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The Influence of Children's Gender and Behavior on Parental Perceptions

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THE INFLUENCE OF CHILDREN’S GENDER AND BEHAVIOR ON PARENTAL PERCEPTIONS

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THE INFLUENCE OF CHILDREN’S GENDER AND BEHAVIOR ON PARENTAL PERCEPTIONS

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Parents’ perceptions of children’s behavior may vary depending on the gender of the child and the type of behavior displayed. It is important to delineate which factor(s) influence parental perceptions because parental perceptions directly influence whether or not parents respond to their children’s behavior and how parents choose to manage the behavior.

The present study examined how the gender of the child and the types of behaviors (internalizing vs. externalizing) the child displays affect parental perceptions regarding the severity of the behavior. One hundred and three parents of children ages 1 ½ to 5 years in the Southeast region of the United States participated by reading several vignettes, which manipulated child gender and type of behaviors (internalizing vs. externalizing). Parents were also asked to rate the severity of the behavior described in four vignettes. A demographics questionnaire, the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000, 2001), the Parenting Stress Index (PSI-SF; Abidin, 1995), and the Social Support Questionnaire (SSQ; Sarason & Sarason, 1982) were also completed. Results indicated that parents rated the male/externalizing scenario the most problematic of all four scenarios, while the female/externalizing scenario was rated the second most problematic. Parents rated the female/internalizing scenario as the third most problematic, while the male/internalizing scenario was rated by parents as the least problematic.
Introduction

One of the challenges parents face on a daily basis is understanding and managing their child's behavior. Certain behaviors displayed by children in the short term are viewed as part of normal development (Forehand & Wierson, 1993). However, if these behaviors extend to long term and are not managed properly by parents, then it is not viewed as part of normal development and puts children at risk of developing significant emotional and behavior problems (Rothbart & Bates, 1998). Specifically in 2005, it was estimated that 2.7 million children in the United States suffered from emotional or behavior problems (National Institute of Mental Health, 2005). Therefore, parents need to know how and when to address these behaviors to decrease the risk of severe emotional and behavior problems in children. To be able to know how and when to address these behaviors, it is important that parents have accurate and realistic perceptions of their children's behavior. Parents' perceptions of children's behavior may vary depending on the gender of the child and the type of behavior displayed. Personal parental characteristics, such as parental mental health or stress may also impact perceptions of children as well as the perceived cause of the behavior. It is important to delineate which factor(s) influence parental perceptions because parental perceptions directly influence whether or not parents respond to their children’s behavior and how parents choose to manage the behavior.

The following paper covers literature pertaining to the previously mentioned factors that may influence parents' perceptions of children’s behavior. First, the difference between internalizing and externalizing behaviors will be discussed. Next, the influence of child gender and age on parental perceptions will be presented. Then, a
discussion of how attributions are directly related to parental perceptions and how perceptions can differ based on who is observing the behavior is provided. In addition, other factors such as the mental health of parents, parental involvement, social support, and the role that stress can play in parental perceptions will be presented. Last, the paper concludes with information pertaining to measures, procedure, analyses, and results of the project.
Most parents would attest there are numerous enjoyable experiences associated with parenting. However, parents also face inevitable obstacles when raising children in the 21st century. Specifically, one of the challenges parents face on a daily basis is understanding and managing children’s behavior. Children exhibit a variety of behaviors ranging from overt behaviors such as aggression, whining, crying, fighting, and arguing to more passive behaviors such as anxiety or sadness. In the short term, many of these behaviors are viewed as part of normal development (Forehand & Wiverson, 1993). However, if these behaviors extend to the long-term and become more chronic and/or more severe, they are clearly not viewed as part of normal development. In fact, if these behaviors are not overcome or managed properly, it puts children at risk of developing significant emotional or behavior problems (Rothbart & Bates, 1998). Specifically, in 2005 it was estimated that 2.7 million children in the United States suffered from severe emotional or behavior problems (National Institute of Mental Health, 2005). Therefore, parents need to know how and when to address these behaviors to decrease the risk of their children developing severe emotional and/or behavioral problems.

Internalizing and Externalizing Behaviors

Children’s behavior can be classified on two broad dimensions: internalizing and externalizing. It is important to use a dimensional approach when discussing children’s behavior because a dimensional approach looks at varying levels of behaviors children exhibit. Behaviors are viewed on a continuum, which allows the viewer to witness the varying levels of behavior that actually exists (Clark, Watson, & Reynolds, 1995). Viewing these behaviors on a continuum is in contrast to a categorical approach, which
merely focuses on looking at behaviors as either being present or absent. Internalizing behaviors are feelings or behaviors that are based on “overcontrolled” symptoms which are most often experienced internally by the child (Phares, 2003). The term “overcontrolled” means these behaviors are manifested when children attempt to maintain inappropriate control and regulation of their internal emotional and cognitive state. In other words, it is the way they think about the way they feel (Cicchetti & Toth, 1991). Internalizing behaviors are displayed when a child exhibits tearfulness, exhibits worry, refuses to talk, becomes secretive, or becomes withdrawn from peers or certain activities. If these behaviors become chronic or severe enough, then a child may be diagnosed with an emotional disorder or mood disorder such as depression or anxiety (American Psychiatric Association, 2000; Culp, Schadle, Robinson, & Culp, 2000). However, due to the nature of these behaviors, it is often not easy for parents to identify internalizing behaviors in their children. As a result, some parents report these behaviors less frequently.

On the other hand, externalizing behaviors are “undercontrolled” and most often experienced externally to the child (Phares, 2003). The term “undercontrolled” refers to poor self-regulation. This means that children who display externalizing behaviors have serious difficulties in regulating their behavior(s) and emotion(s) (Merrell, 2001). Some of the externalizing behaviors that children may exhibit are defiant and aggressive behaviors such as rule breaking, fighting, stealing, and threatening others (Phares, 2003). Mild externalizing behavior consists of children simply acting out. For instance, children might throw a toy or hit something when angry. However, on the more severe end, behavior that depicts a recurrent pattern of negative, defiant, disobedient, and hostile
behavior towards authority figures would be diagnosed with Oppositional Defiant Disorder (ODD; APA, 2000). Furthermore, behavior that exhibits a repetitive and persistent pattern in which the basic rights of others or major age appropriate norms or rules are violated would be diagnosed with Conduct Disorder (CD; APA, 2000). Because parents can visually see externalizing behaviors and these behaviors are more salient and more difficult to ignore, they can easily identify these behaviors. As a result, they often rate these behaviors more frequently. In conclusion, children’s behavior can be classified on two major dimensions, internalizing and externalizing. Externalizing behaviors are more salient to parents and may be viewed as more problematic, while internalizing behaviors are viewed as less problematic because many times they are not easily detected or interpreted.

**Factors that Influence Parental Perceptions**

Even though parents are aware of the various behaviors children display, not all parents view these behaviors in the same way. Some parents may perceive certain behaviors as acceptable for children of a specific gender or age, while other parents may perceive the slightest action as unacceptable and not part of normal development. It is important to delineate which factors influence parental perceptions because parental perceptions directly influence if and how parents respond. More specifically, parents’ perceptions may shape subsequent parent-child interactions and can even have enduring consequences on children’s development. For example, if a child “acts out,” his/her parent(s) may respond negatively by yelling at the child. This in turn could easily further perpetuate the child to act out even more. This is consistent with Patterson’s (1982) coercive responsive cycle. This cycle between the child and parent may be maintained if
a parent is unable to manage the noncompliance with effective parenting strategies. Factors that influence parental perceptions will be reviewed below.

*Gender of the child.* First, parents’ perceptions of children’s behavior may differ based on the child’s gender. There are numerous gender stereotypes about children’s behavior, and the process of gender stereotyping begins at an early age. For instance, children are able to label their own gender at 2 years old (Berk, 2003). At 3 years old, children acquire enough knowledge of adult gender roles and even show preference for gender-typed toys (Reis & Wright, 1982). By age 5, knowledge of gender stereotypes regarding specific activities and occupations are well established (Berk, 2003). Because it has now been established that gender stereotypes occur and form at a young age, it is now important to review factors that contribute to knowledge of gender stereotypes.

