Marital Conflict and Children’s Adjustment: The Mediating and Moderating Role of Children’s Coping Strategies
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Abstract
This prospective, longitudinal study examined the role of children’s coping strategies in the link between interparental conflict and children’s psychological adjustment. Using a sample of 100 parents and children aged 11–14 years, this study investigated children’s venting of negative emotion, social support seeking, and problem solving strategies as mediators and moderators of the relationship between marital conflict and child adjustment. Venting negative emotion mediated the long-term effects of marital conflict on children’s psychological adjustment. This coping response also moderated the relationship between marital conflict and children’s anxiety-depression. The role of non-constructive coping strategies as a mechanism through which marital conflict affects children’s psychological well-being is discussed, together with the need for research to identify intervention strategies aimed at improving children’s coping efficacy in the context of interparental conflict.

Keywords: marital conflict; coping strategies; child adjustment; longitudinal

Introduction
Children who live in families characterized by high levels of interparental conflict have been found to be at increased risk of adjustment problems, including heightened levels of internalizing symptoms (Dadds, Atkinson, Turner, Blums, & Lendich, 1999; Harold, Fincham, Osbourne, & Conger, 1997), externalizing problems (Grych, Fincham, Jouriles, & McDonald, 2000; Katz & Gottman, 1993; Peterson & Zill, 1986), and a range of other negative outcomes including academic underachievement (Harold, Aitken, & Shelton, 2007; Long, Slater, Forehand, & Fauber, 1988), low self-esteem, social competence, and health problems (Nicolotti, El-Sheikh, & Whitson, 2003; Paley, Conger, & Harold, 2000). Having identified an association, the focus of research has shifted to consider the processes underlying the relationship between marital conflict and children’s socio-emotional development, with particular attention to possible mediating and moderating influences (Frosch & Mangelsdorf, 2001).

Mechanisms identified as mediating the effects of interparental conflict on children’s adjustment include children’s appraisals of threat and self-blame (Grych et al., 2000), the parent–child relationship (e.g., Harold et al., 1997), and their sense of
emotional security in the context of conflict (Davies & Cummings, 1998). Research also suggests that children’s appraisals of threat, self-blame, and perceived control moderate the relationship between marital conflict and child adjustment (e.g., Kerig, 1998). Collectively, these findings underscore the importance of children’s cognitive and emotional responses for understanding the impact marital conflict has on child adjustment. Consistent with the process model of coping developed by Lazarus and Folkman (1984), the cognitive-contextual framework of children’s responses to marital conflict proposes that coping behaviour is the product of children’s affective responses and their cognitive efforts to appraise the threat posed by and the underlying causes of, parents’ arguments (Grych & Fincham, 1990). Coping can be defined as ‘constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person’ (Lazarus & Folkman, 1984, p. 141). Despite its potential value for understanding why some children manifest adjustment problems in response to marital conflict, it remains unclear whether exposure to marital conflict influences how children cope with stress and whether such coping strategies act to mediate and/or moderate the effects of interparental conflict on children’s adjustment. Moreover, although research findings relating to mediators and moderators of the relationship between interparental conflict and child adjustment are informative, a more complete and meaningful understanding of process-level variables is argued to derive from the integration of moderator and mediator frameworks within the same model (Cummings, Davies, & Campbell, 2000; Frosch & Mangelsdorf, 2001). The testing of hypotheses that simultaneously assesses both processes in the link between interparental conflict, coping, and child adjustment problems remains a neglected area of inquiry.

