Childhood Abusive and Supportive Experiences, Inter-Parental Violence, and Parental Alcohol Use: Prediction of Young Adult Depressive Symptoms and Aggression

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Issues in both the children of alcoholics and child abuse literatures were addressed in an attempt to disentangle the effects on young adults of growing up in alcoholic homes versus abusive homes. Using multiple regression, retrospective reports of parental abuse (emotional, physical, and sexual) and parental support (love/support, independence, and fairness), witnessing violence between parents, and parental alcohol use were used as predictor variables for outcomes noted by both literatures. When the effects of all other predictors were statistically controlled, parental alcohol use was not significantly related to depressive symptoms or aggression. Different abusive and supportive behaviors, depending on sex of parent and sex of participant, were significant predictors of both depression and aggression. Results underscore the importance of including and controlling for inter-parental violence and for different types of child abuse (especially emotional abuse) and parental supportive behaviors in investigations of outcomes related to abusive and alcoholic families. Implications for treatment of individuals from these families are discussed.

KEY WORDS: child abuse; family violence; parental support; sex differences; depression; aggression.

Despite a plethora of research investigating adverse outcomes in adulthood of growing up either in an alcoholic family or an abusive family, little research in these areas has employed a comprehensive design that includes the effects of a broad range of family dysfunctions and strengths at one time. In a search of the literature, no studies were found that used multivariate techniques to control for the effects of parental alcohol use, witnessing inter-parental violence, experiencing emotional, physical, and sexual abuse, and experiencing different types of positive/supportive parental behaviors when investigating adult outcomes, such as depressive symptoms/depression and aggression, typically associated with growing up in alcoholic or abusive families. By focusing more narrowly on alcoholic families or on abusive families, research has often provided limited specific knowledge about the relation of different types of family dysfunctions and strengths to adult outcomes, thereby compromising treatment efforts.

Adult COAs often seek professional help for a variety of psychosocial problems that many consider to be the direct result of alcohol abuse in their families of origin (e.g., Black, 1990; Wolitz, 1984). More specifically, treatment of both adult COAs and alcoholics often centers on personality traits thought to be particularly characteristic of individuals who grow up in alcoholic homes and/or on the roles within the family that family members play (e.g., Cutler & Radford, 1999; Giglio & Kaufman, 1990; Lyon & Seefeldt, 1996). Although questions have been raised as to the effectiveness or appropriateness of these treatment strategies (Ackerman & Gondolf, 1991; Brown & Schmid, 1999; Lyon & Seefeldt, 1996), empirically based treatment outcome studies using these adult COA characteristics appear to be limited. In addition, there is

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increasing empirical evidence that there may be few pathological outcomes due to growing up in an alcoholic family per se (George et al., 1999; Giunta & Compas, 1994; Harman et al., 1995; Harter, 2000; Kashubeck & Christensen, 1995). Importantly, research has not confirmed unique personality characteristics of COAs as described by Wotitz (1984) (Logue et al., 1992; Lyon & Seefeldt, 1995; Seefeldt & Lyon, 1992) or roles children play in alcoholic families as described by Black (1980) (Alford, 1998).

The continuation of treatment plans based on traditional ways of conceptualizing the problems within alcoholic families may be related to the fact that research documenting differences between COAs and non-COAs or explicating problems in COAs continues to proliferate (e.g., Gabel & Shindledecker, 1993; Hart & McAleer, 1997; Mathew et al., 1993; Rodney & Mupier, 1999; Wilson et al., 1995). In all of these studies, participants were classified as either COA or non-COA, and differences between the groups were found on outcome measures such as aggression, anger coping styles, anxiety disorders, depression, family cohesiveness, and substance abuse disorders. These studies provide important information; however, despite disclaimers in some of the studies, they tend to perpetuate the views that COAs are universally affected by having grown up in an alcoholic family and/or that it is the alcohol use per se that is the problem.

An important point was raised as early as 1985 by Werner’s study (1986) that found many COAs were resilient and functioning well and by Seilhamer et al.’s (1993) study that revealed sons were not similarly affected by fathers’ day-to-day drinking. These studies, as well as others cited earlier, indicate that there is no simple cause and effect between parental alcohol abuse and adverse effects for children growing up in such families. Moreover, they suggest that there are other important factors not being accounted for in attempts to understand adult functioning in COAs.

An important advance in COA research has been the use of comparison groups in addition to groups of individuals categorized as either COAs or non-COAs. In this research, COAs have been compared to adult children from families judged to be dysfunctional for reasons other than alcohol abuse and to adults from non-alcoholic, functional families (Baker & Williamson, 1989; Fischer et al., 2000; Fisher et al., 1993; Giunta & Compas, 1994). In these studies, adult COAs either did not differ from adult children of dysfunctional, non-alcoholic families on measures of personality characteristics, depression, irrational beliefs, stress, and symptom checklists, or family dysfunction was more predictive of adverse outcomes than was COA status. When investigated, both the alcoholic and dysfunctional, non-alcoholic family groups differed from the normal control groups. These studies highlight the importance of considering comorbidity of parental alcohol use with other family problems.

One of the most important and pervasive family problems that needs to be considered is child abuse. Numerous studies have found a high incidence of child abuse in alcoholic families (e.g., Black et al., 1986; Chaffin et al., 1996; Fleming et al., 1997; Kerr & Hill, 1992; Sheridan, 1995; Wright et al., 1991). However, despite such information, most of the studies reviewed earlier looking at outcomes associated with being a COA did not consider/control for the possibility that being a victim of child abuse, rather than growing up with alcoholic parents per se, could account for the adverse outcomes being observed in the COAs they were studying.

In addition, most researchers, even those who include some form of family dysfunction in their designs, have failed to include the impact of witnessing inter-parental violence when assessing adult functioning of COAs (Baker & Williamson, 1989; Cuipers et al., 1999; Fischer et al., 2000; Fisher et al., 1993; Hart & McAleer, 1997; Harter & Taylor, 2000), even though there is a growing body of research documenting the deleterious effects of witnessing inter-parental violence (McCloskey et al., 1995; O’Keefe, 1996; Silvern et al., 1995). Moreover, the co-occurrence of inter-parental violence and parental alcohol use is well established (Cunradi et al., 2002; Dube et al., 2002; Leonard, 2002; Maker et al., 1998; White & Chen, 2002) as is the co-occurrence of inter-parental violence and child abuse (Dube et al., 2002; Henning et al., 1996; Leonard, 2002; Tajima, 2002). Nonetheless, few researchers have attempted to disentangle the effects of growing up in an alcoholic home from growing up in an abusive home, thereby confounding the effects of these two types of families.

Importantly, those studies in which parental alcohol use and child abuse have been considered independently demonstrate significant effects for child abuse. In a series of studies, Downs and Miller (e.g., Downs et al., 1987, 1992; Miller et al., 1993) held parental alcohol use constant and then found a significant relationship between history of physical and sexual abuse of women and adult alcohol abuse, thus indicating that alcohol problems in adulthood were related to a history of abuse, not just parental use of alcohol per se. Results of abuse, but not parental alcohol use, being related to adverse adult outcomes have been found by Maker et al. (1998), Pollock et al. (1990), and Harter and Taylor (2000). These studies highlight the importance of looking at family violence, both child abuse and inter-parental violence, that may,
independently or in combination, be related to adverse adult outcomes.

