Interparental conflict in the home can compromise parenting and negatively affect the parent-child relationship. Davies et al. (2002) showed interparental conflict undermines child emotional security and adjustment, ultimately leading to a strained parent-child relationship. Thus, ineffective parenting, in the form of lack of emotional support from the parent and increases in parent-child conflict, has been linked to child maladjustment (Buehler & Gerard, 2002; Gerard, Krishnakumar, & Buehler, 2006), potentially leading to psychological problems in adolescence.

The present study investigated the longitudinal consequences of interparental conflict and parent-child conflict on adolescent depressive symptoms. Each parent’s perception of interparental conflict was expected to increase their own conflict with the child, as well as conflict between their partner and child. In turn, we expected mother-child and father-child conflict to increase adolescent depressive symptoms. We further expected significant indirect effects of mothers’ and fathers’ perceptions of interparental conflict on adolescent depressive symptoms through parent-child conflict.

The study includes a subsample of participants from the Study of Early Child Care and Youth Development (SECCYD). The full sample included 1,364 families who participated in a home interview when infants were one month old and continued with 15 measurement waves from childhood through adolescence. The current subsample of 621 families were investigated during the 5th, 6th, and 9th grades. Children were 51% females, 83% Caucasian, 4% African American, 8% Hispanic, and 5% other ethnicities. Thirteen percent of families were considered low income according to an income-to-needs ratio (<2), 48% middle-income (2-5), and 39% high-income (<5). Families completed questionnaires in the home and laboratory. Interparental conflict was reported by mothers.
and fathers at the 5th grade wave using the Partner Conflict and Resolution Measure (Rands, Levinger, & Meninger, 1981). Mother-child and father-child conflict was reported by each parent at the 5th and 6th grade waves using the Child-Parent Relationship Scale Short Form (Pianta, 1992). Adolescent depressive symptoms were measured using the Child Depression Inventory Short Form (CDI-S; Messer 1995), an adolescent self-report at the 6th and 9th grade waves.

We used structural equation modeling to run a path model in Mplus v.6.11 (Muthén & Muthén, 1998-2012). The demographic covariates included were marital status, child gender, and family income. As seen in Figure 1, mothers’ and fathers’ perceptions of interparental conflict each predicted mother-child conflict at 6th grade, controlling for 5th grade mother-child conflict, $\beta_{\text{mother}}=.144, p<.01, \beta_{\text{father}}=.185, p<.01$. Mother-child conflict at 6th grade predicted adolescent depressive symptoms in 9th grade, controlling for 6th grade depressive symptoms, $\beta=.109, p=.028$. The indirect pathway of mothers’ perceptions of interparental conflict to adolescent depressive symptoms through mother-child conflict was marginally significant, $\beta=.016, p=.057$.

Findings suggest that interparental conflict may increase conflict between the mother and child, increasing depressive symptoms in adolescence. Surprisingly, parents’ perceptions of interparental conflict were not related to changes in father-child conflict, and father-child conflict was not related to changes in adolescent depressive symptoms, possibly because of the many changing roles fathers play in children’s development during childhood and adolescence (Lamb & Lewis, 2004; Paikoff, Roberta, & Brooks-Gunn, 1991).
Figure 1. Marital Conflict and Parent-Child Conflict Predicting Adolescent Depressive Symptoms. Marital status, child gender, and child ethnicity were included as demographic controls. Mother-child and father-child conflict at 5th grade, and child depressive symptoms at 6th grade were also included as control variables.