타임 직장
6. Annual Income (지난해 가정 총 수입): \_\_\_\_\_
7. Education level (최종학력 수준):
  - Some high school, no diploma: 고등학교 중퇴
  - High school graduate, diploma or the equivalent: 고등학교 졸업
  - Some college: 대학중퇴             Bachelor's degree: 학사 취득
  - Master's degree: 석사 취득             Professional degree: 전문 학위 취득
  - Doctorate degree: 박사 취득
8. Number of children in the household (가정의 자녀 수): \_\_\_\_\_
9. Child/children's age(가정의 자녀 나이): \_\_\_\_\_
10. Immigration status (이민 세대)
  - first generation: 이민 1 세     1.5 generation: 이민 1.5 세
11. Number of years since immigration (이민 이후 년수): \_\_\_\_\_
12. Religion (종교) :
  - Catholic: 카톨릭             Christian: 기독교
13. Frequency of religious attendance (종교교회 출석 빈도수):
  - Regularly attend: 규칙적으로 참석한다.
  - Sometimes: 불규칙적으로 참석한다.
  - Only on special occasion or religious holidays: 특별한 날이나 종교관련된 휴일이면 참석한다.
  - Seldom: 가끔 참석한다.
  - None: 참석하지 않는다
14. I have an experience of childhood abuse by parent or caretaker as a child. (본인은 어릴적 보호자를 포함한 성인에 의한 아동 학대행위를 경험한 사례가 있다.):
  - Yes:네

- Physical abuse: 신체적 학대    ○ Psychological abuse: 심리정서적 학대  
○ Sexual abuse: 성 학대    ○ Neglect: 방임  
○ No:아니오



**APPENDIX D**

Daily Spiritual Experience Scale (DSES)

The list that follows includes items you may or may not experience. Please consider how often you directly have this experience, and try to disregard whether you feel you should or should not have these experiences. A number of items use the word 'God.' If this word is not a comfortable one for you, please substitute another word that calls to mind the divine or holy for you.

	Many times a day	Every day	Most days	Some days	Once in a while	Never
I feel God's presence.						
I experience a connection to all of life.						
During worship, or at other times when connecting with God, I feel joy which lifts me out of my daily concerns.						
I find strength in my religion or spirituality.						
I find comfort in my religion or spirituality.						
I feel deep inner peace or harmony.						
I ask for God's help in the midst of daily activities.						
I feel guided by God in the midst of daily activities.						
I feel God's love for me, directly.						
I feel God's love for me, through others.						
I am spiritually touched by the beauty of creation.						
I feel thankful for my blessings.						
I feel a selfless caring for others.						
I accept others even when they do things I think are wrong.						
I desire to be closer to God or in union with the divine.						

	Not at all	Somewhat close	Very close	As close as possible
In general, how close do you feel to God?				

The Daily Spiritual Experience Scale © Lynn G. Underwood [www.dsesc.org](http://www.dsesc.org)

Do not copy without permission of the author.

Underwood, L.G. 2006. Ordinary Spiritual Experience: Qualitative Research, Interpretive Guidelines, and Population Distribution for the Daily Spiritual Experience Scale. *Archive for the Psychology of Religion/ Archiv für Religionspsychologie*, 28:1 181-218.

APPENDIX E

Korean Version of Daily Spiritual Experience Scale (K-DSES)

KOREAN VERSION OF DAILY SPIRITUAL EXPERIENCE SCALE (K-DSES)

© Lynn Underwood, Translation Suk-Sung Kim 2008

영적 경험 측정도

다음 질문들은 당신의 매일의 영적 경험에 대해 묻고 있습니다. 얼마나 자주 경험하는지 "x" 표를 해주십시오.  
아래에 사용된 '하나님 (신)' 이라는 단어는 '부처님, 천지신명, 절대자' 등 다른 단어로 대체할 수 있습니다.