How children cope with interparental conflict has the potential to influence the course of parents’ arguments and children’s future responses to stress at home and in other social contexts (Grych & Fincham, 1990). In other words, in addition to efforts to cope with the immediate effects of exposure to marital conflict (e.g., intervention, avoidance; Goeke-Morey, Cummings, Harold, & Shelton, 2003), stress occurring in the home may elicit responses in children that become generalized to other situations. These coping responses, in turn, could have positive or negative associations with children’s psychological adjustment. For example, the use of aggressive behaviour by children exposed to marital conflict to distract parents’ attention could generalize to the use of aggression in conflict situations with peers. The same behaviour used in interactions with peers is likely to elicit aggressive responding by others and peer rejection (Grych & Fincham, 1990). In recent years, the literature on relations between marital conflict and children’s coping has focused on coping as a situational response to exposure to parents’ arguments (e.g., Nicolotti et al., 2003; O’Brien, Margolin, & John, 1995; see Kerig, 2001). The advantage of using a dispositional assessment of adolescent coping, however, is that psychological adjustment is partly a product of multiple stressful events and, therefore, assessing how adolescents respond to upsetting situations indicates how particular coping strategies operate to either protect or exacerbate stress effects (Sandler, Tein, & West, 1994). The relationship between marital conflict and adolescents’ generalized coping strategies is interesting in showing how parental arguments impact on later coping behaviour as well as showing how coping behaviour itself may partly account for or modify the impact of marital conflict on adjustment problems.

Coping behaviour therefore can be conceptualized as a mediating and moderating construct because it may play both roles in explaining the relationship between marital conflict and child adjustment (James & Brett, 1984; Sandler et al., 1994). A moderator
variable affects the relationship between two variables, so that the impact of the predictor on the outcome varies as a function of the value of the moderator variable (Holmbeck, 1997). In the context of coping with marital conflict, the moderating model predicts an interaction between marital conflict and coping where the strength of the relationship between conflict and adjustment problems is smaller for children who use adaptive coping and greater for children who use high levels of maladaptive coping behaviour (e.g., Sandler et al., 1994). In contrast to moderation, mediation accounts for how a given effect occurs (Holmbeck, 1997; see also Baron & Kenny, 1986; MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). Thus, stress (marital conflict) stimulates the child to engage in coping behaviour and these coping responses, which may be efficacious or not in reducing distress, are related to adjustment problems (see Sandler et al., 1994). To investigate the relative efficacy of different coping behaviours, the present study considers the role of three dispositional coping strategies—social support seeking, problem solving, and venting negative emotion—as mediators and moderators of the relationship between interparental conflict and child adjustment problems.

Existing research on children’s responses to marital conflict has typically conceptualized social support as a moderator of the association between marital conflict and adjustment problems, investigating whether children’s efforts to use social support buffers them from the negative effects of interparental conflict. Research suggests that greater social support protects children from the negative impact of marital conflict on psychological adjustment (e.g., Rogers & Holmbeck, 1997). Another study found that for children exposed to marital discord, a positive relationship with a sibling or an adult outside of the family (e.g., relative, teacher) related to lower adjustment problems (Jenkins & Smith, 1990). Few studies, however, have examined the potential mediating role of social support on the relationship between marital conflict and child adjustment problems. Social support might mediate this relationship because of the impact marital conflict has on children’s sources of support within the family, particularly in the parent–child relationship. The deleterious effect of marital conflict on parent–child relations, via the spillover of negativity from the marital to the parenting role (Erel & Burman, 1995), and the effects of marital conflict on other family members (e.g., siblings) removes a potentially important source of support from children which, in turn, increases children’s risk of developing adjustment problems. The presence of high levels of marital conflict in the family could also disrupt children’s ability to access support from peers and extended family (e.g., grandparents). Collectively, marital conflict may adversely affect children by hindering their ability to access sources of emotional and informational support.