In addition, not only is it important to look at adverse outcomes in adulthood that are related to family violence or to growing up in an alcoholic home, but it is also important to consider that there could be adverse effects related to the omission or to a lower level of positive parenting behaviors. A few studies have included a measure of parental warmth, emotional closeness, or social support as part of their design, and the results across studies have been mixed. Curran and Chassin (1996) found that social support by mothers did not buffer the effects of father alcoholism on adolescent externalizing symptoms and alcohol/drug use. Likewise, McCloskey et al. (1995) found that there was less parental warmth in families marked by aggression and that available family social support failed to buffer children from psychopathology. However, Wind and Silvem (1994) reported that parental warmth mediated the relationship between depression and experiencing physical and sexual abuse. None of these studies included and controlled for all of the family dysfunctions discussed earlier: parental alcohol use, witnessing inter-parental violence, experiencing emotional, physical and sexual abuse, and experiencing parental support or warmth.

**Sex of Parent and Sex of Child Issues**

A final consideration in looking at sequelae of either child abuse or alcohol abuse is sex of the adult child and sex of the perpetrating parent. Several studies have documented differences in male and female adult COAs with regard to outcome variables such as anxiety, depression, alcohol and drug use, antisocial behavior, and view of relationships (e.g., Kerr & Hill, 1992; Mathew et al., 1993). Similarly, studies in the area of child abuse that have considered sex differences in outcome have usually found them (e.g., Malinosky-Rummell & Hansen, 1993; Hoglund & Nicholas, 1995). In fact, according to Haskett et al. (1996), when sex differences are assessed in studies of outcomes of child abuse, differences between males and females are identified over 60% of the time. However, despite growing evidence that there are sex differences in how maltreatment affects development (Trickett & McBride-Chang, 1995; Winefield et al., 1990; Wolfe & McGee, 1994), few researchers separate male and female data or statistically take sex into account. Furthermore, adult men are likely to be ignored in maltreatment research (Haskett et al., 1996; Muller & Diamond, 1999). In a review of the literature on the developmental impact of different forms of child abuse and neglect, Trickett & McBride-Chang (1995) found almost 80% of the studies reviewed had samples that were all female, thus limiting our knowledge of how male survivors may differ from female survivors and have different needs or issues in treatment.

A related problem is that fathers are typically ignored in investigations of the etiology of child abuse and the impact of abuse on children's development. Muller and Diamond (1999) assert that ignoring fathers and focusing on mothers results in sexist research and precludes examination of the family context of maltreatment. Likewise, in a review of the literature, Sternberg (1997) concluded that fathers are seriously understudied in child abuse, and, when they are investigated, there has been almost no investigation of the positive aspects of parenting that fathers may provide. Given the importance of understanding the etiology of maltreatment and the sequelae of abuse, it seems imperative to investigate the differential effects of mothers versus fathers in the perpetration of child abuse and of male versus female victims with regard to adult adjustment.

Moreover, research indicates that the outcome variables of interest in the current study (depression and aggression) often show sex differences. Females have been found to be higher in depression than males (e.g., Harman et al., 1995; National Institute of Mental Health, 1999; Rodney & Mupier, 1999); whereas, males report more physical aggression than females (Harris, 1996; Harris & Knight-Bohnhoff, 1996; Nicholas & Bieber, 1996). In addition, in a few studies investigating the relation between experiencing childhood abuse and adult depression in which sex of participants was considered, results have indicated that the relation between abuse and depression was stronger for female than for male participants (MacMillan et al., 2001; Silverman et al., 1996) or that there was a significant association for women but not for men (Swift & Gayton, 1996). Sex of parent has been demonstrated to be important in both the study of depression (Langhinrichsen-Rohling et al., 1998) and aggression (Bjorkqvist & Osterman, 1992). These studies provide an additional argument as to why sex differences in the prediction of depression and aggression need to be addressed.

**Adult Adjustment**

*Depression/Depressive Symptoms*

Within both the COA literature and the abuse literature, a growing trend is to conceptualize adverse adolescent and adult outcomes under the broad categories of internalizing disorders and externalizing disorders (e.g., Chassin et al., 1999; O'Keefe, 1996; Sier, 1997; Trickett & McBride-Chang, 1995). Specifically, among the
internalizing disorders, depression or depressive symptoms have been the focus of considerable research. Many studies have compared a COA group with a non-COA group and found a significant association between growing up in an alcoholic family and an adult depressive disorder (Belliveau & Stoppard, 1995; Bush et al., 1995; Domenico & Windle, 1993; Mathew et al., 1993; Tweed & Ryff, 1991). Similarly, studies have compared a group of participants identified as having experienced childhood abuse with a non-abused group and found a significant association between growing up in an abusive family and adult depression (Bell & Belicki, 1998; Bifulco et al., 2000; Styron & Janoff-Bulman, 1997; Wexler et al., 1997).

More specifically, researchers have also investigated the differential effects of different kinds of abuse in relation to adult depressive symptoms. Studies that use multivariate techniques which control for the effects of each type of abuse on the others and that include measures of physical, sexual, and emotional or psychological abuse have been especially informative (Boudewyn & Liem, 1995; Ferguson & Dacey, 1997; Gibb et al., 2001; Kent & Waller, 1998; Mullen et al., 1996). In all of these studies, experiencing childhood emotional or psychological abuse was significantly related to adult depression. The results for sexual abuse were mixed. Sexual abuse was significantly related to adult depression in four studies (Boudewyn & Liem, 1995; Ferguson & Dacey, 1997; Mullen et al., 1996; Zuravin & Fontanella, 1999), but not in two other studies (Gibb et al., 2001; Kent & Waller, 1998). However, with the exception of the Kent & Waller (1998) study in which “physical discipline” was significantly related to adult depression, none of the other five studies found a significant relationship between physical abuse and adult depression when the effects of emotional and sexual abuse were statistically controlled. These studies demonstrate the importance of considering differential effects related to emotional, physical, and sexual abuse and the need for using multivariate techniques to examine the relation between experiencing abuse in childhood and adult depression.

Earlier research is problematic in that studies reporting an association between parental alcohol use and depressive symptoms did not measure and control for the effects of child abuse, and the child abuse research did not measure and control for the effects of parental alcohol use, despite the evidence cited earlier that parental alcohol abuse and child abuse frequently co-occur in dysfunctional families. In addition, although considerable research has linked witnessing inter-parental violence with depressive symptoms or depression (Carlson, 1990; Kashubeck & Christensen, 1995; Maker et al., 1998; Silvern et al., 1995), almost none of the earlier studies included witnessing inter-parental violence as a possible confound in their results.

Moreover, several studies have investigated the relation between parental warmth/support and depressive symptoms, particularly in adolescents (Harter & White, 1996; Juang & Silbereisen, 1999; Taris & Bok, 1997; Wagner et al., 1996; Winefield et al., 1990; Zimmerman et al., 2000), but none assessed or controlled for abuse that may have been experienced by the participants. Therefore, the relation between parental behaviors in these studies and depression remains unclear. One study, Wind and Silvern (1994) did investigate parental support and both physical and sexual abuse and found that supportive parenting mediated the relationship between child abuse and young adult depression. However, no studies of depression were found that measured and controlled for parental alcohol abuse, witnessing inter-parental violence, experiencing emotional, physical and sexual abuse, and the extent of experiencing parental supportive behaviors.