Children learn gender stereotypes by simply observing the environment (Calvert, 1999) as well as being reinforced by parents, teachers, and peers (Berk, 2003). Specifically, Chick, Heilman-Houser, and Hunter (2002), examined the impact of child care on gender role development and gender stereotypes of 32 children ranging in age from infancy to 5 years old at a child care center. The authors found interesting results which further perpetuates the cycle of gender stereotypes that children are continuing to learn. First, they found that boys who were toddlers received more attention than girls because of their disruptive and inappropriate behavior. In fact, boys were considered more rowdy, more assertive, and more active than their female peers. When boys were active, there were not any comments attributing causation. However, when girls were active, they were cautioned to be “careful.” For instance, in the oldest toddler room, both boys and girls played on a slide. When the girls were playing, they were often cautioned
by the child care worker to stop crawling because they may hurt themselves. However, when boys engaged in the same activity, no comments were made to the boys.

Chick et al. (2002) also found that girls were reinforced more frequently for nurturing and helping behaviors such as showing affection to baby dolls. Children even exhibited gender separation in their choice of toys. For instance, 4- and 5-year-old girls clearly showed preferences for dolls, baby bottles, shopping carts, play purses, play telephones, and coloring activities. On the other hand, 4- and 5-year-old boys were more apt to play with squirt guns, trucks, jeeps, puzzles, and blocks. Results from this study clearly support that from an early age boys and girls are frequently given different toys to play with and are reinforced for engaging in gender specific behaviors.

There are also stereotypes and gender differences in children’s play. Gender has been shown to be a significant factor in children’s early social and behavioral development, and there is a clear difference between behaviors that boys and girls exhibit and in how they play (Hoglund, 2004; Serbin, Moller, Gulko, Powlishta, & Colburne, 1994). Boys tend to like rough-and-tumble play in large groups, while girls are more inclined to quieter play with one playmate (Benenson, 1993). While one might think the difference is based on liking different kinds of activities, that is not the sole reason. When boys and girls play with the same toys, research suggests boys and girls play more socially with other children of the same sex. Boys play more boisterously, while girls’ type of play is characterized by cooperation between one another (Maccoby, 1980).

Research also suggests that a child’s gender and age influences the type of play in which they engage. Tallandini (2004) explored whether there were gender and age differences in make-believe play when children did not have to interact with others.
Tallandini examined 55 boys and 47 girls, ranging in age from 4 to 8 years, from various Italian preschools and elementary schools. Specifically, each child was given a set of dolls and was requested to play in four different situations. The four situations were (a) mealtime, (b) bedtime, (c) the “saddest” day, and (d) the “happiest” day. Her research concluded that even in the context of solitary make-believe play, boys expressed more physical aggression than girls. However, within the context of these situations is where she found the most gender differences in ways expressed aggression was observed. Boys showed more physical aggressiveness than girls in the bedtime and “happy day” episodes. Boys also showed more indirect aggression in the mealtime and “happy day” episodes. On the other hand, girls exhibited more verbal aggression in the sad day episode. The results confirmed that boys within this experiment displayed more indirect and direct aggression than girls, which confirms that (just as in peer play) boys do express more physical aggressiveness than girls. In addition, gender differences emerged with boys showing more physical aggression and girls displaying more verbal aggression. Last, Tallandini concluded that specific situations with different emotional connotations influence aggressive behavior. Results confirmed that fewer aggressive behaviors were observed in the “happy day” episodes, when compared to the “sad day” episodes.

Gender differences observed in play are also evident in the everyday interactions and behaviors that children exhibit. Past research with children who are elementary school aged through adolescence has shown that boys are more overtly aggressive and less relationally aggressive than girls. Overt aggression is simply aggressive or violent behavior that is observable. For boys, overt aggressive behavior such as physical fighting and verbal threats are the most salient forms of aggression displayed (Berkowitz, 1993).
On the other hand, girls’ aggressive behavior focuses on damaging or manipulating peers’ relationships; these behaviors are labeled as relational aggression. Relational aggression refers to aggression that is intended to hurt others through manipulation and damage of peer relationships. For instance, a girl may exclude a child from a group or threaten to end a friendship simply to gain control over a peer (Crick, 1995).

In conclusion, gender differences in play behavior continue to reinforce early stereotypes of what is acceptable for boys and girls to do. These views regarding the differences between girls and boys are upheld by parents. When children behave in ways consistent with these views, the parents typically perceive the behavior as okay. When children behave in a way that is inconsistent, parents may perceive this as a problem. Therefore, the parent may decide to punish the child.

*Age of the child.* Parents’ perceptions of children’s behavior may differ based on the age of the child. The age of the child is important to account for because the child’s age is indicative of the child’s developmental level and therefore should determine realistic expectations for parents. Parents have specific expectations of their child’s physical and cognitive ability at certain ages, which directly influences the type of behavior displayed. The most extensive discussion of the effects of age is that of Dix and Grusec (1985). They found numerous ways in which children differ because of their age. For instance, they found that the younger the child is, the less cognitively capable he or she is. Because of this, the child is less able to regulate his or her behavior. In addition, they along with their colleagues (Dix, Ruble, & Zambarano, 1989; Dix, Ruble, Grusec, & Nixon, 1986) conducted four studies with parents of children who range in age from 4 to 13. Within each study, the general procedure was the same. They presented a series of
vignettes in which the target character behaves in a certain negative way (e.g., stealing, lying, failing to be altruistic). The attributions following the vignettes included ratings of specific causal factors as well as general attributional dimensions. As expected, parents of older children were more likely than parents of younger children to judge specific behaviors as intentional, under the child’s control, and as a reflection of the child’s disposition rather than unintentional, out of the child’s control, and a reflection of the child’s environment or circumstance. Parents of older children were also more likely to say that the child possessed the knowledge to know how he or she should behave instead of blaming the behavior on lack of knowledge. Therefore, parents of older children thought their child should be held responsible for his or her actions.

To further perpetuate the notion that parents may use a child’s age to infer the cause of behavior, Rubin and Mills (1992) conducted a two-year follow-up study that examined parents’ attributions of children’s behavior at 4 and 6 years of age. The attributions consisted of explanations for four accounts of problematic social behavior, two of which involved aggression and two of which involved social withdrawal. Results showed that at both ages negative behaviors were attributed primarily to unstable, transient states. These maternal attributions were found to be stable over the two-year period of time, meaning once a parent perceived the behavior in a certain way, it continued to be viewed that way. In addition, at both ages, age-related factors were more important for aggression than social withdrawal. This means that parents viewed age of more importance when dealing with externalizing behaviors.

Age also indicates whether or not frequency in behavior is characteristic of a change over time. One would expect that as children get older, they have increased
cognitive abilities. As a result, they should have more self-control of their actions and emotions. Hoglund (2004) examined 432 children that were in the first grade and found that girls showed increases in social competence and greater declines in behavioral problems than boys. This indicates that with age comes an increased capability. If children can control their behavior, then it is viewed as acceptable behavior; however, if they cannot control their behavior, then it is viewed as unacceptable. It is evident that gender and age are significant contributors in determining behaviors that are most inclined to be exhibited by children. This directly affects parents’ perceptions of children’s behavior and prompts them to categorize their belief system about appropriate behaviors based on the age and gender of the child.

*Attributions of children’s behavior.* Attributions play a role in understanding parents’ perceptions of children’s behavior. It is important to understand what parents attribute their children’s behavior to because it can influence whether or not a parent will tolerate the exhibited behavior. Specifically, age, gender, type of behavior, and the valence of the outcome are variables that have been examined when discussing possible determinants of attributions. Accordingly, these factors could easily affect perceptions about behaviors exhibited by children.