	하루에도 여러 번	매일	거의 매일	가끔	아주 가끔	전혀
1. 하나님 (신)이 함께 하심을 느낀다	⑥	⑤	④	③	②	①
2. 모든 생명체와 연결됨을 경험한다	⑥	⑤	④	③	②	①
3. 예배나 명상(기도) 중에, 또는 하나님과 연결되는 다른 시간에, 일상사에서 벗어나 기쁨을 경험한다	⑥	⑤	④	③	②	①
4. 나의 종교나 영성 안에서 힘을 얻는다	⑥	⑤	④	③	②	①
5. 나의 종교나 영성 안에서 위로/위안을 얻는다	⑥	⑤	④	③	②	①
6. 깊은 내면의 평화와 조화를 느낀다	⑥	⑤	④	③	②	①
7. 매일의 활동들 가운데서 하나님 (신)의 도움을 구한다	⑥	⑤	④	③	②	①
8. 매일의 활동들 가운데서 하나님 (신)의 인도하심을 느낀다	⑥	⑤	④	③	②	①
9. 나를 향한 하나님 (신)의 사랑을 직접적으로 느낀다	⑥	⑤	④	③	②	①
10. 나를 향한 하나님 (신)의 사랑을 다른 사람을 통해 느낀다	⑥	⑤	④	③	②	①
11. 창조물의 아름다움에 영적인 감동을 받는다	⑥	⑤	④	③	②	①
12. 나에게 주어진 축복에 감사한다	⑥	⑤	④	③	②	①
13. 다른 사람을 이타적으로 돌보고 싶다	⑥	⑤	④	③	②	①
14. 다른 사람들이 내가 생각하기에 잘못된 일을 할때에도 그들을 용납한다	⑥	⑤	④	③	②	①
15. 하나님 (신)과 더 가까워지거나 연합되기를 갈망한다	⑥	⑤	④	③	②	①

	전혀	조금 가까이	가까이	매우 가까이
16. 당신은 얼마나 하나님(신)과 가깝게 느끼십니까?	①	②	③	④

APPENDIX F

Parent-Child Conflict Tactics Scales

Items in interspersed order

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.

You are going to read a list of things you might have done in the past year. Please indicate whether you have: done it once in the past year, done it twice in the past year, 3-5 times, 6-10 times, 11-20 times, or more than 20 times in the past year. Please also indicate if you haven't done it in the past year but have done it before that.

- 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)

- A. Explained why something was wrong
- B. Put him/her in "time out" (or sent to his/her room)
- C. Shook him/her
- D. Hit him/her on the bottom with something like a belt, hairbrush, a stick or some other hard object
- E. Gave him/her something else to do instead of what him/her was doing wrong
- F. Shouted, yelled, or screamed at him/her
- G. Hit him/her with a fist or kicked him/her hard
- H. Spanked him/her on the bottom with your bare hand
- I. Grabbed him/her around the neck and choked him/her
- J. Swore or cursed at him/her
- K. Beat him/her up, that is you hit him/her over and over as hard as you could
- L. Said you would send him/her away or kick him/her out of the house
- M. Burned or scalded him/her on purpose
- N. Threatened to spank or hit him/her but did not actually do it
- O. 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
- P. Slapped him/her on the hand, arm, or leg
- Q. Took away privileges or grounded him/her
- R. Pinched him/her
- S. Threatened him/her with a knife or gun
- T. Threw or knocked him/her down
- U. Called him/her dumb or lazy or some other name like that
- V. Slapped him/her on the face or head or ears

## APPENDIX G

Parent-Child Conflict Tactics Scales (CTSPC): Items in the Psychological Aggression Subscale

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.

You are going to read a list of things you might have done in the past year. Please indicate whether you have: done it once in the past year, done it twice in the past year, 3-5 times, 6-10 times, 11-20 times, or more than 20 times in the past year. Please also indicate if you haven't done it in the past year but have done it before that.