Aggression

Externalizing disorders, in general, and interpersonal aggression, more specifically, have been identified as outcomes of growing up in an alcoholic family (Barnow et al., 2002; Reich et al., 1993; Ritter et al., 2002; Sher, 1997). Similar to the literature on depression, however, witnessing inter-parental violence was usually not included in the earlier studies or was combined with child abuse, and few studies have assessed and then controlled for the effects of both child abuse and parental alcohol use. In one such study, Pollock et al. (1990) found a history of being physically abused but not the presence of an alcoholic father was predictive of aggression in their sample of men.

Externalizing disorders, and, specifically, aggressive behaviors, have also been linked to being abused as a child (Hoglund & Nicholas, 1995; Muller & Diamond, 1999; Nicholas & Bieber, 1996; O’Keefe, 1996; Pollock et al., 1990; Ritter et al., 2002; Widom & Maxfield, 1996) and to witnessing inter-parental violence (Maker et al., 1998; O’Keefe, 1996). Most studies linking family violence to later aggression have assessed only physical abuse (e.g., Pollock et al., 1990; Muller & Diamond, 1999; O’Keefe, 1996; Ritter et al., 2002). However, in two studies of nonclinical young adults, emotional abuse, when physical abuse was controlled for, was significantly related to aggression (Hoglund & Nicholas, 1995; Nicholas & Bieber, 1996). These results indicate that examining different types of abuse may provide additional information in the assessment of the complex relationship between
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experiencing abuse and later perpetration of aggressive behavior. Individuals not reporting physical abuse, but experiencing emotional abuse, could be overlooked as child abuse survivors during treatment.

Research including parental supportive behaviors in the relation between growing up in an abusive family and later aggressive behavior is sparse. In one such study, Nicholas and Bieber (1996) found lower love and support by fathers was related to higher hostility in young adult men and women, and lower love and support of daughters by mothers was related to increased physical fights involving adult daughters within the family. The degree of positive parenting behaviors may be an important aspect in the outcomes typically associated with either child abuse or alcohol abusing families, but research to support this contention is limited.

Issues in Child Abuse Research

Abusive Parenting

Research has indicated that different types of child abuse (physical, sexual, and emotional) tend to co-occur (e.g., McGee et al., 1997) and that different types of child abuse may be related to different adult outcomes (e.g., Briere & Runz, 1988, 1990; Hoglund & Nicholas, 1995; Mullen et al., 1996; Nicholas & Bieber, 1996). However, most of the studies reviewed in the prior sections either did not measure and control for all types of abuse, and/or they combined all measured types of abuse into one category for their analyses (Bell & Belicki, 1998; Bifulco et al., 2000; Styron & Janoff-Bulman, 1997; Wexler et al., 1997). In other studies, the category labeled "physically abused" contained individuals who were both physically and emotionally abused, or the category labeled "sexually abused" was composed of participants who were also physically and/or emotionally abused (e.g., Harter & Taylor, 2000; Langhinrichsen-Rohling et al., 1998; MacMillan et al., 2001). Understanding the effects of just one type of abuse is thereby compromised, and these procedures may be partly responsible for conflicting results across studies.

Another important issue is that emotional abuse has received comparatively less research attention compared to physical and sexual abuse, and there are important differences with regard to how researchers are defining and measuring emotional abuse. Some of the earlier researchers developed a measure of "psychological maltreatment" following the definitions of Garbarino and Vondra (1987) or Hart et al. (1987), which consist of a broad spectrum of parental behaviors such as rejecting, degrading, terrorizing, isolating, exploiting, and corrupting (Ferguson & Dacey, 1997; Gross & Keller, 1992). Other researchers consider emotional abuse to be any abusive behaviors that are not overtly physical or sexual, thus including verbal abuse, displaying anger at the child, and threats of harm (e.g., Kent & Waller, 1998), while others (e.g., Mullen et al., 1996) define emotional abuse as emotional neglect (a failure of care and concern rather than the active belittling of the child).

In an effort to define emotional abuse as distinct from other forms of psychological maltreatment, O'Hagan (1995) defined emotional abuse as a sustained, inappropriate emotional response to the child's experience of emotion and its accompanying expressive behavior that inflicts emotional pain on the child, inhibits the child from appropriate emotional feeling and emotional expression, and impairs emotional development. However, the field has been slow to adopt a uniform view of what constitutes emotional abuse, and some researchers, as part of the study at hand, have created their own definition and way to measure it or have modified an existing scale to include items reflecting their concept of emotional abuse (e.g., Gross & Keller, 1992; Harter & Taylor, 2000; Kent & Waller, 1998; Mullen et al., 1996). Although these approaches have provided useful information, such different definitions of emotional abuse, which are operationalized without sufficient psychometric support, make comparisons across studies difficult, and mixed results for the effects of emotional abuse are common.

Despite problems in defining and measuring emotional abuse, it is important for research to include a measure of emotional abuse or psychological maltreatment. When assessing adverse outcomes from growing up in dysfunctional families, it cannot be assumed that families in which there is a lack of apparent physical or sexual abuse or obvious neglect are not abusive families. Emotional abuse may be present and may have even more detrimental effects for adult or adolescent functioning than the other forms of abuse (e.g., Brassard & Hardy, 1997; Gross & Keller, 1992; McGee et al., 1997). Moreover, by not independently measuring and controlling for the effects of emotional abuse or by confounding types of abuse, researchers may obtain misleading results.

Supportive Parenting

As discussed earlier, very few studies looking at outcomes associated with growing up in alcoholic or abusive families have included an assessment of positive
parenting that may have an important relation to adult functioning. In addition, when a form of positive parenting has been included, it is often a measure of parental warmth/closeness or general support (e.g., Curran & Chassin, 1996; McCloskey et al., 1995; Wind & Silvern, 1994). Other forms of supportive parental behaviors have largely been ignored. However, in child development theory (e.g., Erikson, 1968), a degree of autonomy or appropriate independence is a developmental goal, and research indicates that parents perceive the importance of encouraging this developmental step for their children (e.g., Newman, 1989; Nydegger & Mitteness, 1991). It stands to reason that a parent can be loving and warm to a child but also discourage appropriate independence or not be fair in providing resources equitably in the family. A parent can also be loving but not provide an appropriate role model for the child. These are facets of supportive parenting that, if measured, may add to our knowledge of healthy adult adjustment, particularly if combined with research investigating the outcomes of growing up in alcoholic and/or abusive families. In the current study, three different types of parental supportive behaviors were measured and controlled for: love/support, promotion of independence, and positive modeling/basic fairness.

Purpose of the Present Study

In line with the issues mentioned earlier, the current study had four purposes. First, a major purpose of the current study was to attempt to disentangle experiencing abusive behaviors by parents and witnessing inter-parental violence from the occurrence of alcohol abuse in the family with regard to outcome variables associated in the literature with both abusive families and alcoholic families. Specifically, as reviewed earlier, depression and aggression have been found to be related to growing up in both violent families and alcoholic families. It was expected that experiencing or witnessing abusive behaviors would be more predictive of these outcome variables than would growing up in an alcoholic family per se.