The valence of a child’s behavior is a viable determinant of parents’ attributions. Valence simply means that parents tend to reason differently about positive outcomes than negative outcomes. Gretarsson and Gelfand (1988) interviewed 60 mothers of children enrolled in public elementary schools about their children’s positive and negative characteristics as well as specific instances of their children’s desirable and undesirable behavior. They concluded that mothers tend to attribute positive behavior to
the child’s personality rather than to external influences, while the reverse pattern holds true for negative behaviors and characteristics. Girls’ conduct of all types was considered more dispositional, while sons’ characteristics were seen as more stable. Thus, mothers can be conceptualized as “optimists” because they attribute more internality, stability, and responsibility for good outcomes than for bad outcomes, regardless of gender (Miller, 1995).

Miller (1995) conducted a literature review on attribution theory, and he suggested that for the most part, parents of children with perceived behavior problems tend to show a more negative attributional style than parents with children without behavior problems. Dix and Lochman (1990) examined the social cognition of 15 mothers of aggressive boys and 32 mothers of nonaggressive boys. Specifically, they used a three-step model that examined how parents make attributions about children’s intentions, dispositions, and responsibility in regard to their child’s behavior. While looking at parent’s reactions to children’s negative behavior, Dix and Lochman found that mothers of highly aggressive boys had more negative attributions (such as intent) for their child’s undesirable behavior than mothers of nonaggressive boys. In addition, Rubin and Mills (1990) examined the perceptions of 121 mothers of four-year-olds (51 girls, 70 boys) who were identified throughout the study in three separate groups. The three groups were the following: children who were aggressive-internalizing, withdrawn-internalizing, or socially “average.” They found that mothers of socially withdrawn children were more likely to attribute their behavior to a trait within the child than mothers of socially “average” children. Mothers of children who were in the aggressive-
externalizing group were more likely to attribute their child’s aggressive behaviors to age-related factors than mothers in the other groups were.

Sobel, Ashbourne, Earn, and Cunningham (1989) examined the perceptions of 91 parents of children either with Attention Deficit Disorder or without the diagnosis. Specifically, they were interested in looking at the reasons parents provided for their children’s noncompliance or compliance. Their research found that mothers perceived the causes of their child’s noncompliance as more external, while fathers perceived the cause of noncompliance as more internal, regardless of child gender. This suggests that the gender of the parent influences perceptions of children’s behavior as well as the type of behavior children display. The research discussed above supports the notion that valence influences parents’ attributions. Parents attribute more internality, stability, and consistency to good outcomes rather than bad.

Above all, perceptions differ based on the age of the child as well as developmental level of the child. Parents use children’s developmental levels to attribute causes and consequently are more likely to rate behaviors as more severe when the behavior occurs in an older child, rather than a 2-year-old child. Acceptability is dependent upon whether or not the behavior was age appropriate, and whether or not it was perceived as something internally versus externally based. If parents’ views are in violation of the type of behavior (internal or external) that is perceived appropriate or what is age appropriate, they will respond differently. For instance, the greater the violation that is perceived by the parents, the harsher punishment that may occur.

Differences in perceptions of children’s behaviors. In addition to the factors discussed above, perceptions of children’s behavior may also differ based on where the
behavior occurs and who is rating the behavior. Children’s behaviors are observed by numerous people on a daily basis and in various settings. Mothers, fathers, and teachers are among the people who have the most interaction with children, and studies have been conducted using behavior rating scales to see if individuals working with children view behaviors the same way. Keogh and Bernheimer (1998) conducted a study that suggests that individuals working with children do not view behaviors the same way. They examined the concordance between mothers’ and teachers’ perceptions of behavior problems and competencies of 74 children with nonspecific developmental delays. The mean child chronological age was 10.9 years. They concluded that parents’ and teachers’ perceptions of child behavior problems were in higher agreement for referred children who display severe problems. When rating non-referred children that display mild behavior problems, the reality remains that parents and teachers have different perceptions of children’s behavior.

Some studies have attempted to delineate possible reasons why parents and teachers report differences in behaviors. Research suggests that concordance is higher when informants have similar relationships with the children being rated than when reporters embody different roles. As mentioned above, Keogh and Berheimer (1998) examined the degree of accordance between mothers’ and teachers’ views of behavior problems of 74 children with nonspecific developmental delays. They found that mothers rated children higher in acting-out problems, but lower in independence and social skills than teachers. The authors suggest there is greater concordance from parents and teachers when children display externalizing rather than internalizing behaviors. Although the authors give no reason for this, perhaps it is because externalizing behaviors
are overt and easily identifiable, regardless of who may be viewing them. Overall they found that there is a stronger agreement between mothers’ and fathers’ perceptions of children’s behavior than between parents’ and teachers’ perceptions of children’s behavior. Perhaps this is due to differences in the raters’ frame of reference or simply that children’s behaviors vary in different settings. In addition, Verhulst and Akkerhuis (1989) studied parent’ and teachers’ ratings of 1,161 Dutch children (ages 4-12) on the Child Behavior Checklist (CBCL; Achenbach, 1991). They found there was a low to moderate correlation between parents’ and teachers’ ratings, with parents reporting more problems than teachers. Agreement was higher for externalizing problems than for internalizing problems and higher for children receiving special education than for those children receiving regular education. Also, agreement was slightly higher for older than younger children.

In addition, Greenberger and O’Neil (1992) examined 81 fathers’ ratings of 5-to 6-year-old children’s behavior and examined how closely it related to teacher perceptions of children’s behavior. Their research concluded that fathers’ ratings of children’s behavior were most similar to teacher ratings when mothers worked part-time or worked at home. On the other hand, fathers’ ratings were least similar to teacher ratings when mothers worked full-time. Greenberger and O’Neil hypothesized that fathers’ reports may be influenced by feelings of frustration and dissatisfaction about the increased responsibility and demands they are faced with when their wife is working full-time. In fact, fathers could easily be “overstating” the child’s behaviors because of increased stress and discord experienced as fathers are exposed to a wider variety of their children’s behavior on a daily basis.
Hay, Pawlby, Sharp, and Schmucker (1999) examined behavioral problems in a sample of 93 British families, where mothers and fathers rated their children at 4 years of age on the Achenbach Child Behavior Checklist. They explored whether mothers and fathers perceive their child to have the same behavioral problems. Their results found there was moderate convergence in mothers’ and fathers’ ratings, suggesting that parents rate their children’s behavior similarly. However, parents reported differences in what they believed influenced their children’s behavior. For instance, they found that fathers’ ratings were associated strongly with a child’s cognitive ability, while mothers’ ratings were mostly affected by her own mental state and view of her own marriage.

Collectively, these studies support the idea that perceptions of children’s behavior often differs between parents and teachers. Some researchers suggest the cause is due to children’s behaviors varying in different settings and/or differences in the rater’s frame of reference due to the amount of time spent with the child. It has been established that perceptions of children’s behavior may differ based on the type of behavior displayed, the age of the child, gender of the child, as well as the rater’s frame of reference. It is now important to discuss some other key characteristics which can impact parental perceptions. Other factors that can influence parental perceptions are the (a) mental health of the parent, (b) amount of time parents are involved with their children, and (c) amount of social support parents have. Each of these characteristics will be discussed below.

Mental health of parents. First, the mental health of parents can impact how parents perceive certain behaviors. Research indicates that parental depression is a significant risk factor for emotional and behavioral problems in children (Anderson &
Hammen, 1993; Beardslee, Keller, & Klerman, 1985; Goodman & Gotlib, 1999; Kaslow, Brown, & Mee, 1994; Langrock, Compas, Keller, Merchant, & Copeland, 2002). When parents suffer from depression, it alters their views on child behaviors and changes their perceptions. When parents’ perceptions are in this altered state, it changes the way they react to behavior problems and ultimately affects if and how punishment occurs. If parents frequently use harsh punishment, it could easily increase the chance of emotional and behavior problems within the child (Patterson, 1982).

