

# Associations Between PTSD Symptoms and Parenting Satisfaction in a Female Veteran Sample

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**ABSTRACT.** The goal of this brief article is to examine the relationships between the posttraumatic stress disorder (PTSD) symptom clusters and parenting satisfaction in a sample of 60 female veterans of the Vietnam war who had biological children. Significant negative relationships were found between the avoidance/numbing and hyperarousal clusters of PTSD symptoms and parenting satisfaction. The association between hyperarousal and parenting satisfaction remained significant when each of the PTSD symptom clusters were examined together as predictors, and controlling for partner violence. Results suggest that higher levels of certain PTSD symptoms may adversely affect women's satisfaction in the parenting role.

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**KEYWORDS.** PTSD, parenting, veterans

A growing body of research highlights parenting satisfaction as an important element of effective caregiving that has been associated with secure attachment, healthy parent–child interactions, and other positive child and family outcomes (Cohen, Muir, & Parker, 1999; Owen, Thompson, & Kaslow, 2006). Parenting satisfaction can be defined as a parent’s feelings of efficacy and enjoyment related to parenting, as well as a perception of the quality of the parent–child relationship. Although there are numerous ways in which parenting satisfaction may be jeopardized, one mechanism gaining scholarly attention is traumatic stress (Appleyard & Osofsky, 2003). Studies of parents who have endured domestic violence, survived the Holocaust, experienced community violence, or served as combat soldiers or medics in Vietnam point to links between trauma exposure, posttraumatic stress disorder (PTSD) symptomatology and problematic parenting and child outcomes (Appleyard & Osofsky, 2003; Banyard, Williams, & Siegel, 2003; Gold et al., 2007; Jordan et al., 1992; Owen et al., 2006; Samper, Taft, King & King, 2004). The current study highlights the association between PTSD and parenting satisfaction in female Vietnam veterans.

Emerging literature on the impact of postcombat PTSD symptoms on veterans’ family life indicates that both male and female veterans’ PTSD symptoms are associated with decreased levels of parenting satisfaction (Gold et al., 2007; Jordan et al., 1992; Ruscio, Weathers, King, & King, 2002; Samper et al., 2004). In a study of 250 male Vietnam veterans with children, participating in the nationally representative National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990), Samper and colleagues (2004) found that total PTSD symptom scores, especially avoidance and emotional numbing symptoms, were significantly associated with low levels of parenting satisfaction in multiple regression analyses, when controlling for partner violence, major depression, and alcohol abuse/dependence. The authors’ findings are consistent with Ruscio and colleagues’ (2002), who used a convenience sample of Vietnam veterans and found that male veterans’ detachment and difficulty experiencing emotions carry over to the parent–child relationship.

Increasing numbers of women are serving in the military, with greater exposure to combat trauma (Women’s Research and Education Institute, 2003). In addition, women are about twice as likely to be diagnosed with PTSD as are men (Tolin & Foa, 2006). These findings, in tandem with the

prominence of women's parenting role both in dual- and single-parent families (U.S. Census Bureau, 2005), warrant a focus on female veterans. To this end, Gold et al. (2007) examined the bivariate relationship between PTSD symptom severity and parenting satisfaction among an NVVRS subsample of female veterans in a larger investigation of the relationship between PTSD symptoms and several indices of family functioning. The researchers reported a significant bivariate association between overall PTSD symptoms and parenting satisfaction in the expected direction ( $-.31$ ), suggesting that overall PTSD symptoms were associated with lower levels of parenting satisfaction among these women. However, Gold et al. (2007) did not examine the role of the separate PTSD symptom clusters (i.e., reexperiencing, hyperarousal, avoidance, and emotional numbing) in parenting satisfaction, and did not control for potential covariates and confounds examined in prior studies (Ruscio et al., 2002; Samper et al., 2004).