### **Psychological Aggression**

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

- 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)

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

- 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)

C. Swore or curse at him/her

- 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)

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

- 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)
- E. Said you would send him/her away or kick him/her out of the home
- 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)

APPENDIX H

Parent-Child Conflict Tactics Scales (CTSPC): Korean

### 부모-자녀 갈등 해결 유형 척도

아이들은 자주 잘못하거나, 불순종 하거나, 부모를 화나게 하곤 합니다. 아이가 무엇을 잘못 하거나 당신을 불쾌하거나 화나게 했을 때 어떻게 했는지 알기를 원합니다.

당신이 지난 일년간 했을 수 있는 행동들의 리스트를 읽을 것 입니다. 당신이 지난 일년간 한번, 지난 일년간 두번, 3-5 번, 6-10 번, 11-20 번, 혹은 지난 일년간 20 번 이상 그런적이 있는지 표기해 주십시오. 또한 지난 일년간 그런적은 없지만, 전에 그런적이 있는 경우도 표기하십시오.

#### 심리적 공격성 척도

- A. 실제로 그렇게 하지는 않았지만 아이에게 스팅크 하거나 때릴 것이라고 겁을 주었다.
- a. 0 (그런적이 없다)
  - b. 1 (지난 일년간 한번)
  - c. 2 (지난 일년간 두번)
  - d. 3 (지난 일년간 3-5 번)
  - e. 4 (지난 일년간 6-10 번)
  - f. 5 (지난 일년간 11-20 번)
  - g. 6 (지난 일년간 20 번 이상)
  - h. 7 (지난 일년간 그런적은 없지만 전에 그런적이 있다)
- B. 아이에게 큰소리 치거나, 고함 치거나, 소리 질렀다.
- a. 0 (그런적이 없다)
  - b. 1 (지난 일년간 한번)
  - c. 2 (지난 일년간 두번)
  - d. 3 (지난 일년간 3-5 번)
  - e. 4 (지난 일년간 6-10 번)
  - f. 5 (지난 일년간 11-20 번)
  - g. 6 (지난 일년간 20 번 이상)
  - h. 7 (지난 일년간 그런적은 없지만 전에 그런적이 있다)
- C. 아이에게 욕을 했거나 악담을 했다
- a. 0 (그런적이 없다)
  - b. 1 (지난 일년간 한번)
  - c. 2 (지난 일년간 두번)
  - d. 3 (지난 일년간 3-5 번)
  - e. 4 (지난 일년간 6-10 번)

- f. 5 (지난 일년간 11-20 번)
  - g. 6 (지난 일년간 20 번 이상)
  - h. 7 (지난 일년간 그런적은 없지만 전에 그런적이 있다)
- D. 아이를 멍청이, 게으르다, 혹은 다른 그런 이름으로 불렀다.
- a. 0 (그런적이 없다)
  - b. 1 (지난 일년간 한번)
  - c. 2 (지난 일년간 두번)
  - d. 3 (지난 일년간 3-5 번)
  - e. 4 (지난 일년간 6-10 번)
  - f. 5 (지난 일년간 11-20 번)
  - g. 6 (지난 일년간 20 번 이상)
  - h. 7 (지난 일년간 그런적은 없지만 전에 그런적이 있다)
- E. 아이에게 다른데로 보내거나 집에서 쫓아 낼거라고 말했다.
- a. 0 (그런적이 없다)
  - b. 1 (지난 일년간 한번)
  - c. 2 (지난 일년간 두번)
  - d. 3 (지난 일년간 3-5 번)
  - e. 4 (지난 일년간 6-10 번)
  - f. 5 (지난 일년간 11-20 번)
  - g. 6 (지난 일년간 20 번 이상)
  - h. 7 (지난 일년간 그런적은 없지만 전에 그런적이 있다)

APPENDIX I

Parenting Stress Index-Short Form (PSI-SF)