Dix and Reinhold (1991) also suggest that mood plays a crucial role in the explanation of parents’ perceptions of behavior. They examined 60 mothers of 6-to 8-year-old children. Specifically, they examined chronic and temporary influences on mothers’ attributions for children’s disobedience. Dix and Reinhold concluded that when mothers are angry, they tend to make more negative attributions for child behaviors, especially when the behaviors are ambiguous and not clearly negative. Interestingly enough, mothers also made more negative attributions when they were in a happy mood; this is possibly explained by “mood contrasting effects.” Consequently, these negative attributions increase substantially when depressed.

Webster-Stratton and Hammond (1988) examined maternal depression and its effect on child behavior problems. In their study, they examined depressed and non-depressed mothers who both have children with conduct problems. Results indicated that depressed mothers perceived their children as having significantly more behavior problems than did mothers in the non-depressed group. Specifically, depressed mothers reported their children to be significantly higher on the Depression, Internalizing, and Externalizing scales. Another interesting trend they found was depressed mothers
spanked their children more often than non-depressed mothers (on average three times a day versus once a day for non-depressed mothers), as well as made more critical statements than non-depressed mothers. On average, depressed mothers made a critical statement to their child once every 1½ minutes. This supports what researchers have speculated for a long time; maternal depression is associated with negative perceptions of children, which therefore increases commands and criticisms among parents.

Consequently, it is then associated with increased child behavior problems (Anthony, 1983).

**Parental involvement.** The amount of parental involvement is also a factor that ultimately impacts children’s behavior and parents’ perceptions of that behavior. For instance, when parents have to work long hours, less time is spent with children. One would think that the more time a parent spends with his or her child, the less behavior problems that exist. However, if parents do not have that time available to spend with their children because of their workload, then it may affect the parent-child relationship. At the same time, this can increase children’s likelihood of exhibiting behavior problems.

The work status of parents has a direct impact on the time they are able to be involved with their children on a daily basis. Research suggests that maternal work status is linked to child behavior problems. Greenberger and O’Neil (1992) examined 238 mothers and 116 fathers of 3-to 6-year-old children to examine the effects of maternal employment on parental perceptions of children’s behavior problems. They found that fathers of 5-and 6-year-old children reported more behavior problems when the mother worked full-time than when the mother worked part-time or did not work outside the home. Greenberger and O’Neil believe this is because when mothers work full-time,
there is a demand for increased paternal involvement. Consequently, when fathers become more involved, they are exposed to a broader range of behaviors their children display. Also, Greenberger and O'Neil suggest that increased father involvement places more responsibilities on the father, which makes the father less tolerant of his child’s behavior. These fathers could be simply “overstating” their child’s negative behaviors. Nonetheless, maternal work status has a direct impact on parental perceptions of children’s behavior.

Research even suggests that paternal involvement is just as crucial as maternal involvement in a child’s life. Culp et al. (2000) examined the relationship of father involvement to young children’s perceived self-competence as well as fathers’ and mothers’ perceptions of their children’s internalizing and externalizing behavior problems. The study consisted of parents of 25 kindergarten and first-grade children. Their results concluded that as parents perceived more father involvement, mothers reported fewer externalizing behaviors of their children. These findings support McMahon’s (1984) conclusions that mothers with less involved husbands tend to report more externalizing behavior problems in children. This is because mothers with less paternal involvement endorse more behavior problems in their children as a result of decrease in social support. Therefore, when mothers feel they have less social support from their husbands, they display an increase in stress. This increase in stress decreases their patience and tolerance with their children, which directly influences their perceptions of their children’s behaviors. Although Culp et al. found that more paternal involvement was associated with fewer externalizing problems, it was also associated with more internalizing behavior problems. Specifically, more involved fathers reported
more internalizing behavior problems. However, these findings were not significant. Therefore, it is evident that the amount of parental involvement (whether maternal or paternal) has an effect upon children’s behavior and the extent to which the behavior is externalized or internalized.

**Social support and stress.** The amount of social support parents have when raising children can influence the level of stress associated with parenting. When parents are stressed, it can easily alter their perceptions of their children’s behavior and in particular directly influence their satisfaction. For example, a mother who has a stable marriage and a husband or family members who are available to help with the children would have high parental satisfaction because of lower amounts of stress. Due to these variables, it is more likely that this mother would have a more realistic perception of her child’s behavior. However, a single parent who works three jobs would appear to have less social support. This would appear to directly increase her stress level and lower her parental satisfaction, which would lead to unrealistic perceptions of her child’s behavior. Therefore, stress level and parental satisfaction impacts parents’ perceptions.

Crnic and Booth (1991) examined 79 mother and father pairs who had children between the ages of 9 and 36 months. Their aim was to investigate mothers’ and fathers’ perceptions of daily hassles involved with parenting. In regards to stress level, they found that the intensity of perceived hassles was greater in the 30-to 36-month age group than the 9-to 12-month age group. They also found that as their children became older and parents were presented with more stressful situations, parents reported lower general life satisfaction and support during this time. They believe this was because as children get older and acquire more abilities, a wider range of behaviors is present which can
produce an increased stressful situation. Crnic and Booth believe it is not the frequency of these behaviors displayed that make the situation more stressful for parents, but it is parental perceptions of stressfulness that increase and ultimately affects parental attributions and expectations about children’s behavior. Therefore, social support is a component that influences perceptions of children’s behavior and may impact the types of behaviors children display.

In conclusion, it is important to manage children’s behavior to prevent long-term negative effects that may occur. Parental perceptions directly influence whether or not parents respond to behavior displayed by a child. Parental perceptions may differ based on the gender and age of the child as well as the type of behavior displayed by the child. The mental health of the parents, the amount of time parents are involved with their children, stress, and the amount of social support parents have may also impact their perceptions. The purpose of the present study was to examine the assumptions and previous research findings that perceptions truly differ based on the gender of the child and type of behavior displayed.

Research Questions

The aim of the present study was to answer the following research questions:

1. Do parents’ perceptions of children’s behavior differ based on the gender of the child?
2. Do parents’ perceptions of children’s behavior differ based on the type of behavior displayed?
3. Do parents’ perceptions of children’s behavior differ based on the interaction between child’s gender and the type of behavior displayed?
Methods

Participants

Initially, 109 parents participated in the present study. However, data from six participants were dropped because they were incomplete or missing. This resulted in a final sample of 103 parents. Of those 103 parents, 51 were fathers, and 52 were mothers. Participants were recruited from fliers posted at day-care centers in addition to newspaper advertisements throughout communities in the Southeast region of the United States. Upon completion of questionnaires, each participant received a $10.00 gift card.

Participants ranged in age from 22 to 55 years with a mean age of 33 (SD = 6.59). The majority of participants were Caucasian, college educated individuals with adequate income. The majority of participants were married with an average of two children per household. Also, the majority of participants had children with no disabilities. See Table 1 and Table 2.
Table 1

*Frequencies and Percentages of Descriptive Characteristics of the Sample*

<table>
<thead>
<tr>
<th>Descriptive</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Participant Gender</td>
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<tr>
<td>Male</td>
<td>51</td>
<td>49.5</td>
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<tr>
<td>Female</td>
<td>52</td>
<td>50.5</td>
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<tr>
<td>Ethnicity</td>
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<tr>
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<tr>
<td>African-American</td>
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<td>1.0</td>
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<tr>
<td>Hispanic</td>
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<td>2.9</td>
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<tr>
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<tr>
<td>Divorced</td>
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<td>1.0</td>
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<tr>
<td>Number of Children</td>
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<tr>
<td>One</td>
<td>42</td>
<td>40.8</td>
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<tr>
<td>Two</td>
<td>34</td>
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<tr>
<td>Four</td>
<td>8</td>
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Table 1 Continued

Frequencies and Percentages of Descriptive Characteristics of the Sample

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<tr>
<th>Descriptive</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Children With Disability</td>
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<tr>
<td>Yes</td>
<td>4</td>
<td>3.9</td>
</tr>
<tr>
<td>No</td>
<td>99</td>
<td>96.1</td>
</tr>
<tr>
<td>Descriptive</td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>-----------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Participant Age</td>
<td>33.6</td>
<td>6.59</td>
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<tr>
<td>Highest Level of Education</td>
<td>15.3</td>
<td>1.83</td>
</tr>
<tr>
<td>Gross Income Per Month</td>
<td>3788.92</td>
<td>1667.35</td>
</tr>
</tbody>
</table>
Measures

**Demographic questionnaire.** For descriptive purposes, mother and fathers completed a demographic questionnaire (See Appendix A). Information regarding the participant’s level of education, age, marital status, occupation, ethnic background, income, parenting strategies, and age/gender of each child in household was assessed. Questions one through eight were used for the purpose of this study.