To expand upon prior research in this area, we examined the relative predictive abilities of the three separate PTSD symptom clusters with respect to parenting satisfaction in the female veteran subsample used by Gold et al. (2007). Similar to Samper et al. (2004), we controlled for the effects of partner violence. We did not control for the effects of the other two covariates used in this prior study because none of the female veterans in this study met criteria for alcohol abuse/dependence and only one met criteria for depression. It was predicted that in light of the other symptom clusters, only avoidance and emotional numbing symptoms would evidence a unique association with parenting satisfaction.

## **METHOD**

### ***Data Source***

Data were obtained from the NVVRS (Kulka et al., 1990), a Congressionally mandated study with the goal of investigating psychosocial functioning among a representative sample of Vietnam veterans. The sample for our study consisted of 60 female veterans who had biological children and who participated in the Family Interview NVVRS component. Female veterans, most of whom were nurses, averaged 41.9 years of age ( $SD = 3.21$ ) and had an average of 2.1 children ( $SD = 1.0$ ). About 77% ( $n = 46$ ) of the veterans were employed, and all of the veterans were married. Their average education was 15.6 years ( $SD = 1.03$ ). Almost all veterans were Caucasian, with only about 6% ( $n = 4$ ) identifying themselves

as belonging to a minority group. Eighty percent of the women in the sample were employed as nurses while serving in the military. As such, war-related trauma included witnessing the immediate physical aftermath of military attacks and tending to wounded soldiers in the field and hospitals.

### *Measures*

*Partner violence* was assessed using the eight-item Physical Assault subscale of the Conflict Tactics Scale (Straus, 1979). Male partners rated the frequency of veteran perpetrated abuse for the previous 12 months on a scale ranging from 0 (*never*) to 6 (*more than 20 times*). Scores were recoded to estimate actual frequency (e.g., 3 to 5 times equals a score of 4), and total frequency scores were computed by summing the recoded scores (Straus, 1990). The Conflict Tactics Scale has excellent psychometric properties (Straus, 1979; Straus & Gelles, 1990). The mean estimated frequency of partner violence in the current study was 0.36 ( $SE = 0.12$ ).

*PTSD symptoms* were measured using the Mississippi Scale for Combat-Related PTSD (Keane, Caddell, & Taylor, 1988). The Mississippi Scale consists of 35 items rated on a 5-point Likert scale. For this study, three 5-item subscales were computed, which correspond to the reexperiencing, avoiding and emotional numbing, and hyperarousal PTSD symptom clusters. These PTSD cluster scores were previously derived and validated by Erickson, Wolfe, King, King, and Sharkansky (2001). The internal consistency of this measure in this sample was high (Cronbach's  $\alpha = .90$ ).

*Parenting satisfaction* was assessed using five self-report items, which were rated on 5-point Likert scales. Participants reported on their efficacy as parents, the degree to which they enjoyed parenting, their perception of the quality of the parent-child relationship, satisfaction regarding the way their children were "turning out," and problems their children presented. These items were previously derived and validated by Vogt, King, King, Savarese, and Suvak (2004) as a measure of parenting satisfaction. The internal consistency of this 11-item measure in this sample was adequate (Cronbach's  $\alpha = .68$ ).

## **RESULTS**

The sample design weights from the NVVRS were used to adjust for oversampling by the NVVRS researchers and to allow for the projection

of study results to the larger population of female Vietnam veterans with children. The sample design weights permitted unbiased estimates and correct standard errors for our group comparisons.

Bivariate associations are reported in Table 1. Partner violence was not associated with any of the other study variables, and the PTSD symptom variables were all intercorrelated. Significant negative relationships were found between the avoidance and emotional numbing and hyperarousal symptom clusters with parenting satisfaction ( $r = -.29$  and  $-.23$ , respectively). These associations were small in magnitude (though a correlation of .3 is considered a “medium” effect; J. Cohen, 1988). A nonsignificant association was found between the reexperiencing symptom cluster and parenting satisfaction.