The second purpose was to investigate the relation of each family variable and parental alcohol use to the outcome variables of depression and aggression, while statistically controlling for the effects of all other predictor variables. The family variables which were used as predictor variables were witnessing inter-parental violence; three types of child abusive behaviors: emotional, physical, and sexual; and three types of positive, supportive parenting behaviors: love/support, promotion of independence, and positive modeling/basic fairness. The approach taken in the current study with regard to defining emotional abuse was reasonably similar to O’Hagan’s (1995) definition and refers to overt parental behaviors that attack and undermine a child’s feelings, sense of self, and worthiness. Emotional abuse defined in this manner is particularly relevant to the study of depression, since a lower sense of worthiness and self-esteem are major components of depression (Beck, 1993; Crocker & Wolfe, 2001). This definition has been operationalized in the emotional abuse scale of the Exposure to Abusive and Supportive Environments–Parent Inventory (Nicholas & Bieber, 1997), which has established reliability and validity data from prior studies (see Nicholas & Bieber, 1997 for a summary).

Based on prior research (e.g., Hoglund & Nicholas, 1995; Nicholas & Bieber, 1996), it was expected, in this population, that emotional abuse would more consistently be related to depression and aggression than would physical or sexual abuse, witnessing inter-parental violence, or parental alcoholism. In addition, the role of supportive parental behaviors to the outcome variables was of special interest. It was predicted that higher parental love and support, promotion of independence, and positive modeling and fairness would be significantly related to less depression and aggression.

The third purpose was to examine sex differences with regard to the relation of experiences while growing up to the outcome variables. In general, since previous research has found females to be more sensitive to family history experiences than males (MacMillan et al., 2001; O’Keefe, 1994; Winefield et al., 1990), it was expected that women would report more connection between family events and adult functioning, in terms of variance accounted for in multiple regression, than would men. It was also expected that different family variables would be predictive for women compared to men and that sex of parent differences would be present. More specifically, and in line with related research (e.g., Bjorkqvist & Osterman, 1992; Downs & Miller, 1998; Downs et al., 1992; Winefield et al., 1990), it was predicted that opposite-sex effects would be present, especially with regard to fathers and daughters. Consequently, men and women were analyzed separately.

The fourth and final purpose of the current study was to investigate the earlier relationships within the context of a sample of young adults who were functional enough to be attending college and whose overall level of exposure to abusive behaviors by parents was relatively low. It was expected that less severe or milder levels of abusive behaviors by parents would be related to problems in young adult functioning.
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METHOD

Participants

Participants were a convenience sample of 142 female and 156 male students enrolled at a western university who voluntarily completed the questionnaire packet in their introductory psychology classes. The mean age of the women was 20.03 years, and the mean age of the men was 20.17 years. Participants were primarily Caucasian (approximately 94%) and from middle-class homes.

Measures

Children of Alcoholics Screening Test (CAST)

The CAST (Pilat & Jones, 1985) is a 30-item inventory using a "yes" or "no" format in which an individual describes feelings, behavior, and experiences related to a parent's alcohol use. In studies reported by Pilat and Jones (1985), all 30 CAST items significantly discriminated children of alcoholics from control group members, and a cutoff score of 6 or more reliably identified 100% of the clinically diagnosed children of alcoholics. In the current study, a total score, obtained by adding the scores for mothers and fathers, was used to represent history of parental alcohol use.

Exposure to Abusive and Supportive Environments—Parenting Inventory (EASE-PI)

The EASE-PI (Nicholas & Bieber, 1997) measures an individual's retrospective view of parenting behaviors by rating how frequently each behavior (70 total) occurred, separately for mothers and fathers, on a 5-point Likert scale ranging from "never" to "very often." There are three scales of abusive behaviors, resulting in six variables: Mother Emotional Abusiveness (MEA), Father Emotional (FEA), Mother Physical (MPA), Father Physical (FPA), Mother Sexual (MSA), and Father Sexual (FSA). The three scales of positive, supportive behaviors also result in six variables: Mother Love and Support (ML/S), Father Love and Support (FL/S), Mother Promotion of Independence (MI), Father Promotion of Independence (FI), Mother Positive Modeling and Basic Fairness (MM/F), and Father Positive Modeling and Basic Fairness (FM/F). In all scales, items range from less severe to more severe. Nicholas and Bieber (1997) report studies demonstrating content, concurrent, and predictive validity for the EASE-PI as well as the following 10-week test-retest reliabilities for the six scales: EA = 0.84, PA = 0.92, SA = 0.96, L/S = 0.83, F = 0.70, and M/F = 0.87.

Sample items on the Emotional Abusiveness scale (18 total) include "Your mother (father) ridiculed your feelings" and "Your mother (father) made you feel terrible when you made a mistake." Sample items on the Physical Abusiveness scale (13 total) include "Broke or smashed objects near you when angry with you," "Beat you up," and "Used a weapon (such as a knife or a gun) on you." Sample items on the Sexual Abusiveness scale (10 items) include "Made sexual comments to you that made you feel uncomfortable" and "Had vaginal, anal, or oral sex with you." Items on the Love/Support scale (16 items) include "Did things to let you know she (he) loved you," "Respected your feelings," and "Was able to talk to you about sensitive issues (such as sex, drugs, etc.)." Items on the Promotion of Independence scale (6 items) include "Let you feel you were in control of your own life" and "Allowed you to be as independent or as free as you needed to be." Items on the Positive Modeling/Fairness scale (6 items) include "Settled family disputes fairly," "Practiced what she (he) preached," and "Provided a good example."

Conflict Tactics Scale (CTS)

The CTS (Straus, 1979) was designed to measure the use of Reasoning, Verbal Aggression, and Violence within the family. Only the Violence scale was used in the current study. Participants reported the frequency of both mother-to-father violence and father-to-mother violence in the home while they were growing up. These two scales were summed, and total inter-parental violence (IPV) was used in analyses.

Costello and Conrey Depression Scale (CCDS)

The CCDS (Costello & Conrey, 1967) is a brief scale of 14 items developed to measure trait depression or the tendency to develop a depressed mood. Participants circle a response for each item that ranges from 0 (not depressed) to a value of 8 (maximum depression score for that item). After reverse scoring half the items, the item scores are summed for the total depression score. The CCDS has demonstrated high split-half reliability (.90) and test–retest reliability (.79) (Costello & Conrey, 1967).

Buss–Durkee Hostility Inventory (BDHI)

The BDHI (Buss & Durkee, 1957) is an instrument designed to analyze an individual's mode of hostility.
expression. Participants respond to the 75 items by marking whether each statement is true or false of their typical behavior. Factor analysis of the inventory revealed two factors (Buss & Durkee, 1957) that have been labeled Aggressiveness (consisting of Assault, Indirect Aggression, Irritability, and Verbal Aggression) and Hostility (consisting of Resentment and Suspicion) (Buss & Perry, 1992). Only the Aggression Scale was used in the current study.

RESULTS

Initial Analyses

Correlations among EASE-PI Variables

Bivariate correlations were computed separately for men and women on the 12 EASE-PI variables. Following the guideline suggested by Hair et al. (1995), variables correlating .70 or above were identified for the purpose of eliminating one of the two variables in future analyses. For men, four highly correlated variables were identified, all of which were supportive variables (see Table I). However, for women, 11 sets of variables were correlated .70 or greater (see Table II). Inspection of the highly correlated variables for women revealed that MEA was highly correlated with all other mother variables except MSA, which was highly correlated with MPA. In addition, all the mother supportive variables were highly correlated with each other, as were the father supportive variables.