## Parenting Stress Index-Short Form (PSI-SF)

1. I often have the feeling that I cannot handle things very well.
2. I find myself giving up more of my life to meet my children's needs than I ever expected
3. I feel trapped by my responsibilities as a parent
4. Since having this child, I have been unable to do new and different things
5. Since having a child, I feel that I am almost never able to do things that I like to do.
6. I am unhappy with the last purchase of clothing I made for myself.
7. There are quite a few things that bother me about my life
8. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).
9. I feel alone and without friends.
10. When I go to a party, I usually expect not to enjoy myself.
11. I am not as interested in people as I used to be.
12. I don't enjoy things as I used to.
13. My child rarely does things for me that make me feel good.
14. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
15. My child smiles at me much less than I expected.
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.
17. When playing, my child doesn't often giggle or laugh.
18. My child doesn't seem to learn as quickly as most children.
19. My child doesn't seem to smile as much as most children.
20. My child is not able to do as much as I expected
21. It takes a long time and it is very hard for my child to get used to new things.
22. I feel that I am:
  - a. Not very good at being a parent.
  - b. A person who has some trouble being a parent
  - c. An average parent
  - d. A better than average parent
  - e. A very good parent
23. I expected to have closer and warmer feelings for my child than I do and this bothers me.
24. Sometimes my child does things that bother me just to be mean.
25. My child seems to cry or fuss more often than most children.
26. My child generally wakes up in a bad mood.
27. I feel that my child is very moody and easily upset.
28. My child does a few things which bother me a great deal.
29. My child reacts very strongly when something happens that my child doesn't like.
30. My child gets upset easily over the smallest thing.
31. My child's sleeping or eating schedule was much harder to establish than I expected.
32. I have found that getting my child to do something or stop doing something is:
  - a. Much harder than I expected
  - b. Somewhat harder than I expected
  - c. About as hard as I expected
  - d. Somewhat easier than I expected
  - e. Much easier than I expected

33. Think carefully and count the number of things which your child does that bother you.

For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.

34. There are some things my child does that really bother me a lot.

35. My child turned out to be more of a problem than I had expected.

36. My child makes more demands on me than most children.

APPENDIX J

K-PSI-SF



## 한국판 부모양육 스트레스 검사

### 지시사항:

다음의 문항들에 답할때, 가장 염려가 되는 한 명의 자녀만 생각해 주십시오. 문항을 읽고 부모님이 느끼는 정도와 가장 일치하는 번호를 표시해 주십시오. 느낌을 정확히 표현해 주는 답이 없을 경우에는 가장 가까운 것에 표해 주십시오.

- a. 전혀 그렇지 않다
- b. 그렇지 않다
- c. 잘 모르겠다
- d. 그렇다
- e. 매우 그렇다

예: 나는 영화보러 가는것을 즐긴다 (만약 당신이영화보러 가는것을 즐기지 않는다면 2)번에 표시해 주십시오)

### 검사일:

아동 연령:

작성자 연령:

아동과의 관계: 부\_\_\_\_ 모\_\_\_\_

기타\_\_\_\_

1. 나는 가끔 어떤일은 잘 처리할수 없다고 느낀다  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
2. 예전에 생각했던 것 보다 아이의 요구를 들어주가 위해 내 생활의 많은 부분을 포기하고 있다고 느낀다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
3. 나는 부모로서의 책임감에 사로잡혀 있는것 같다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
4. 이 아이가 생긴 이후로 나는 새롭고 특별한 일을 할수 없었다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
5. 아이가 생긴 이후로 내가 하고싶은 일을 거의 할수 없다고 느낀다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
6. 최근에 내가 구입한 옷 때문에 기분이 째름하다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
7. 내 생활에는 나를 괴롭히는 일들이 꽤 있다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다