Table 2 presents the unique associations between each of the PTSD symptom clusters and the parenting satisfaction outcome. Among the PTSD symptom clusters, only hyperarousal evidenced a significant

TABLE 1. Bivariate correlations among study variables

Variable	1	2	3	4	5
1. Partner violence	—				
2. Reexperiencing	.07	—			
3. Avoidance and emotional numbing	.01	.60***	—		
4. Hyperarousal	.05	.60***	.52***	—	
5. Parenting satisfaction	.06	.10	-.23*	-.29**	—

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

TABLE 2. Multiple regression results: Associations between PTSD variables and parenting satisfaction

Variables	Parenting Satisfaction			
	$\beta$	$t$	Partial $r$	$p$
Reexperiencing	0.29	1.25	.17	.22
Avoidance and emotional numbing	-0.27	-1.42	-.19	.16
Hyperarousal	-0.41	-2.50	-.32	.02

Note. Partner violence was controlled for in this analysis.  $F^2 = .11$ ,  $F(4, 55) = 3.00$ ,  $p = .03$ .

unique negative relationship with parenting satisfaction, with a medium-sized effect obtained for this association.

## DISCUSSION

Both hyperarousal and avoidance and numbing symptoms were significantly associated with lower parenting satisfaction at the bivariate level. However, when all PTSD symptom clusters were considered together, only hyperarousal was significantly associated with the outcome variable. These unexpected findings suggest that female veterans with high levels of hyperarousal symptoms in particular are at the highest likelihood for reporting poor parenting satisfaction. It is worth noting that unlike Samper et al.'s (2004) findings, partner violence was not significantly associated with lower parenting satisfaction in our study.

The distinct pathways underlying the relationship between increased hyperarousal symptoms and poor parenting satisfaction require further investigation. However, research on the relationship between emotional arousal and maternal discipline suggests that increased emotional arousal may lead to harsher responses toward children when mothers are exposed to adverse child behavior (Smith & O'Leary, 1995). Likewise, Chemtob and Carlson (2004) found that mothers with PTSD were more reactive as parents, meaning they were more quick or impulsive in their actions with their children. Such reactions among mothers may, in turn, lead to increased behavior problems in children as well as decreased satisfaction in the parenting role. Future research that includes data on child behavior will shed light on these and other mechanisms influencing the relationship between PTSD and parenting satisfaction.

Sleep disturbance represents another aspect of PTSD hyperarousal that may negatively impact parenting satisfaction. Although the impact of sleep quality on parent characteristics (e.g., depression) has been studied in parents of infants, research in older child populations is lacking (Armstrong, Van Haeringen, Dadds, & Cash, 1998). Future research is needed to further explicate the ways in which PTSD-related sleep disruption may be related to parental functioning, including the association between sleep disruption and depression.

Consistent with prior research (Samper et al., 2004), PTSD avoidance and numbing symptoms were associated with lower parenting satisfaction at the bivariate level, but they were not associated with parenting satisfaction in the presence of the other PTSD symptom clusters and partner

violence. These results suggest the possibility that avoidance and numbing symptoms are more likely to impact parenting satisfaction among Vietnam veteran fathers, whereas hyperarousal is more likely to lead to poor parenting satisfaction in mothers. These findings suggest that the relationship between PTSD symptoms and parenting satisfaction may be moderated by parenting roles, the nature of the trauma exposures, differences in the demographics between the male and female veterans comprising the NVVRS, and gender differences in the phenomenology of PTSD. However, such gender differences are speculative and require more explicit empirical investigation, particularly because previous research among men has not examined the relative predictive ability of the separate PTSD symptom clusters on parenting satisfaction in light of one another.

Several study limitations exist. First, this study was cross-sectional, which limits our ability to draw conclusions regarding directionality. Second, with the exception of partner violence, all of the study measures were obtained through veteran self-reports, which may have inflated the obtained associations. Third, although we report that only one participant met criteria for major depressive disorder and thus did not control for this variable, it is possible that subclinical levels of depression may have accounted for the obtained associations. Future studies of PTSD and parenting satisfaction that include data on the full spectrum of depressive symptoms will help explicate the impact these psychological problems have on satisfaction with the parenting role. Finally, results of this study were limited to the ways women felt about themselves as parents. Future studies that include data from additional reporters including children and parenting partners may provide greater insight into the relationship between PTSD and parenting.