Given the number of highly correlated variables, the following procedure was used to select variables to be included in subsequent regression analyses. First, three multiple regressions, one for each of the outcome variables of depression, aggression, and parental alcohol use, were computed for women and then for men using all 12 EASE-PI variables as the independent variables. Second, separately for each dependent variable, both variables in the identified pairs of highly correlated variables were compared using the standardized Beta coefficients. The one of each pair with the higher Beta was retained to be in the next regression, unless that variable was part of another pair and was eliminated by another variable. For men, this procedure resulted in the same variables for inclusion in the regressions predicting depression, aggression, and CAST scores. All mother and father abusive variables were included, as well as MM/F, FL, and FM/F. Excluded variables were ML/S, MI, and FL/S.

For women, this procedure resulted in different results depending on the dependent variable. For depression, MPA eliminated MFA and MSA; MM/F eliminated ML/S and MI; and FL eliminated FL/S and FM/F. For aggression, MEA eliminated MPA, ML/S, MI, and MM/F; while FM/F eliminated FL/S and FL. For the CAST, MSA eliminated MPA, and MM/F eliminated MFA, ML/S, and MI, while FM/F eliminated FL/S and FL. Variables included in each regression are listed later for each dependent variable.

History of Parental Abuse and Support

Participants were not categorized as abused or nonabused; rather, scores on each scale of the EASE-PI were used as continuous variables. Inspection of the data indicated the following percent of female participants who reported a score greater than 0 on each scale: MFA, 100%; FEA, 100%; MPA, 64%; FPA, 59%; MSA, 18%; FSA, 18%; ML/S, 100%; FL, 100%; MI, 100%; FL, 100%;

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<td>-0.402</td>
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<td>0.686</td>
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<td>0.587</td>
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<td>-0.558</td>
<td>-0.376</td>
<td>-0.327</td>
<td>0.800</td>
<td>0.696</td>
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</table>

Note. The values in bold type indicate variables that are correlated .70 or greater.
Prediction of Depressive Symptoms and Aggression

### Table II. Bivariate Correlations Between EASE-PI Scales for Women

<table>
<thead>
<tr>
<th></th>
<th>MEA</th>
<th>MPA</th>
<th>MSA</th>
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<th>FSA</th>
<th>FLS</th>
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<tr>
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<td>-0.553</td>
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<td>0.793</td>
<td>1.000</td>
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</tbody>
</table>

*Note. The values in bold type indicate variables that are correlated .70 or greater.*

MMF, 100%; FMF, 99%. The following are the percent of male participants who reported a score greater than 0 on each scale: MEA, 100%; FEA, 99%; MPA, 67%; FPA, 70%; MSA, 26%; FSA, 35%; MLS, 100%; FLS, 99%; MI, 100%; FI, 100%; MMF, 100%; FMF, 99%.

### History of Parental Problems with Alcohol Abuse

Using the CAST, 56 of the 298 participants (19%) attained a score of 6 or more and could be classified as COAs. The highest score was 28 out of a possible 30. For the majority of COAs, the father was the alcoholic parent (N = 38). The mother was the alcoholic parent in eight cases, both parents were alcoholic in eight cases, and two participants did not report which parent had the drinking problem. A score of zero was found for 181 of the participants. Participants were not categorized based on a score of 6 or more. Instead, CAST scores were used as a continuous variable.

### Sex of Participant Differences on the Independent Variables

In order to ascertain if sex differences on significant predictors of dependent variables existed, post-hoc t-tests were computed on the EASE-PI variables and the CTS. Results indicated that women (M = 5.92, SD = 6.21) and men (M = 4.39, SD = 3.41) differed on only one variable at the traditional level of significance: MEA, t(296) = 2.60, p = .010. However, with an alpha correction for computing 12 t-tests to .004 for significance, this sex difference was not considered significant; therefore, women and men did not differ on their report of experiencing the different types of abuse and support from mothers and fathers or of inter-parental violence.

### Sex of Parent Differences on the EASE-PI Variables

Separately for women and men six post-hoc within-subject t-tests were computed comparing mother versus father behaviors on the EASE-PI scales. The alpha level was adjusted to .008 for significance. For both women and men, the report of physical abuse, sexual abuse, and promotion of independence was similar for mothers and fathers, as was emotional abuse for women. Men reported more emotional abuse from their fathers than from their mothers. In addition, both women and men reported receiving more love and support and more positive modeling and basic fairness from their mothers than from their fathers. See Table III (men) and Table IV (women) for details on the t-tests.
Both mother variables were significant predictors: MPA ($t = -2.06, \beta = -2.1, p = .04$) and MM/F ($t = -2.87, \beta = -3.0, p = .005$). One father variable was significant: FEA ($t = 2.46, \beta = .26, p = .015$) as was the CTS ($t = 3.62, \beta = .44, p < .000$). Lower mother physical abuse, lower mother positive modeling/fairness, higher father emotional abuse and higher inter-parental violence were all significantly related to higher depression.

**Men**

In addition to CAST and CTS scores, the EASE-PI variables included in the equation to predict depression scores were MEA, MPA, MSA, MF, FEA, FPA, FSA, FI, and FM/F. The resulting equation was significant, $F(11, 154) = 4.57, p < .000$, and accounted for 20% of the variance in depression scores (Adj. $R^2 = .203$). Significant predictors were MM/F ($t = -3.72, \beta = -.40, p < .000$) and FI ($t = -2.30, \beta = -.26, p = .023$). Lower mother positive modeling/fairness and lower father promotion of independence were related to higher depression for men.

### Prediction of Depression

**Women**

Using the method detailed earlier, the EASE-PI variables included in the equation predicting depression, in addition to CAST and CTS scores, were MPA, MM/F, FEA, FPA, FSA, and FI. The equation was significant, $F(8, 141) = .99, p < .000$, and accounted for 31% of the variance in depression scores (Adj. $R^2 = .312$).

### Prediction of Aggression

**Women**

Variables included in the regression to predict aggression were the CAST, CTS, MEA, MSA, FEA, FPA, FSA, and FI. The equation was significant, $F(8, 141) = 3.58, p = .001$, and accounted for almost 13% of the variance in aggression scores (Adj. $R^2 = .127$). Only one variable was a significant predictor: FEA ($t = 3.29, \beta = .42, p = .001$) indicating that higher father emotional abuse scores were related to higher aggression scores in women.

**Men**

In addition to the CAST and CTS scores, variables included in the equation to predict men’s aggression scores were MFA, MPA, MSA, MF, FEA, FPA, FSA, FI, and FF. The resulting equation was significant, $F(11, 154) = 2.54, p = .006$, and accounted for almost 10% of the variance in aggression scores (Adj. $R^2 = .099$). Significant predictors were MPA ($t = -2.51, \beta = -3.3, p = .013$), FPA ($t = 2.21, \beta = -.27, p = .028$), and the CTS ($t = 2.29, \beta = -.23, p = .023$). Lower mother physical abuse, higher father physical abuse, and higher inter-parental violence were predictive of higher aggression.
Prediction of Depressive Symptoms and Aggression

Prediction of CAST Scores

Women

To investigate the relation between parental abusive and supportive behaviors while growing up and parental alcohol use, MSA, MF, FEA, FPA, FSA, FF, and CTS scores were used in a standard multiple regression to predict CAST scores. The overall equation was significant, $F(7,141) = 24.14, p < .000$, and accounted for close to 54% of the variance (Adj. $R^2 = .535$). One mother variable, MSA ($t = 3.26, \beta = .26, p = .001$), and one father variable, FPA ($t = -2.38, \beta = -.24, p = .019$), were significantly predictive of CAST scores. In addition, the CTS was significant ($t = 5.26, \beta = .49, p < .000$). Higher mother sexual abuse, higher inter-parental violence, and lower father positive modeling/fairness were significantly related to higher parental alcohol use.