In addition to seeking social support in response to interparental conflict, children may try to reduce their distress by using problem-solving strategies. A study that examined longitudinal relations between stress, coping, and adjustment in children of divorce over a period of 5 months found that active coping with negative events characterized by problem solving and cognitive reappraisal was associated with lower levels of depression, anxiety, and conduct problems (Sandler et al., 1994). Similarly, a recent study that used a combined estimate of active and support coping in response to marital conflict found that high levels of these coping strategies were a protective factor for girls against depressive symptoms and low self-esteem and protected both boys and girls against health problems (moderation; Nicolotti et al., 2003). Evidence therefore suggests that children who attempt to change aspects of the situation or themselves in order to adjust to interparental conflict show decreased levels of psychological distress.
Some coping strategies used by children may be maladaptive responses to stress. In this regard, the negative effects of stress on adolescent adjustment may be partly attributable to the use of ineffective coping responses (Sandler et al., 1994). Children may cope with stress and conflict by attempting to release tension and frustration. Self-destructive behaviour and low levels of adaptive coping strategies in the context of marital conflict have been associated with increased internalizing symptoms, externalizing problems, and decreased self-worth (Rogers & Holmbeck, 1997), whereas children’s use of aggression in response to interparental conflict predicted elevated aggressive functioning 1 year later (Davis, Hops, Alpert, & Sheeber, 1998). Although the release of frustration can be initially adaptive, it may also have negative consequences by redirecting parent’s hostility to the child. Moreover, if venting negative emotion (e.g., by acting aggressively) becomes a pervasive response to interpersonal problems and stress, it is likely to have a deleterious effect on relationships with peers and siblings which over time, is likely to be associated with heightened feelings of sadness, low self-esteem, and increased hostility towards others.

The Present Study

This study investigates the mediating and moderating role of three coping strategies on the relationship between marital conflict and children’s anxiety-depression, aggression, and self-esteem and mastery. Although studies have offered initial support for the role of children’s coping strategies as an underlying mechanism linking marital conflict and child adjustment problems, the methodological characteristics of these studies have limited advances in theory testing. Most studies have relied on cross-sectional designs to test the mediating and moderating role of coping strategies (e.g., Nicolotti et al., 2003; Rogers & Holmbeck, 1997). Demonstrating concurrent associations between the proposed mediator or moderator (coping) and outcome (adjustment problems) in path analysis or structural equation modelling (SEM) models cannot address the possibility that adjustment problems exert effects on children’s coping. The present study uses a prospective, longitudinal design that includes the measurement of earlier levels of adjustment problems, thereby permitting an estimate of change in later adjustment problems as a function of children’s coping strategies (Harold & Conger, 1997; Kessler & Greenberg, 1981). This approach also controls for trait negative affectivity, where the tendency to experience high levels of psychological distress even in the absence of overt stress, may be a third variable that inflates weak or negligible associations between conflict reactivity and child adjustment (Harold & Conger, 1997; Watson & Pennebaker, 1989).

The direct effect of marital conflict on children’s adjustment 1 year later was hypothesized to be mediated by children’s venting negative emotion, social support seeking, and problem solving. Marital conflict was hypothesized to increase levels of venting negative emotion (characterized by the verbal or physical release of frustration in response to stress), which in turn were hypothesized to be related to increased aggression, anxiety-depression, and low self-esteem/mastery. Marital conflict was hypothesized to negatively affect children’s social support seeking (use of close others to share feelings and talk over problems) and children’s ability to problem solve (including changing the situation or their behaviour to reduce stress). It was hypothesized that social support and problem solving would, in turn, be negatively related to adjustment problems.
Coping strategies were also considered as moderators of relations between interparental conflict and child adjustment outcomes. Venting negative emotion was hypothesized to moderate the marital conflict–child adjustment link whereby high levels were expected to place children exposed to marital conflict at greater risk of adjustment problems. Based on the findings of previous research, high levels of social support and problem solving were hypothesized to act as protective factors in the relationship between marital conflict and children’s psychological adjustment (Jenkins & Smith, 1990; Nicolotti et al., 2003; Rogers & Holmbeck, 1997). Although previous research indicates that marital conflict exerts negative effects on children of all ages, older children display both increased awareness of the causes and consequences of conflict as well as a greater range of coping responses (Grych & Fincham, 1990). In order to explore the underlying function of different coping strategies in the relationship between conflict and children’s psychological adjustment, an adolescent age group was selected for the present study.