## REFERENCES

- Appleyard, K., & Osofsky, J. D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal, 24*, 111–125.
- Armstrong, K. L., Van Haeringen, A. R., Dadds, M. R., & Cash, R. (1998). Sleep deprivation or postnatal depression in later infancy: separating the chicken from the egg. *Journal of Paediatrics and Child Health, 34*, 260–262.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2003). The Impact of Complex Trauma and Depression on Parenting: An Exploration of Mediating Risk and Protective Factors. *Child Maltreatment, 8*, 334–349.

- Chemtob, C. M., & Carlson, J. G. (2004). Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management, 11*, 209–226.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Cohen, N. J., Muir, E., & Parker, C. J. (1999). Watch, wait and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal, 20*, 429–451.
- Erickson, D. J., Wolfe, J., King, D. W., King, L. A., & Sharkansky, E. J. (2001). Posttraumatic stress disorder and depression symptomatology in a sample of Gulf War veterans: A prospective analysis. *Journal of Consulting and Clinical Psychology, 69*, 41–49.
- Gold, J. I., Taft, C. T., Keehn, M. G., King, D. W., King, L. A., & Samper, R. E. (2007). PTSD symptom severity and family adjustment among female Vietnam veterans. *Military Psychology, 19*, 71–81.
- Jordan, K. B., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., et al. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 60*, 916–926.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, K. B., Marmar, C. R., et al. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.
- Keane, T. M., Caddell, J. M., & Taylor, K. L. (1988). Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: Three studies in reliability and validity. *Journal of Consulting and Clinical Psychology, 56*, 85–90.
- Owen, A. E., Thompson, M. P., & Kaslow, N. J. (2006). The mediating role of parenting stress in the relation between intimate partner violence and child adjustment. *Journal of Family Psychology, 20*, 505–513.
- Ruscio, A. M., Weathers, F. W., King, L. A., & King, D. W. (2002). Predicting male war-zone veterans' relationships with their children: The unique contribution of emotional numbing. *Journal of Traumatic Stress, 15*, 351–357.
- Samper, R. E., Taft, C. T., King, D. W., & King, L. A. (2004). Posttraumatic stress disorder symptoms and parenting satisfaction among a national sample of male Vietnam veterans. *Journal of Traumatic Stress, 17*, 311–315.
- Smith, A. M., & O'Leary, S. G. (1995). Attributions and arousal as predictors of maternal discipline. *Cognitive Therapy and Research, 19*, 459–471.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family, 41*(1), 75–88.
- Straus, M. A. (1990). Measuring intrafamily conflict and violence: The Conflict Tactics Scales. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American Families* (pp. 29–48). New Brunswick, NJ: Transaction.
- Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families*. New Brunswick, NJ: Transaction.
- Tolin, D. F., & Foa, E. B. (2006). Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychological Bulletin, 132*, 959–992.

- U.S. Census Bureau (2005). *Population division, fertility & family statistics branch*. Retrieved September 19, 2006, from [www.census.gov/population/www/hh-fam.html](http://www.census.gov/population/www/hh-fam.html)
- Vogt, D., King, D. W., King, L. A., Savarese, V., & Suvak, M. (2004). War zone exposure and long-term general life adjustment among Vietnam veterans: Findings from two perspectives. *Journal of Applied Social Psychology, 34*, 1791–1824.
- Women's Research and Education Institute. (2003, July 31). Reserve and guard component personnel by component, officer/enlisted status, and sex [Unpublished data]. Arlington, VA: Women's Research and Education Institute, U.S. Department of Defense, Defense Manpower Data Center. Retrieved March 31, 2005, from <http://www.wrei.org/projects/wiu/index.htm>

RECEIVED: 05/10/2007

REVISED: 08/23/2007

ACCEPTED: 09/28/2007