**Child Behavior Checklist.** The Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000, 2001) was completed by parents. It is a standardized diagnostic questionnaire which uses a three-point rating scale to assess emotional and behavioral characteristics of children who are between the ages of 1½ and 5 years. The CBCL is a 100-item scale which yields a Total Problem T-score, as well as a T-score for Externalizing and Internalizing behaviors. Externalizing behaviors include both delinquent and aggressive behaviors. Internalizing behaviors measured by the scale include depressive and anxious features, somatic complaints, and withdrawal behaviors. T-scores above 63 are indicative of children functioning in the clinical range. Reliability for ages 1½ through 5 on the CBCL were evaluated using test-retest Pearson Correlations (r) and t tests of differences between mothers’ CBCL ratings of 68 non-referred children on two occasions at a mean interval of eight days. Reliability was high for most scales, with most test-retest r being in the .80s and .90s. Extensive validity data has been reported by Achenbach and Rescorla (2001) that establishes the measures as an adequate measure for diagnostic purposes. Tests of criterion-related validity using clinical status as the criterion (referred/non-referred) also support the validity of the instrument. Importantly, demographic variables such as race and socioeconomic status accounted for
a relatively small proportion of score variance. For the purposes of this study, this information was used for descriptive purposes.

**Parenting Stress Index – Short Form (PSI-SF).** The Parenting Stress Index-Short Form (Abidin, 1995) was given to determine the level of stress associated with parenting. Thirty-six items were answered using a 5-point Likert scale, ranging from strongly agree to strongly disagree. The scale yields a Total Stress Score, as well as standard scores for three subscales: Difficult Child, Parent Child Dysfunctional, and Parental Distress. Each subscale consists of 12 questions, with scores ranging from 12 to 60. Total scores range from 36 to 180. Parents who obtain a Total Stress score above a raw score of 90 are experiencing clinically significant levels of stress. Reliability was tested during standardization of the scale, and included 2,633 mothers and 200 fathers of children ages 1 month to 12 years. Internal consistency reliabilities for the subscales and Total Stress showed high reliability: Difficult Child, $r = .85$, Parent Child Dysfunctional, $r = .80$, Parental Distress, $r = .87$, and Total Stress, $r = .91$. Validity of this scale has been demonstrated through correlations with the Parenting Stress Index Long Version. Total Stress scores on the PSI-SF correlated .94 with Total Stress scores on the PSI, with subscale correlations ranging from .73 to .92 (Abidin, 1995). For the purposes of this study, the Total Stress Score was used as an index of parenting stress, and it was used for descriptive purposes.

**The Social Support Questionnaire.** The Social Support Questionnaire (SSQ; Sarason & Sarason, 1982) was given to determine perceptions of availability and satisfaction with levels of social support. Twenty-seven items requiring a two-part answer were given. Participants first listed up to nine individuals from whom they
receive support in certain situations, and then they rated how satisfied they were with each individual using a 6-point Likert scale, ranging from very satisfied to very dissatisfied. The scale yields a Social Support Questionnaire Number (SSQN), which includes the number of individuals listed for the 27 items, and ranges from 0 to 243. In addition, the scale yields a Social Support Questionnaire Satisfaction (SSQS), which includes the satisfaction ratings of each item, ranging from 27 to 162. The test-retest reliability was shown to be reliable over a four week period: SSQN, $r = .90$, and SSQS, $r = .93$. The correlation between the two scales, SSQN and SSQS, show modest correlations, $r = .34$. Each scale was shown to be negatively correlated with measures of anxiety, depression, and hostility. In addition, individuals with high ratings of social support were shown to report more positive ratings of recent life changes. For the purposes of this study, the SSQN and the SSQS were used as an index of the amount of social support present, as well as satisfaction with the amount of social support. This was used for descriptive purposes.

**Vignettes.** Four vignettes were created to be used as part of the experimental manipulation (See Appendix B). These vignettes were piloted as well as reviewed by three experts prior to being used in this study. The vignettes varied based on the gender of the child (male or female) and types of behavior displayed (internalizing or externalizing). Participants read each vignette, and at the end of each one they rated how severe they viewed the behavior described in the vignette on a scale from 1 to 10, with 1 being the least severe and 10 being the most severe. They also endorsed the cause of the behavior, specifically whether or not this behavior is something within the child’s control. For the purpose of this study, the severity of the behaviors described served as...
the dependent variable, while the gender (male or female) and the type of behavior displayed (internalizing or externalizing) served as the independent variables.

Procedure

This study was a part of a larger research project entitled “Examination of Parenting Dimensions in Young Children.” Participants were recruited from fliers posted at day-care centers in addition to newspaper advertisements throughout communities in the Southeast region of the United States. Parents contacted the Child and Family Research Lab at Western Kentucky University to schedule an appointment. Those without transportation to Western Kentucky University had the packets distributed to them through the mail. Informed consent was obtained (See Appendix C), and then participants completed the vignettes, demographics questionnaire, Child Behavior Checklist, Parenting Stress Index, and The Social Support Questionnaire. The order of the vignettes and questionnaires were counterbalanced to prevent order effects. Participants were then debriefed (See Appendix D). Completion of the questionnaires took approximately 45 minutes to 90 minutes. Upon completion of questionnaires, each participant was given a $10.00 gift card and given the option to obtain the results. All methods and procedures were reviewed and approved by the Human Subjects Review Board of Western Kentucky University (See Appendix E).
Results

Descriptive Statistics

Descriptive statistics were obtained for the standardized questionnaires. Information relevant for the present study will be presented below, even though more information was obtained for the larger study. A mean Total T-score of 46.47 (SD = 9.72) was obtained on the CBCL, indicating that the parents who participated are raising children with behaviors within the normal range. The mean Total Score on the PSI-SF was 68.66 (SD = 16.69). This score indicates that parents in this study are experiencing normal amounts of stress. The mean Total Satisfaction Score on the SSQ was 146.67 (SD = 16.70), indicating that these parents are experiencing adequate amounts of social support. All participants rated the behavior described in the case vignettes as problematic. Severity ratings on the male/externalizing vignette ranged from 1-10, with a mean severity score of 7.80 (SD = 1.89). Severity ratings on the female/externalizing scenario ranged from 1-10, with a mean severity score of 7.74 (SD = 2.16). Severity ratings on the female/internalizing scenario ranged from 1-10, with a mean severity score of 6.75 (SD = 2.38). Severity ratings on the male/internalizing scenario ranged from 1-10, with a mean severity score of 5.01 (SD = 2.28). See Table 3.
### Table 3

*Mean, Standard Deviation, and Range of Descriptive Statistics for Standardized Questionnaires*

<table>
<thead>
<tr>
<th>Descriptive</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL</td>
<td>46.47</td>
<td>9.72</td>
<td>28-74</td>
</tr>
<tr>
<td>PSI-SF</td>
<td>68.66</td>
<td>16.69</td>
<td>38-116</td>
</tr>
<tr>
<td>SSQ</td>
<td>146.67</td>
<td>16.70</td>
<td>77-165</td>
</tr>
</tbody>
</table>