Men

Similar to other analyses with men, variables included in the standard regression equation included the CTS scores, MFA, MPA, MSA, MF, FPA, FSA, FEA, and FF. The equation was significant, $F(10,154) = 5.92, p < .000$, and accounted for 24% of the variance (Adj. $R^2 = .242$). One father variable, FEA ($t = 2.27, \beta = .27, p = .025$) and the CTS were significant, $t = 2.87, \beta = .25, p = .005$. Higher father emotional abuse and higher inter-parental violence were significantly related to higher parental alcohol use.

DISCUSSION

Prediction of Depressive Symptoms

Contrary to extensive research demonstrating a significant relationship between growing up in an alcoholic family and adult depression, CAST scores did not significantly predict depressive symptoms for either women or men in the current study when the effects of various forms of family violence and support were controlled for using multiple regression. As predicted, there was a stronger relationship, in terms of variance accounted for, between reported family experiences and depressive symptoms for women compared to men (31% vs. 20%, respectively). This finding and the occurrence of different predictors of depressive symptoms for women and men, despite no significant difference in reported level of symptoms, provide additional support for the contention that there are sex differences in how maltreatment affects development (Trickett & McBride-Chang, 1995; Winefield et al., 1990; Wolfe & McGee, 1994). As discussed later, considering that there were also different predictors based on sex of the perpetrating parent, results of this study underscore the need to consider both sex of adult child and sex of parent in future studies hoping to unravel the complexity in predicting outcomes of growing up in dysfunctional families.

Women

For women, a combination of abusive and supportive parental behaviors plus inter-parental violence accounted for a relatively large portion of the variance (31%) in depression scores. As predicted, and consistent with past multivariate research (Boudewyn & Liem, 1993; Ferguson & Dacey, 1997; Gibb et al., 2001; Kent & Waller, 1998; Mullen et al., 1996), emotional abuse was an important predictor of depressive symptoms. This result is also consistent with previous research and that emotional abuse may undermine one’s basic sense of self or self-esteem, and that lower self-esteem or sense of being unworthy is related to feelings of depression (e.g., Beck, 1993; Crocker & Wolfe, 2001; Wenar, 1994). Only father emotional abuse, not mother emotional abuse, was a significant predictor. However, mother emotional abuse was not in the equation because of its high correlation with mother physical abuse but lower Beta coefficient. Therefore, this result does not imply mother emotional abuse had little relation to depressive symptoms for these young women; more correctly, it points to a greater impact of mother physical abuse. Importantly, the finding of a significant influence of father abuse on daughters is consistent with past research (e.g., Bjorkqvist & Osterman, 1992; Downs & Miller, 1998; Downs et al., 1987, 1992), although none of these studies measured emotional abuse as defined in this study. It is also in line with a study by Winefield et al. (1990) in which fathers had a greater influence than mothers on level of self-esteem in women.

Daughters may be especially sensitive to emotional abuse from fathers, in part, because such abuse is contrary to society’s expectations of father protection. Research by Nydegger and Mitteness (1991) found that fathers believe their primary responsibility is to protect daughters and that fathers are less critical of daughters than sons and are more careful when angry because of their daughters’ sensitivity. If fathers, as representatives of larger society outside the home and as the prototype for later heterosexual relationships, devalue daughters and undermine their sense of
competency, daughters may come to devalue themselves, with resulting depressive symptoms.

Mothers were not unimportant in the prediction of young women’s depressive symptoms: Both mother variables included in the regression were significant predictors. Lower scores on the supportive variable of Mother Positive Modeling/Fairness were related to more depressive symptoms. Whereas father emotional abuse may undermine daughters’ self-esteem or sense of self-worth or competence, mothers’ fair dealings with daughters may give them messages of being important and valuable. In addition, positive modeling by mothers may give growing girls a role model of competence and worth to incorporate into their own self-views through identification with their mothers, thus reducing the likelihood of depressive symptoms.

Importantly and contrary to expectation, higher physical abuse by mothers was related to fewer depressive symptoms in this group of female participants. A plausible explanation for this result is that higher physical abuse by mothers may help young women focus their resultant feelings outwardly in terms of anger at their mothers or, at least, facilitate less self-blame, because physical abuse may be identifiable as unreasonable or inappropriate behavior on the part of parents.

The result of a negative relationship between physical abuse and depressive symptoms for the young women in the current study is contradictory to the results of the multivariate studies reviewed earlier in which physical abuse was not significantly associated with later depression (Boudewyn & Liem, 1995; Ferguson & Dacey, 1997; Gibb et al., 2001; Zuravin & Fontanella, 1999). However, none of these studies measured and controlled for both mother and father abuse separately. Since it was only mother abuse that was predictive of depression in the current study, it is possible that combining mothers and fathers weakens the relationship to depression, thus creating a nonsignificant result. Moreover, the inclusion of supportive parenting and inter-parental violence in the current study may have enabled a more accurate view of mother physical abuse to become apparent. It may also be that this result is more typical of young women who are functioning well enough to be in college and whose reported abuse, for the most part, was not severe. Since there are important implications of this result for treatment, this finding needs replication.

The significant positive relationship between witnessing inter-parental violence and depression in women (but not men) is consistent with prior research (Silvem et al., 1995). As will be discussed in more detail later, girls and women may be especially sensitive to the relationship between their parents, and, if that relationship is violent, they may react in a variety of ways, including feeling responsible to some extent, helpless to stop the violent interactions, and possibly demoralized through identification with their mothers. If so, it makes sense that witnessing higher violence between parents would be a fairly powerful predictor of depression.

Men

The predictors of depressive symptoms for men were interestingly different from those for women. None of the abusive variables was a significant predictor, nor was inter-parental violence. Instead, two supportive variables, one mother and one father, were the only predictors. First, lower promotion of independence by fathers was significantly related to higher depression scores for men. This finding is important in that the establishment of autonomy, according to Erikson (1968), is part of identity formation, the fundamental task of adolescence, and facilitation of this task may reside primarily in fathers. Nydegger and Mitteness (1991) reported that fathers believe their main responsibility to sons is to foster independence, and Newman (1989) found fathers, more than mothers, encouraged independence in adolescent boys. Promotion of independence, as measured by the BASE-PI, includes being allowed to explore one’s own beliefs and feeling as if one is in control of one’s own life. From this standpoint, lower promotion of independence may both affect the establishment of autonomy and violate the male stereotype of independence. For young men, such restrictions may be particularly demoralizing, and depressive symptoms may ensue.

Similar to results for women, young men also reported an association between depressive symptoms and lower mother positive modeling and basic fairness. In fact, mother positive modeling and fairness was a stronger predictor of depressive scores for men than was father independence (Beta = -.40 compared to Beta = -.26). For both sexes, mothers’ ability to be fair and to model appropriate behavior appears to give them needed resources to fend off depressive symptoms. The strength of this association argues for continued research that examines the contributions of different types of both abusive and supportive parental behaviors and controls for the effects of each type of behavior.