Method

Sample

The data for the present study derived from a longitudinal study of Welsh families conducted between 1997 and 1998 that focused on the relationship between family functioning and children’s socio-emotional development. Participants were recruited through three schools. Given the primary focus on marital conflict, families were included in the study if (a) participating children lived in homes in which both a male and a female guardian were resident and at least one of the adults was the child’s biological parent and (b) parents and children completed all measures relating to marital conflict, coping behaviour, and child psychological adjustment. These criteria yielded a sample of 100 children (50 boys and 50 girls) and parents across both time points considered. Children living with both biological parents comprised 96 percent of the sample, whereas children living with a biological parent and a step-parent comprised 4 percent of the sample. The modal number of children per family was two, with 90 percent of children having between one and four siblings. Mothers’ average age was 41.93 years old (SD = 4.35, range 33–53 years old); fathers’ average age was 44.19 years old (SD = 5.69, range = 26–61 years old). Based on mothers’ reports of income, the average annual family income was £32 084 (SD = 15 829.69, range £7000–£80 000). Approximately 24.3 percent of mothers completed secondary education, 44.3 percent of mothers completed technical or vocational training, and 31.4 percent of mothers completed university. Of the fathers, 27.8 percent completed secondary education, 31.9 percent completed technical or vocational training, and 40.3 percent completed university. The children were aged between 11 and 14 years old at the first assessment, with an average age of 12.71 years old, SD = 1.11 (boys = 12.58, SD = 1.11; girls = 12.84, SD = 1.11) and were drawn from the first three-year groups of secondary school (years 7–9).

Procedure

After receiving permission from the participating schools to conduct the study, parents were informed about the study by written summaries sent through the mail and presentations at parent–teacher meetings. Parents provided written consent for
themselves and their children to take part in the proposed study. Children completed their questionnaires in school. The questionnaires assessed aspects of family and school life including parent–child relations, parenting, peer relations, family economics, and their psychological well-being. Children were seated apart from one another, and the confidential nature of the exercise was explained. No children raised concerns during the completion of questionnaires. Children completed questionnaires at two time points (1997 and 1998) separated by 12 months. Parents received their questionnaires through the post, including separate envelopes for each respondent, instruction for completion, and a prepaid return envelope. Parents’ questionnaires included measures relating to marital relations, parent–child relations, psychological well-being, and family finances.

Measures

Marital Conflict. Mothers and fathers completed three measures of interparental functioning designed to assess general interparental distress and overt discord. The marital adjustment test (MAT, Locke & Wallace, 1959) is a 15-item measure of marital satisfaction, coded for the purposes of the present study to reflect marital dissatisfaction. One item regarding sexual relations was not included. Questions included, ‘Do you and your partner engage in outside interests together?’ Husband and wife reports of marital satisfaction had good internal consistency in the present sample (husband, \( \alpha = .81 \); wife, \( \alpha = .83 \)). The second measure comprises four items measuring the frequency of marital hostility, included as part of the Iowa Youth and Families Project (Melby, Conger, Ge, & Warner, 1995), for example, ‘How often during the past month did your wife/husband criticise you or your ideas?’ Response options ranged from ‘1’ Never to ‘7’ Almost always. The internal consistency of these items for both husband and wife reports was good (husband, \( \alpha = .89 \); wife, \( \alpha = .89 \)). The third measure of marital conflict assessed behaviours that characterized partner behaviour during disagreements. The eight-item measure asked the spouse to rate the frequency with which a given behaviour was used during disagreements. Items included, ‘Puts me down’, ‘Gives me the silent treatment’, and ‘Shouts at me’. Response options ranged from ‘0’ Never to ‘4’ Almost always. The internal consistency for both husband and wife reports was good (husband, \( \alpha = .89 \); wife, \( \alpha = .89 \)). The three measures of marital conflict were coded to reflect high levels of conflict between parents. Responses to the three measures were standardized and then summed to create an overall index of marital conflict (\( \alpha = .91 \)).