**Vignettes**

| Male Externalizing | 7.80 | 1.89 | 1-10  |
| Female Externalizing | 7.74 | 2.16 | 1-10  |
| Female Internalizing  | 6.75 | 2.38 | 1-10  |
| Male Internalizing   | 5.01 | 2.28 | 1-10  |

*Note.* CBCL = Child Behavior Checklist. PSI-SF = Parenting Stress Index, Short Form. SSQ = Social Support Questionnaire. The Mean Total Score on the Vignettes is referring to the total severity scores from the four vignettes combined.
Main Analyses

In order to answer Research Question 1, which asked whether parents’ perceptions of children’s behavior differ based on the gender of the child, a paired sample t-test was used with the independent variable being the gender of the child (male versus female) and the total severity ratings from the vignettes being the dependent variable. A significant difference emerged between parental severity ratings based on the gender of the child, $t(102) = -5.107, p = .001$. Female behavior depicted in the case vignettes ($M = 7.24, SD = 1.86$) was rated as being more severe by parents than male behavior depicted in the case vignettes ($M = 6.40, SD = 1.61$).

In order to answer Research Question 2, which asked whether parents’ perceptions of children’s behavior differ based on the type of behavior displayed, a paired sample t-test was used with the independent variable being the type of behavior (internalizing versus externalizing) and the total severity ratings from the vignettes serving as the dependent variable. A significant difference emerged between severity ratings of internalizing behaviors versus externalizing behaviors, $t(102) = -8.876, p = .001$. Externalizing behaviors depicted in the case vignettes ($M = 7.76, SD = 1.77$) were rated as being more severe by parents than internalizing behavior depicted in the case vignettes ($M = 5.87, SD = 1.96$).

In order to answer Research Question 3, which asked do parents’ perceptions of children’s behavior differ based on the interaction between child’s gender and the type of behavior displayed, a repeated measures Analysis of Variance (ANOVA) was used. The independent variables were type of behavior (internalizing versus externalizing) and child
gender (male versus female), with the total severity ratings from the vignettes serving as the dependent variable. A significant difference was found in severity ratings based on both the gender of the child in addition to the type of behavior ($F(1,101) = 97.027, p = .001$. Results indicated that parents rated the male/externalizing scenario ($M = 7.80$) the most problematic of all four scenarios, while the female/externalizing scenario ($M = 7.74$) was rated the second most problematic. Parents rated the female/internalizing scenario ($M = 6.75$) as the third most problematic, while the male/internalizing scenario was rated by parents as the least problematic ($M = 5.01$).

**Exploratory Analyses**

Exploratory analyses were run to see if parents differed in their perceptions on the case vignettes. A mixed design ANOVA was run with parent gender (male versus female) serving as the between subjects factor. Type of behavior (internalizing versus externalizing) and child’s gender (male versus female) served as the within subjects factor. Results indicated there were no differences between mothers’ and fathers’ total severity ratings on the case vignettes ($F(1, 101) = .246, p > .05$).
Discussion

The purpose of the present study was to examine whether or not parents’ perceptions differ based on the child’s gender and type of behavior displayed. The first research question aimed to answer if parents’ perceptions of children’s behavior differ based on the gender of the child. The present study found that parents rated behavior more severe when it was exhibited by girls rather than boys. This is consistent with what research on gender stereotypes would suggest. At an early age gender stereotypes emerge (Berk, 2003; Reis & Wright, 1982). The emergence of these gender stereotypes are learned from the environment (Calvert, 1999) as well as being reinforced by parents, teachers, and peers (Berk, 2003). Gender stereotypes reinforce what behavior is acceptable for boys and girls. Consequently, these views regarding differences between girls and boys are upheld by parents and teachers, and ultimately this affects their perceptions of what behavior is deemed acceptable for boys and girls. When these behaviors are consistent with gender stereotypes then parents are less likely to rate them as severe. In general, parents and teachers expect girls to be much more compliant, while parents and teachers may think that “boys will be boys.” Therefore, misbehavior from boys is somewhat expected and deemed more acceptable than the same misbehavior displayed from a girl.

The second research question aimed to answer if parents’ perceptions of children’s behavior differ based on the type of behavior displayed (internalizing versus externalizing). Results of the present study found that parents rated externalizing behavior as more severe than internalizing behavior. These results support previous research (Verhulst & Akkerhuis, 1989) that suggests externalizing behavior is
viewed more problematic than internalizing behavior. Internalizing behaviors are feelings or behaviors that are experienced internally by the child, while externalizing behavior is experienced externally by the child (Phares, 2003). Due to the nature of the behaviors, it is often not easy for parents to identify internalizing behaviors in their children and consequently parents may report these behaviors less frequently and rate them as less severe. On the other hand, because parents can visually see and identify externalizing behaviors, these behaviors are difficult to ignore. As a result, parents rate these behaviors more frequently and are more likely to view these behaviors as more problematic.

The third research question aimed to answer if parents’ perceptions of children’s behavior differ based on the interaction between the child’s gender and type of behavior displayed. Results of the present study indicate that the scenario rated most problematic was males who displayed externalizing behavior. The second most problematic scenario was females who displayed externalizing behavior. Parents rated females who displayed internalizing behavior as the third most problematic scenario, while males that displayed internalizing behaviors were rated as the least problematic. These results are consistent with previous research (Verhulst & Akkerhuis, 1989) that reiterates that externalizing behavior is viewed more problematic than internalizing behavior. These results also suggest that the gender of the child does not play as prominent a role in determining whether behavior is viewed acceptable or not by parents as the type of behavior displayed does. Specifically, these results indicate that the type of behavior displayed was the most prominent factor for parents when determining whether the behavior was rated more severe in girls or boys. Perhaps this is because parents were less tolerant of boys
exhibiting aggressive behavior because boys would be more likely to physically hurt someone or something than girls would.

The exploratory analyses aimed to answer if there was a difference between mothers’ and fathers’ perceptions on the case vignettes. Previous research indicates that parents and teachers rate children’s behavior differently (Koegh & Bernheimer, 1998; Verhulst & Akkerhuis, 1989), while mothers and fathers rate children’s behavior similarly (Haw, Pawlby, Sharp, & Schmucker, 1999). Therefore, this reiterates the important role that context plays in perceptions. Although teachers’ ratings of children’s behavior were not incorporated into this study, results from the present study support the notion that mothers and fathers rate children’s behavior similarly. Results of the present study indicated there were no differences between mothers’ and fathers’ ratings of children’s behavior. Perhaps this was because parents are able to view their children’s behavior in similar settings (e.g., home, sporting events), unlike teachers who simply observe children’s behavior in a school setting only. Because parents view children’s behaviors in similar settings on a daily basis, it allows parents to rate their children’s behavior in a similar manner. Also, the behavior depicted in this study involved both internalizing and externalizing behaviors, and fathers’ and mothers’ perceptions of the child’s behavior were still similar. Previous research suggests that there is greater concordance from parents and teachers when children display externalizing rather than internalizing behaviors (Koegh & Bernheimer, 1998). However, results from the present study indicate that it does not matter whether internalizing or externalizing behavior is displayed because parents’ perceptions of the behavior were the same. Perhaps there was
no difference because parents were rating children’s behavior in case vignettes and therefore they did not have an emotional tie to the child.

**Strengths**

There are several strengths of this study. First, this study is an empirical investigation to test assumptions from previous studies through the use of case vignettes, where the gender of the child and the type of behaviors were manipulated. Next, this study tested these assumptions focusing on these behaviors displayed in preschool children during a time when gender stereotypes are forming. Third, this study employed a fairly even number of mothers and fathers (51 fathers and 52 mothers), unlike previous research that focuses heavily on mothers’ perceptions (e.g., Gretarsson & Gelfand, 1988). Last, an important strength of this study is that this study has clinical significance. Results of this study have direct implications for parents, teachers, and therapists in that it stresses the importance of perceptions. How individuals perceive a child’s behavior will influence whether or not they respond and how they respond. It also confirms the notion that perceptions are influenced by not only the gender of the child, but also the type of behavior being displayed.