Prediction of Aggression

Similar to the results for depression, emotional abuse was an important predictor of aggression, but only for women and only by fathers. Importantly, report of family
Prediction of Depressive Symptoms and Aggression

history of parental alcohol use was not predictive of aggression for either men or women. This result is contrary to studies that have shown a relation between parental alcohol abuse and externalizing behaviors such as aggression or behavioral undercontrol (Barnow et al., 2002; Reich et al., 1993; Ritter et al., 2002; Sher, 1997). However, it is in agreement with the one study that included and controlled for both childhood physical abuse and parental alcohol use (Pollock et al., 1990). These results raise questions as to the legitimacy of continuing to research externalizing behaviors in relation to being a COA if histories of childhood abuse and inter-parental violence are not controlled for in the design.

Compared to depression, the prediction of aggression was less successful. In the prediction of depression, the parent behaviors accounted for 31% and 20% of the variance for women and men, respectively, but only 13% (women) and 10% (men) of the variance in the prediction of aggression. It is possible that the participants were more likely to admit to depressive symptoms than they were to aggressive behaviors, thus resulting in less chance of finding significant results. In addition, the variables investigated in this study, although important, may not have tapped relevant dimensions for predicting male or female aggression in this sample of young adults, who reported abuse on the less severe end of the continuum. Other important variables, such as sibling and peer interactions may be relatively more important when parents are not highly abusive. Nonetheless, there were significant results of note that differed depending on sex of the participant and sex of parent.

Women

For women, there was only one significant predictor of aggression: father emotional abuse. This result, in combination with the significance of father emotional abuse in the prediction of depression for women, further emphasizes the importance of the father-daughter relationship. The absence of physical abuse in predicting aggression is surprising in that, as cited earlier, there is considerable prior research linking physical abuse to aggression (e.g., Hoglund & Nicholas, 1995; Muller & Diamond, 1999; Nicholas & Bieber, 1996; O’Keefe, 1996; Pollock et al., 1990; Ritter et al., 2002). However, closer inspection of available research indicates that, in some studies, emotional abuse was not included independently with other types of abuse controlled for (Muller & Diamond, 1999; Pollock et al., 1990; Ritter et al., 2002), and only one of the earlier studies (Nicholas & Bieber, 1996) included and controlled for the effects of parental supportive behaviors in addition to abusive behaviors. None of the studies controlled for the effects of inter-parental violence. The contradictory results are likely due to the inclusion of these additional, important family interaction variables and, possibly, to the use of multivariate techniques that use the family variables as continuous data instead of separating participants into abused or non-abused groups.

Men

In general, the results for men were expected based on prior research in which both experiencing physical abuse and witnessing inter-parental violence were significantly predictive of higher reported aggression (Carlson, 1990; Hoglund & Nicholas, 1995; Muller & Diamond, 1999; Nicholas & Bieber, 1996; Pollock et al., 1990). However, there was an important difference due to sex of parent. Higher physical abuse by fathers was predictive of higher aggression, but higher physical abuse by mothers was predictive of lower aggression. There is no simple explanation for why physical abuse by mothers would be related to less aggression. It is possible that gender role expectations of physical male dominance become reversed when a young boy is physically abused by his mother, and he comes to view himself more in the victim role than the aggressor role. However, when fathers are abusive, boys may internalize aggression through identification with their same-sex parent. These results provide confirmation that possible differences due to sex of parent need to be investigated and that there can be differential effects related to sex of parent even though the amount of reported abuse by mothers and fathers is similar. This result is unique and need to be replicated.

Relation of Parental Alcohol Use to Family Violence and Parental Support Variables

As expected, experiencing abuse and witnessing inter-parental violence were significantly related to parental alcohol abuse. This result is in line with considerable previous research reviewed earlier reporting such associations (e.g., Chaffin et al., 1996; Cunradi et al., 2002; Sheridan, 1995; Tajima, 2002; White & Chen, 2002). A result of note is that family variables were more salient for women than for men. Specifically, the association was over twice as strong for women as it was for men (54% compared to 24% of the variance accounted for). The biggest difference between the regression equations for men and women was in the amount of variance in CAST scores accounted for by one variable: witnessing inter-parental violence ($\beta = .49$ for women and $\beta = .25$ for men).
for men). One explanation for this sex difference may be that women, who are traditionally more concerned with relationships than are men (e.g., Kaschak, 1992), may have been more sensitive to, and more impacted by, how their parents were interacting with each other. Another possibility is that, because their mothers were more likely to be the recipient of more severe injuries in spousal conflicts (e.g., Hamburger et al., 1997; Koss et al., 1994), young men, through identification with their fathers, may have demonstrated denial as to the extent of inter-parental violence. In general, this result supports prior research that indicates females may be more sensitive to or affected by intrafamilial problems than males are (MacMillan et al., 2001; O'Keefe, 1994; Winefield et al., 1990).

Women

Witnessing violence between parents had the most powerful association with parental alcohol abuse for women. As discussed earlier, this result supports previous research indicating that spousal conflict and violence are common in alcoholic homes. Although not a surprising result, the fact that inter-parental violence alone accounted for such a large percent of the variance in parental alcohol abuse scores in these well-functioning participants from middle-class families was unexpected. The results strongly indicate that studies assessing the possible relation of child abuse to COA status are incomplete, and likely misleading, unless inter-parental violence is assessed and controlled for statistically.

Of the child abuse scales, only mother sexual abusiveness was significantly related to parental alcohol abuse for women. Higher sexual abusiveness in alcoholic homes supports previous research with nonclinical adults (Black et al., 1986; Fleming et al., 1997; Wright et al., 1991). However, one important difference compared to these studies is that the current study separated mother from father sexual abusiveness rather than using total sexual abusiveness from any source. By measuring both mother and father abuse, a surprising result was found: It was mother sexual abuse, not father sexual abuse, which was related to parental drinking. To understand this result, it is important to keep in mind that the sexual abusiveness reported in the current study was on the less severe end of the scale (such as, "Was unloved or revealed more than you were comfortable with" and "Seemed sexually seductive at times"). However, these results imply that, even in homes in which more severe sexual abuse has not occurred, young women may feel as if sexually inappropriate behavior by mothers has taken place, and this behavior is related to perceptions of parental alcohol abuse.

The only other family variable significantly related to perceptions of parental alcohol abuse for women was lower father modeling of appropriate behaviors and basic fairness in dealing with their daughters. Similar to the earlier discussion about daughters' special sensitivity to fathers' behaviors toward them and a societal expectation of protection from fathers, it makes sense that, as problems associated with parental drinking increase, daughters would notice fathers' impaired ability to treat them fairly or provide an appropriate model. This result fits well with the idea that detrimental outcomes associated with parental alcohol abuse may involve interference with a parents' ability to provide a supportive nurturing environment.

Men

Although the relation between parental alcohol use and witnessing inter-parental violence was not as strong for men as it was for women, it was still an important finding and supports prior research. The result of particular interest for men was the association between emotional abuse and parental alcohol use. It was predicted that emotional abuse would be significantly related to parental alcohol use; however, this result was found only for men and only for emotional abuse by fathers. The fact that alcohol use in parents was not related to emotional abuse by mothers or for women by either parent was not expected. Since there was no significant difference in the amount of reported father emotional abuse between men and women, it appears that boys become especially aware of or sensitive to fathers' emotionally abusive behaviors as problem alcohol use increases.