8. 아이가 있다는 사실이 생각보다 배우자와의 관계에 많은 문제를 야기시킨다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
9. 나는 혼자이고 친구도 없다는 느낌이 든다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
10. 모임에 갈때, 나는 즐거울 것이라고 기대하지 않는다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
11. 예전만큼 사람들에게 대해 관심이 없다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
12. 예전만큼 일을 즐기지 않는다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
13. 우리 아이는 내가 기뻐할만한 일은 거의 하지 않는다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
14. 대체로 우리 아이는 나를 좋아하지 않고 나에게 가까이 오려하지 않는다는 느낌이 든다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
15. 우리 아이는 내가 바라는 만큼 나를 보고 잘 웃지 않는다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
16. 내가 우리 아이를 위해 무언가를 했을때, 그런 노력이 크게 인정받지 못하는것 같다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
17. 우리 아이는 놀때 보통 소리내어 웃거나 즐겁게 웃지 않는다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
18. 우리 아이는 또래 아이들에 비해 배우는 속도가 빠르지 않은것 같다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
19. 우리 아이는 다른 아이들 만큼 웃는것 같지 않다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
20. 우리 아이는 내 기대만큼 어떤 일을 잘 해내지 못한다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다

21. 우리 아이는 새로운 것에 익숙해지는데 오랜 시간이 걸리고 또한 매우 어려워한다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
22. 내가 느끼기에 나는  
a. 부모가 되기에는 확실히 부족하다 b. 부모 되기에는 약간 문제가 있다  
c. 보통 부모이다 d. 보통 부모보다 조금 낫다 e. 매우 좋은 부모이다
23. 현재 내가 하고있는 것보다 아이와 더 친밀한 관계를 유지하고 따뜻하게 대하려고 했는데 뜻대로 되지않아 괴롭다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
24. 가끔씩 아이는 나를 괴롭힐 목적으로 어떤일을 한다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
25. 우리 아이는 다른 아이들 보다 더 자주 보채는것 같다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
26. 우리 아이는 대체로 잠에서 깨어나면 기분이 좋지않다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
27. 우리 아이는 매우 감정의 기복이 심하며 쉽게 화를 내는것 같다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
28. 우리 아이는 가끔 나를 무척 속상하게 한다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
29. 우리 아이는 자신이 좋아하지 않는 어떤일이 생기면 매우 민감하게 반응한다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
30. 우리 아이는 아주 사소한 일에도 감정을 쉽게 폭발시킨다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
31. 우리 아이의 수면습관과 식사습관을 길들이는 것은 내가 생각한것 보다 훨씬 어려웠다.  
a. 전혀 그렇지 않다 b. 그렇지 않다 c. 잘 모르겠다 d. 그렇다 e. 매우 그렇다
32. 나는 우리 아이에게 어떤일을 하게하거나 그만두게 하는것이  
a. 생각보다 훨씬 더 어렵다고 느낀다 b. 생각보다 다소 어렵다고 느낀다  
c. 생각한 만큼 어렵다고 느낀다 d. 생각보다 다소 쉽다고 느낀다  
e. 생각보다 훨씬 쉽다고 느낀다

33. 아이가 당신을 괴롭히는 일들 (예를 들면, 게으르다, 말을 들으려 하지 않는다, 과잉활동적 이다, 운다, 방해한다, 싸운다 등) 이 몇 가지가 있는지 잘 세어보십시오. 그 수를 골라 표시하십시오.
- a. 1-3 개   b. 4-5 개   c. 6-7 개   d. 8-9 개   e. 10 개 이상
34. 우리 아이는 나를 나를 몹시 괴롭히는 일들을 한다.
- a. 전혀 그렇지 않다   b. 그렇지 않다   c. 잘 모르겠다   d. 그렇다   e. 매우 그렇다
35. 우리 아이는 생각과는 달리 한가지 이상의 문제를 가지고 있는것으로 나타났다.
- a. 전혀 그렇지 않다   b. 그렇지 않다   c. 잘 모르겠다   d. 그렇다   e. 매우 그렇다
36. 우리 아이는 보통의 다른 아이들 보다 내게 더 많은 요구를 한다.
- a. 전혀 그렇지 않다   b. 그렇지 않다   c. 잘 모르겠다   d. 그렇다   e. 매우 그렇다