**Limitations**

The present study does have limitations. First, generalizability may be an issue because participants of this study were primarily Caucasian, middle class, married couples. Parents of other ethnicities, social classes, family constellations (e.g., divorced, single), or parents who suffer from mental health problems may face different sources of increased stress or lack of social support, which in turn may inadvertently affect their perceptions. Also, the sample for this study was mostly drawn from the Southeast region
of the United States. Because of the geographical location of the participants, the results may not be applicable to people who live in other regions of the United States or internationally. Second, this study used self-report instruments. By using self-reports, the researcher assumes participants answered questions honestly. However, the participants may answer questions in a way they would like to believe applies to them, when in fact it might not be the truth. Third, the use of case vignettes where parents do not have a tie to their own child may have influenced the results. Perhaps if parents were rating their own children, their perceptions of behavior would be different. Last, the present study includes parents with children that do not exhibit severe emotional or behavioral problems. Perhaps if parents have children that have emotional or behavioral problems, their perceptions would differ from parents that do not experience that level of challenging behavior on a daily basis.

Future Research

Research still needs to be conducted in regards to examining parents’ perceptions of children’s behavior to prevent long-term negative effects that may occur with children. Future research should continue to gather information from fathers in regard to their perception of children’s behavior and how this influences parenting. Future research should also incorporate a more diverse ethnic population, of various social classes, and from various family constellations to allow the results to be applicable to all parents regardless of ethnicity, social class, or marital status. Future research should also attempt to tease apart whether or not differences in perceptions occur based on the gender of the parent. Perhaps differences in parental perceptions only occur when there is an emotional tie to the child.
Additional research needs to be conducted regarding what variables influence parental perceptions. Research on these variables will allow parents and teachers to be further educated on factors that play a prominent role in influencing perceptions. This will also provide information on how parental perceptions influence the parent-child relationship and the practices parents employ.
References


Appendix A

Demographic Questionnaire
Please complete this confidential questionnaire. An answer to every question is requested.

1. Your relationship to child:  
   Mother ________  
   Father ________

2. Your age: ________

3. Your Race:  
   Caucasian ________  
   African-American ________  
   Asian ________  
   Hispanic ________  
   Other ________

4. Highest Level of Education completed (circle year):  
   1  2  3  4  5  6  7  8  (Grade School)  
   9  10  11  12  (High School)  
   13  14  15  16  (College)  
   17 and over (Graduate School)

5. Your Occupation: ____________________________


7. If married, please provide the following information about your spouse:

   Age: ________

   Race:  
   Caucasian ________  
   African-American ________  
   Asian ________  
   Hispanic ________  
   Other ________
Highest Level of Education completed (circle year):

1 2 3 4 5 6 7 8 (Grade School)
9 10 11 12 (High School)
13 14 15 16 (College)
17 and over (Graduate School)

Occupation: _______________________________________________________

8. What is the estimated amount of your total family income per month
   (after taxes): __________

Parenting

9. Please provide the following information about EACH CHILD in your
   household:

   Sex: _____ Age: _____ Biological child Y N Stepchild Y N Adopted child Y N
   Sex: _____ Age: _____ Biological child Y N Stepchild Y N Adopted child Y N
   Sex: _____ Age: _____ Biological child Y N Stepchild Y N Adopted child Y N
   Sex: _____ Age: _____ Biological child Y N Stepchild Y N Adopted child Y N

10. Do any of your children have any type of disability? Yes  No
    If so, please describe the disability

    Is the child receiving any type of services due to the disability? Yes  No
    If so, please describe the disability (including frequency and dates of services)

11. How would you describe your child’s temperament?
    a. easy (transitions well, predominantly happy, does not get upset easily, easily
       calmed, etc.)
    b. difficult (does not transition well, moody, difficult to calm down, etc.)
    c. slow-to-warm-up (initially does not respond well to change, upsets easily but
       calmed down over time, etc.)

12. Who is primarily responsible for caring for your child (i.e. feeding, helping with
    homework, etc)
    a. You
    b. Spouse
    c. Other (please specify) _____________________________
13. Who is primarily responsible for managing your child when they have misbehaved?
   a. You
   b. Spouse
   c. Other (please specify)

14. What types of things are used to manage your child’s behavior? (please circle all that apply)
   a. Give time-out
   b. Spank
   c. Yell
   d. Take away items (i.e. toys, games, money, etc)
   e. Ignore child
   f. Ground
   g. Reason with child about behavior

15. How is your child rewarded for appropriate behavior?
   a. Given items (i.e. toys, games, money, candy, etc)
   b. Verbal praise (i.e. good job! good!, well done!, etc)
   c. Privileges (i.e. visits with friends, stay up past bedtime. do not have to do chores that day, etc)
   d. Other (please specify)

Marriage
16. How many years have you been married to your current spouse? _________
   a. How long did you “date” (in months) your current spouse prior to marriage? _______
   b. How many years did you wait after marriage to have a child with your current spouse? _______
   c. How old were you when you had your first child? _______
   d. Was the pregnancy planned? Yes No
   e. How many hours a week on average do you spend with just you and your spouse? _______
   f. How would you describe your current marriage? ________________________________

17. Were you married prior to your current spouse? Yes No
   a. If so, how many times? ______________
   b. How long did those marriages last? ______________
   c. How long did you “date” that spouse prior to marriage? __________
   d. Did you have a child(ren) with your previous spouse(s)? ________
      If so, how many? ______________
      Where do they reside? ______________
18. Are you currently employed? ___Yes ___No
   If yes, how many jobs do you have? ___1 ___2 ___3 or more
   How many hours a week do you work?
   ____less than 10 _____10-19 _____20-39 _____40 or more
   How satisfied are you with your current job?
   1 2 3 4 5 6 7
   Very Unsatisfied
   Very Satisfied

19. Is your spouse currently employed? ___Yes ___No
   If yes, how many jobs does he/she have? ___1 ___2 ___3 or more
   How many hours a week does him/her work?
   ____less than 10 _____10-19 _____20-39 _____40 or more

20. Your religious affiliation:
   a. Atheist
   b. Catholic
   c. Protestant
   d. Muslim
   e. Buddhist
   f. Jewish
   g. Hindu
   h. Other (please specify): ____________________

21. Your spouse’s religious affiliation:
   a. Atheist
   b. Catholic
   c. Protestant
   d. Muslim
   e. Buddhist
   f. Jewish
   g. Hindu
   h. Other (please specify): ____________________
22. Did you attend church when you lived at home with your parents (prior to the age of 18)?
   _____ Yes   _____ No

   If yes, how often do you attend?
   ___ Weekly   ___ 1-2 times a month   ___ Several times a year   ___ less than once a year

23. Do you currently attend church?   _____ Yes   _____ No

   If yes, how often do you attend?
   ___ Weekly   ___ 1-2 times a month   ___ Several times a year   ___ less than once a year

24. a. Prior to having children, did religion play an important part in your life?
    a. No
    b. Yes

       If yes, please rate how important your religion was?
       1  2  3  4  5  6  7
       Not  At all Very Important
       At all important

    b. How important is your religion as it pertains to raising your children?

       1  2  3  4  5  6  7
       Not  At all Very Important
       At all important

    c. How important is your religion in your relationship with your spouse?

       1  2  3  4  5  6  7
       Not  At all Very Important
       At all Important

    d. How important is your religion in providing comfort in times of crisis?