Limitations of the Current Study

Results of the current study may be helpful in understanding young adult functioning in women and men whose abuse, for the most part, was on the less severe end of the continuum and who were functioning well enough to be in college. Whether generalizations of the results to other groups is appropriate will have to be determined by future research, which needs to include economically, ethnically, and racially diverse young adults of comparable age who are not in college.

Also, the study was based on retrospective self-report. There are potential problems involved in self-report, such as social desirability concerns and being in a state of denial about family interactions. In addition, retrospective self-report relies on remembering events in the past, and one's memory may not be accurate. With
regard to this last point, however, there is some indication from research that specific recall of events may not be as important as one’s perception of events or the meaning one attaches to events (e.g., Kelley, 1972; Knutson & Selner, 1994). Furthermore, it is likely that it is because the same events may impact individuals differently that researchers have concluded there is no simple cause and effect between being abused as a child and functioning in adulthood (Martin & Elmer, 1992). Recent research investigating the accuracy of adult recollections of childhood physical abuse when compared to documentation of their abuse indicated good discriminant ability and predictive efficiency of self-report measures, although there was substantial underreporting of physical abuse by the survivors (Widom & Shepard, 1996). Therefore, a likely impact of self-report in the current study was less chance of finding significant effects.

Summary and Conclusions

One of the purposes of the current study was to compare family violence variables (experiencing and witnessing abuse) with parental alcohol abuse on outcome variables associated in the literature with both abusive families and alcoholic families: depressive symptoms and aggression. As predicted, experiencing abuse and witnessing inter-parental violence were more predictive of both depressive symptoms and aggression than was growing up with parental alcohol abuse per se. In fact, CAST scores did not significantly predict either dependent variable when the effects of the other family variables were statistically controlled. As reviewed earlier, these results provide contradictory information to most prior research (an exception is Harter & Taylor, 2000). However, the important difference in the current study compared to past research was measuring and controlling for the major types of child abuse, supportive parenting behaviors, and inter-parental violence using multivariate techniques. Another important difference was the use of all variables as continuous variables, rather than categorizing participants into either COA/non-COA or abused/non-abused groups. By not categorizing, the current study avoided dilemmas such as whether there is a qualitative difference between the experience of someone who scores a “6” on the CAST versus someone who scores a “5,” or at what point on a continuum of abusive acts someone would enter an “abused” category. It also allowed a broader range of behaviors, rather than just severe behaviors to be included.

The second purpose of this study was to use all of the family variables described earlier in order to understand the relation of each in the prediction of depressive symptoms and aggression. It was predicted that emotional abuse would more consistently be related to these outcome variables than would the other types of abuse or support. The results partially support this prediction, but only for women, and only for father emotional abuse: Father emotional abuse significantly predicted both depression and aggression for women. However, three other variables were equally as predictive as emotional abuse. Higher mother physical abuse was related to less depression for women and less aggression for men, and higher inter-parental violence was related to more depression for women and more aggression for men. In addition, lower mother positive modeling and fairness was predictive of more depressive symptoms for both men and women. It should be noted, as discussed earlier, that mother emotional abuse was not in the regression predicting depression for women due to its high correlation with mother physical abuse. The importance of the high correlations of mother variables for women is discussed later. These combined results emphasize the importance of fathers’ emotional abuse of daughters, mothers’ appropriate modeling and basic fairness for both daughters and sons, and the impact of parental inter-parental violence for both girls and boys while growing up.

The third purpose of the present study was to examine sex differences with regard to the relation of experiences while growing up to the outcome variables. As predicted, women reported more association (in terms of variance accounted for) between family events and both depression and aggression, different variables were predictive for women compared to men, and sex of parent differences were present. These results were obtained even though there were no significant differences between men and women in their report of the extent of abusive or supportive parental behaviors, of witnessing inter-parental violence, or of depressive symptoms. These results argue that, although men and women report similar levels of abuse or scores on outcome variables, it does not mean that men and women respond similarly to the same events or that they have similar paths to the same symptoms. Combining men and women for the regressions would have resulted in predictors of depression or aggression that essentially fit neither women nor men. Given these results, including sex of parent and sex of participant independently in future research appears to be highly desirable in order to address contradictory results from past research and to address lack of knowledge regarding fathers’ contributions to outcomes and specific issues for male victims.

An unexpected result was the difference between women and men in the number of highly correlated EASE-PI variables. Inspection of Tables I and II indicates that women and men were fairly similar with regard
to fathers: Father supportive variables were highly correlated with each other and father abusive behaviors were not highly correlated with each other. Both women and men viewed fathers as being fairly consistent across different supportive behaviors but varying with regard to committing different types of abusive behaviors. With regard to mothers, with one exception (MLS and MMF), men did not report high correlations between any of the abusive or supportive behaviors. There was a very different pattern for women. Emotional abuse was highly correlated with physical abuse and with each supportive variable, which were all highly correlated with each other. The mother–daughter relationship is highlighted by these results. It appears that the women perceive mothers in a more global manner than they perceive fathers or that men perceive either parent. Given that mothers are the primary identification figure for daughters and that, in our society, mothers are supposed to be nurturing and protective of their children, one possible explanation for these results is that there may be a more complex relationship between daughters’ expectations for mothers and the experience of daughters when mothers are abusive or not supportive. It is likely that girls expect more positive interactions and understanding from mothers than from fathers (Nydegger & Mitteness, 1991) and, when mothers are abusive or less supportive, they are more affected and perceive and/or generalize deficits across different types of maternal behaviors. The differential perception of maternal behaviors for women compared to men may be important in understanding adult functioning and needs further exploration.

The final purpose of the current study was to investigate the relation of each family interaction variable to depressive symptoms and aggression within a sample of young adults functioning well enough to be in college and whose overall reported level of abuse was less severe than that of studies using clinical samples. The overall results demonstrate that even less severe abusive behaviors by parents within a context of generally high supportive behaviors may still negatively impact young adult functioning. The inclusion of emotional abuse is especially important. On a practical level, it is possible that many parents who may be aware of the harm that physical and sexual abuse can cause may not be aware that they are emotionally abusing their children.

Results of the current study have important implications for adult COA treatment programs. As discussed earlier, there is limited empirical support for pursuing treatment based primarily on personality characteristics of COAs or on specific roles COAs play in families. However, the current study adds to growing evidence that violence within a family, which is often comorbid with alcohol abuse, may be driving outcomes associated with being a COA. Addressing the violence, both experienced and/or witnessed, may be a vital aspect of treatment that can deal with underlying views of the self and interpersonal issues of trust. Emotional abuse, which is rarely addressed, is a key component to pursue, and public education is needed with regard to what constitutes emotional abuse and how damaging it can be.

There are also treatment implications for non-COA young adults, especially young women reporting depressive symptoms. Working through issues related to father emotional abuse, mother fairness, and witnessing interparental violence may be helpful for many. In general, greater professional and public awareness of the effects of even milder abusive behaviors, especially emotionally abusive behaviors, may help parents understand the impact their behavior can have on their children and help professionals be more effective in treatment.

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