Children’s Coping Strategies. Children’s coping strategies were assessed using a subset of items derived from the children’s coping strategies scale (CCSS, Jose, Cafasso, & D’Anna, 1994). The scale instructed children to rate the frequency with which they used each coping strategy in response to stressful episodes using a five-point Likert response format. Children were asked how they usually responded to upsetting situations. Response options ranged from ‘1’ Never to ‘5’ Always. The social support seeking subscale included seven items that measured how often the child talked over problems and shared thoughts and feelings with other people, for example, ‘I find a close friend or family member to talk about the problem’ and ‘I talk to others about how I’m feeling’. The problem solving subscale contained seven items that reflected the child’s attempts to change aspects of the situation, including the child’s own behaviour, to cope, for example, ‘I change my actions to be a better person’ and ‘I try to change something about the situation to make it better’. The four-item venting
negative emotion subscale measured maladaptive ways of coping with stressful situations and included items such as, ‘I take out my frustration on someone or something’ and ‘I do something dangerous or risky’. All three subscales demonstrated acceptable internal consistency (social support seeking $\alpha = .81$; problem solving $\alpha = .70$; venting negative emotion $\alpha = .72$). Items were coded to reflect high levels of social support, problem solving, and aggression, respectively.

**Children’s Psychological Adjustment**

**Aggression.** Child reports of aggression were assessed using the aggression subscale of youth self-report form of the child behaviour checklist (YSR, Achenbach, 1991). Sample items included, ‘I am stubborn’ and ‘I argue a lot’. The measure demonstrated good internal consistency at both time points ($\alpha = .84$ and $\alpha = .89$ for 1997 and 1998, respectively).

**Anxiety-depression.** Two measures were used to assess children’s anxiety and depression. The first measure was the depression-anxiety subscale from the YSR form of the child behaviour checklist (Achenbach, 1991). Sample items included, ‘I feel lonely’ and ‘I would rather be alone than with others’. This subscale had good internal reliability at both time points ($\alpha = .83$ and $\alpha = .89$ for 1997 and 1998, respectively). The second measure was the 26-item children’s depression inventory (CDI, Kovacs, 1981). Children selected a response from three alternative statements relating to feelings over the past 2 weeks. One item regarding suicidal thoughts was omitted because of concerns raised during the process of gaining ethical approval. This measure demonstrated good internal consistency in the present sample ($\alpha = .81$ and $\alpha = .78$). Child reports on the YSR and the CDI were standardized and summed to create an overall index of anxiety-depression ($\alpha = .88$ and $\alpha = .88$).

**Self-esteem and Mastery.** Two measures were used to assess children’s self-esteem and mastery. The 10-item Rosenberg (1965) self-esteem scale included items such as, ‘I take a positive attitude toward myself’. The measure of mastery was assessed using a seven-item scale developed by Pearlin, Menaghan, Lieberman, and Mullan (1981) and included items such as, ‘What happens in the future mostly depends on me’. Children rated each item on a scale from ‘1’ Strongly agree to ‘5’ Strongly disagree. The self-esteem and mastery items were combined and coded to reflect low levels of self-esteem and mastery, demonstrating good internal consistency at both time points ($\alpha = .87$; $\alpha = .91$ for 1997 and 1998, respectively).

**Results**

**Preliminary Analysis**

The means, $SD$, and correlations between marital conflict, child coping strategies, and child adjustment problems at Time 1 and Time 2 are presented in Table 1. The pattern of associations between measures of marital conflict, coping strategies, and adjustment problems was broadly consistent with the proposed theoretical model. Parent reports of marital conflict were associated with children’s low self-esteem/mastery, anxiety-depression, and aggression. Marital conflict was also associated with children’s report of venting negative emotion. Venting negative emotion was associated with
Table 1. Intercorrelations, Means, and Standard Deviations among the Study Variables

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<td>Child report of anxiety-depression</td>
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<td>Child report of self-esteem</td>
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<td>Child report of venting negative emotion</td>
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<td>Child report of social support seeking</td>
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<td>Child report of aggression</td>
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<td>Child report of anxiety-depression</td>
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<td>.35**</td>
<td>.66**</td>
<td>.56**</td>
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<td>Mean</td>
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<td>Standard deviation</td>
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*Note:* For ease of interpretation, the means and standard deviations of standardized variables are presented in their original form. N = 100.