       1  2  3  4  5  6  7
       Not  At all Very Important
       At all Important

25. How knowledgeable do you feel about children’s development and behavior?

       1  2  3  4  5  6  7
       Not Somewhat Very
Appendix B

Vignettes
Case Vignettes

Directions: Please read each scenario and answer all the questions.

Scenario 1
One day, mother was trying to clean house before company came over. She told Mark (age 4) to put away his toys in his room. Mark screamed “no” then proceeded to yell at mother while throwing his toys. Mark refused to pick up his toys.

Is this behavior problematic?
Yes  No

On a scale of 1 to 10, how problematic is this behavior?

1  2  3  4  5  6  7  8  9  10
Not Somewhat Very
At all problematic

For the scenario above, please rate how important the following are in understanding or explaining the behavior.

1. Child’s lack of self-control
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

2. Child’s lack of understanding of what to do and what not to do
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

3. Events of the situation
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

4. Child’s personality characteristics
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

Scenario 2
One day, mother took Julie (age 4) to daycare. When entering the daycare, Julie was greeted by the daycare worker. She immediately ran to the nearest corner, grabbed a teddy bear, began to rock, and cried. She refused to talk to the day care workers and to the other children.

Is this behavior problematic?
Yes  No
On a scale of 1 to 10, how problematic is this behavior?

1  2  3  4  5  6  7  8  9  10
Not at all Somewhat Problematic
Somewhat Very Problematic

For the scenario above, please rate how important the following are in understanding or explaining the behavior.

1. Child’s lack of self-control
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

2. Child’s lack of understanding of what to do and what not to do
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

3. Events of the situation
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

4. Child’s personality characteristics
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important

Scenario 3
One day, Kara (age 4) was playing with another child in the sandbox. Kara asked the child to use the blue shovel. When the child said no, Kara began to scream at the child, throwing sand in her face. When her mother got on to her, Kara threw herself down on the ground and tantrummed.

Is this behavior problematic?
Yes  No

On a scale of 1 to 10, how problematic is this behavior?

1  2  3  4  5  6  7  8  9  10
Not at all Somewhat Very
Somewhat Problematic

For the scenario above, please rate how important the following are in understanding or explaining the behavior.

1. Child’s lack of self-control
   1  2  3  4  5  6  7
   Not Somewhat Very
   Important Important Important
2. Child’s lack of understanding of what to do and what not to do

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**Scenario 4**

At preschool, Paul’s mother brought cupcakes for his birthday. Paul (age 4) became embarrassed when the children began to sign “Happy Birthday.” During the middle of the song, Paul began to cry, took his cupcake, attempted to run out of the room. When his teacher stopped him, Paul immediately went and hid underneath the table. He remained under the table crying with his cupcake.

Is this behavior problematic?

Yes No

On a scale of 1 to 10, how problematic is this behavior?

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For the scenario above, please rate how important the following are in understanding or explaining the behavior.

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Appendix C

Informed Consent
INFORMED CONSENT STATEMENT
Parent Form

Project Title: Examination of Parenting Dimensions in Young Children

Department of Psychology
(270) 745-5435

You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project.

The investigator will explain to you the purpose of the project, what you will be doing, and the potential benefits and possible risks of participation. You may ask him/her any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

A. Purpose: This study will examine factors that are associated with parenting. Specifically, parenting styles, parenting behaviors, parental tolerance, parental satisfaction, and marital satisfaction will be examined. In addition, factors influencing your stress level, including the amount of support you have as well as the types of behaviors your child displays will be examined.

B. Procedures: This study will involve the following procedures:
   1. Completion of questionnaires. One questionnaire will ask for basic information about you and your child. One questionnaire will ask questions about parenting styles that you use. Another questionnaire will ask about parental tolerance. Another questionnaire will ask questions about your child’s typical behaviors, while another questionnaire will ask you to rate the severity of behaviors described in a given scenario. The remaining questionnaires will ask questions regarding parental satisfaction, marriage satisfaction, parental competence in parenting skills, level of stress, and perceived social support.

C. Duration of Participation: Your participation is completely voluntary and may be ended at any point. This study is designed to last approximately 45 minutes to 1 hour.

D. Confidentiality: All information about you will be kept confidential and will not be released. Questionnaires will have participant numbers, rather than names on them. All information will be kept in a secure place that is open only to the researchers and their assistants. This information will be saved as long as it is scientifically useful; typically
such information is kept for five years after publication of the results. Results from this study may be presented at professional meetings or in publications. You will not be identified individually; we will be looking at the group as a whole.

E. Benefits of participation: For participating in this study, you will receive a gift certificate. In addition, if you are interested, we will send you a copy of the results of the study when it is finished.

F. Risks of participation: The risks to you are minimal. It is possible that while completing the questionnaires, you may become aware of things you have not previously thought about. If you should have questions or concerns about any aspect of parenting, you can contact the researcher who can provide you with a list of agencies that work with parents and children should you desire psychological services. As a reminder, you are free to stop your participation at any time without penalty.

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I also understand that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks to me. I also understand the following statements (please check next to each to note that you agree):

_____ I affirm that I am 18 years of age or older.

_____ I agree to complete the questionnaires.

I understand that I may contact the researcher below at the following address and phone number, should I desire to discuss my participation in the study and/or request information about the results of the study: Melissa Hakman, Ph.D. 256 Tate Page Hall, Dept. of Psychology, Western Kentucky University, Bowling Green, KY 42101, (270) 745-5435. I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in this study.

_________________________ __________________________
Signature of Participant      Date

_________________________ __________________________
Witness                      Date
Appendix D

Debriefing Statement
Debriefing

You participated in a research study examining various aspects of parenting, including factors that influence parental satisfaction, parental tolerance, and parental perceptions of children’s behavior. In order for us to examine these areas, we asked you to complete a series of questionnaires which assess different things. One questionnaire obtained basic demographic information about you and your family. Other questionnaires assessed your level of satisfaction with the parenting role, your level of stress, your satisfaction with your marriage, your perceptions of children's behavior, and your tolerance level. From the information today which you provided through the standardized questionnaires, we will be able to see how parental satisfaction, parental tolerance, and parental perceptions influence parents raising young children. If you have any questions, please contact Dr. Melissa Hakman at (270) 745-5435. Thank you for participating.
Appendix E

Human Subjects Review Board Approval Form
In future correspondence please refer to HS06-17S, April 21, 2006

Erin McBride
c/o Dr. Melissa Hakman
TPH 256
Department of Psychology
WKU

Dear Erin:

Your revision to your research project, “Examination of Parenting Dimensions in Young Children,” was reviewed by the HSRB and it has been determined that risks to subjects are: (1) minimized and reasonable; and that (2) research procedures are consistent with a sound research design and do not expose the subjects to unnecessary risk. Reviewers determined that: (1) benefits to subjects are considered along with the importance of the topic and that outcomes are reasonable; (2) selection of subjects is equitable; and (3) the purposes of the research and the research setting is amenable to subjects’ welfare and producing desired outcomes; that indications of coercion or prejudice are absent, and that participation is clearly voluntary.

1. In addition, the IRB found that you need to orient participants as follows: (1) signed informed consent is required; (2) provision is made for collecting, using and storing data in a manner that protects the safety and privacy of the subjects and the confidentiality of the data. (3) Appropriate safeguards are included to protect the rights and welfare of the subjects.

This project is therefore approved at the Expedited Review Level until April 21, 2007.

2. Please note that the institution is not responsible for any actions regarding this protocol before approval. If you expand the project at a later date to use other instruments please re-apply. Copies of your request for human subjects review, your application, and this approval, are maintained in the Office of Sponsored Programs at the above address. Please report any changes to this approved protocol to this office. Also, please use the stamped Informed Consent documents that are included with this letter. A Continuing Review protocol will be sent to you in the future to determine the status of the project.

Sincerely,

Sean Rubino, M.P.A.
Compliance Manager
Office of Sponsored Programs
Western Kentucky University

cc: HS file number McBride HS06-17S
cc: Virginia Lowery