* p < .05, ** p < .01.
anxiety-depression, aggression, and low self-esteem/mastery whereas social support was negatively associated with low self-esteem and anxiety-depression but not aggression. Children’s problem solving was not related to either marital conflict or to the three adjustment outcomes at Time 2, indicating that it was unlikely to act as a mediator of relations between conflict and adjustment. Moderate to strong associations were found between the three indices of adjustment problems at Time 1 ($r = .28$ to $.68$, $p < .01$) and Time 2 ($r = .43$ to $.69$, $p < .01$). Adjustment problems at Time 1 were positively correlated with adjustment problems at Time 2. Weak associations were found between the three coping strategies, suggesting that they measured distinct behaviours.

SEM (LISREL 8.50, Jöreskog & Sörbom, 1996) based on maximum likelihood estimation was used to test the empirical validity of the proposed theoretical model. In order to facilitate analysis, each outcome measure was considered separately. Parameter-to-N ratios therefore were acceptable across all models tested (estimating the full theoretical model gives a ratio of 4.76 for each parameter estimated in the model; see Bollen, 1989). Analyses were conducted in three steps. First, the relationship between marital conflict and each of the three adjustment measures assessed 1 year later was tested while controlling for initial symptom levels. Second, the mediating role of the three coping strategies was tested. Third, the moderating role of each coping strategy was assessed while controlling for the main effects of marital conflict and coping behaviour on adjustment problems.

A variable can be said to mediate the relationship between a predictor and outcome variable when it meets the following conditions: (1) associations between the predictor, outcome, and mediator must be statistically significant and (2) the significant association between predictor and outcome variable must be reduced to non-significance (or be substantially reduced) when the mediator is included in the prediction of the outcome variable (Baron & Kenny, 1986; see also MacKinnon et al., 2002). In order to demonstrate therefore that a variable mediates the relationship between the predictor and outcome variable, a direct effect of the predictor variable on the outcome variable must be established. Results indicated that a direct effect existed between marital conflict and children’s aggression ($\beta = .21$, $p < .05$), anxiety-depression ($\beta = .25$, $p < .05$), and self-esteem/mastery ($\beta = .18$, $p < .05$) 12 months later, even after controlling for initial symptom levels. This therefore provides the first condition necessary for tests of mediation. The results of tests of mediation are presented in Figures 1a–c. Stability coefficients between Time 1 and Time 2 aggression, anxiety-depression, and self-esteem/mastery were moderate to strong and were statistically significant ($\beta = .44$ to $\beta = .62$, $p < .01$).

The relationship between marital conflict and later aggression was no longer significant when children’s coping strategies were included in the model (see Figure 1a; $\beta = .04$, $p > .10$). Relations were not observed between marital conflict, problem solving, and adjustment at Time 2. Marital conflict was related to social support but social support was not related to aggression at Time 2. Marital conflict was related to children’s venting negative emotion, which in turn was related to aggression. Using Baron and Kenny’s (1986) criteria, venting negative emotion mediated the relationship between marital conflict and children’s aggression at Time 2, while controlling for Time 1 aggression. Aggression at Time 1 was related to increased venting negative emotion at Time 2. The indirect effect linking marital conflict to aggression through venting negative emotion was statistically significant ($\beta = .13$; $p < .05$). The perfect fit to the data produced by these models (Figures 1a–c) results from all unknown parameters relative to $df$ being estimated (i.e., the models are fully saturated).
Figure 1. (a) Maximum Likelihood Estimation of the Impact of Marital Conflict at Time 1 on Children’s Coping Strategies and Aggression at Time 2; * \( p < .05 \), ** \( p < .01 \). (b) Maximum Likelihood Estimation of the Impact of Marital Conflict at Time 1 on Children’s Coping Strategies and Symptoms of Anxiety-depression at Time 2; * \( p < .05 \), ** \( p < .01 \). (c) Maximum Likelihood Estimation of the Impact of Marital Conflict at Time 1 on Children’s Coping Strategies and Low Self-esteem and Mastery at Time 2; * \( p < .05 \), ** \( p < .01 \).
Figure 1b, which shows the results for anxiety-depression, illustrates a similar pattern of results to those for aggression. The previously significant relationship between marital conflict and anxiety-depression was no longer significant when coping strategies were included in the model ($\beta = .14$, $p > .10$). Venting negative emotion mediated this relationship. No effects were found linking social support and problem solving to either marital conflict or anxiety-depression at Time 2. Anxiety-depression symptoms at Time 1 were not related to coping strategies at Time 2. Figure 1c illustrates that the relationship between marital conflict and self-esteem/mastery was also mediated by venting negative emotion. The indirect effects linking marital conflict to anxiety-depression and to low self-esteem through venting negative emotion were statistically significant ($\beta = .09; p < .05; \beta = .07; p < .05$, respectively). No effects were found for the mediating role of social support and problem solving in the relationship between marital conflict and low self-esteem/mastery. Children’s self-esteem and mastery at Time 1 was not related to coping strategies at Time 2.

We next examined whether the relationships between marital conflict, coping strategies, and child adjustment varied as a function of the level of coping reported by children. Moderation is demonstrated if the interaction between the predictor and the moderator is significantly related to the outcome variable when the predictor and moderator paths are also controlled (Baron & Kenny, 1986). By first centering and then multiplying marital conflict and each proposed moderator, product terms were created between marital conflict and each of the three coping strategies. Variables were centered to reduce the potential for collinearity between each product (interaction) term and the original variables of which it was composed (Kenny & Judd, 1984). These interaction terms were then included as part of the SEM analysis of the proposed theoretical model as additional predictors of each adjustment outcome. The addition of these parameters to the model estimation produced a reduced parameter-to-N ratio of 3.70, still exceeding the minimum recommended by Bollen (1989); (P-to-N = 2:1). A significant interaction was found between marital conflict and aggressive coping and children’s anxiety-depression ($\beta = .15$, $p < .05$). This interaction is illustrated in Figure 2. Simple slope analysis indicated that marital conflict predicted anxiety-
depression at high ($\beta = .30, p < .01$), medium ($\beta = .15, p < .05$), but not low levels of venting negative emotion ($\beta = .02, p > .10$).

In summary, the results of the present study demonstrate the mediating role of venting negative emotion in the relationship between marital conflict and children’s anxiety-depression, aggression, and low self-esteem and mastery. Children’s venting of negative emotion also moderated the relationship between marital conflict and anxiety-depression.

**Discussion**

Using a prospective, longitudinal design, the present study investigated the mediating and moderating role of children’s coping behaviour in the link between interparental conflict and children’s adjustment problems. Findings revealed that marital conflict influenced children’s maladaptive coping behaviour 1 year later and that this form of responding to stress was associated with increased psychological distress. In addition, venting negative emotion functioned as a moderator of relations between marital conflict and children’s anxiety-depression. The findings highlight the interplay between coping as both a mediating and moderating element in the relationship between interparental conflict and children’s adjustment problems across time.

The present study demonstrates that a potential mechanism by which marital conflict exerts negative effects on children is through the increased use of maladaptive coping strategies, specifically venting negative emotion. Examining the mediating role of coping strategies in the longitudinal relationship between interparental conflict and children’s adjustment problems indicated that venting negative emotion mediated the longitudinal relationship between marital conflict and children’s anxiety-depression, aggression, and lower self-esteem/mastery. The influence of marital conflict on children’s coping behaviour 12 months later is consistent with the view that children may be limited to non-constructive coping strategies in the context of interparental conflict (Kerig, 2001). Children exposed to conflict appear more likely to use coping characterized by the release of frustration, risk-taking, and confrontation, behaviours that in turn are associated with problematic psychological adjustment. Moreover, the results suggest that this coping strategy serves to exacerbate the negative effects of conflict on children’s psychological well-being by moderating the relationship between interparental conflict and anxiety and depressive symptoms. Children who cope with stress by venting their frustration and distress may derive short-term benefits by reducing their level of emotional arousal. The present findings suggest, however, that this form of coping is ultimately ineffective.

The findings of the present study showed a relatively strong concurrent association between venting negative emotion and aggression. Venting negative emotion was assessed as part of a measure that asked adolescents how they typically responded to stressful situations. Thus, the adolescent was oriented to the questions as effortful behavioural responses to upsetting situations. Consistent with the view that coping includes both acting to solve the problem and regulation of emotional distress (Rutter, 1981), it is perhaps not surprising that these behaviours were so strongly associated with indices of aggression. Indeed, this is entirely consistent with previous research testing the emotional security hypothesis in which instances of marital conflict were found to elicit emotional reactivity (heightened anger, sadness, and fear) which, in turn, were associated with child adjustment problems (Davies, Forman, Rasi, & Stevens, 2002; Davies, Harold, Goeke-Morey, & Cummings, 2002).
Neither problem solving nor social support functioned as adaptive coping strategies in the relationship between marital conflict and child adjustment problems. This is somewhat surprising given recent research that identified active and support coping as a protective factor for children exposed to marital conflict (Nicolotti et al., 2003) and research that indicates children are motivated to intervene and successfully engage in problem solving in parents’ arguments (Kerig, 2001; Schermerhorn, Cummings, & Davies, 2005). Previous research has linked children’s appraisals of control over stressful circumstances to increased problem solving and support seeking (e.g., Roecker, Dubow, & Donaldson, 1996). When children do not perceive themselves as having control over the course and outcome of parents’ arguments, they may be less likely to use problem solving as a coping strategy to reduce distress. Consistent with the theoretical models proposed by Grych and Fincham (1990) and Lazarus and Folkman (1984), future research should examine the cognitive appraisals theorized to precede behavioural responses to increase understanding of the processes that lead children to cope in particular ways with marital conflict.

Although this study advances the investigation of children’s coping in the context of marital conflict, some limitations are noted. A reliance on children’s ability to recall how they coped with stressful events may bias derived results. Specifically, a reliance on adolescents’ self-reports of their coping behaviour with stressful events depends on the ability of respondents to recall how they behaved across situations, whereas the form and efficacy of some responses may be context-specific (Connor-Smith, Compas, Wadsworth, Harding Thomsen, & Saltzman, 2000). Further insights may be gained by examining the correspondence between self-reports of coping and parents, siblings, and peers’ evaluations of children’s responses to stressful events (e.g., Connor-Smith et al., 2000). Nevertheless, the results of the present study that simultaneously investigated the role of possible adaptive and maladaptive coping responses in the longitudinal relationship between parent reports of marital conflict and children’s psychological adjustment suggest that children’s reports of coping with stress relate in meaningful ways to family functioning. Furthermore, by examining how these intervening variables operate (as either mediators, moderators, or both), this study adds to recent research that has begun to explicate the precise function of different coping strategies for children exposed to parents’ arguments (e.g., Nicolotti et al., 2003). In particular, identifying adaptive coping responses to interparental conflict remains an important research direction. For instance, research suggests that children’s use of distraction (activities that divert the child’s attention from the problem) is protective against depressive symptoms and health problems in the context of marital conflict and divorce (Nicolotti et al., 2003; Sandler et al., 1994). Moreover, with recent findings showing gender differences in children’s coping responses to marital conflict (Nicolotti et al., 2003), future research should examine these relationships using larger samples of families, permitting tests of differences in the pattern of relations between interparental conflict, coping behaviour, and subsequent adjustment for boys and girls.

The findings of this study, together with those of previous research, have identified marital conflict as a significant stressor for children, increasing the risk for psychological adjustment problems including, for example, heightened depressive symptoms, anxiety, behaviour problems, and poor self-esteem (see Cummings et al., 2000). This study suggests that some children are poorly equipped to cope effectively with interparental conflict and are likely to require help in adapting to its presence in their lives. It is particularly worrisome that marital conflict appeared to exert long-term effects on...
children by promoting maladaptive coping behaviour over and above the influence of existing psychological problems. The weak and inconsistent findings for hypothesized adaptive coping strategies (social support and problem solving) identifies a need to examine those coping skills that foster adaptation to marital conflict and how these can be encouraged in children. Moreover, based on these findings, there remains a very clear need to identify effective ways to communicate research findings to parents regarding the benefits of conflict resolution.

References


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