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PARENT SHAMING: THE IMPACT OF RACE AND ABILITY STATUS ON
PERCEPTIONS OF PARENTING

KARA S. CICCARELLI

80 Pages

Perception plays an important role in the human experience. The current culture of the U.S. contains an abundance of pressure to appear and behave in a certain way. People passing judgements and making assumptions based on appearance has become so heavily entrenched in U.S. culture that many do not realize the judgements they are making, the conclusions they are drawing, or the impact of negative judgement, stigma, and faulty conclusions. To shift from a culture of judgement to one of embracing differences there needs to be recognition of the judgements being made. The goal of the current study was to develop a better understanding of how appearance and description impacts how a person is perceived and by extension judged through an experimental design dissertation project. Specifically, to determine if parents are perceived differently based on the race and assumed ability status of their children, I used scenarios that included images of either a white or Black child and revealed the child as being either typically developing, having an invisible disability, or having a visible disability. Results indicate that race, ability status, and the combination of race and ability status are not significant effects on perception of parenting skill. However, parenting style preference was a significant moderator between race and ability status and perception of parenting skill. Altogether, this research may contribute to a much larger discussion about the serious impact of human perceptions, assumptions, and judgements.

KEYWORDS: Perception, parenting, ability status, race

PARENT SHAMING: THE IMPACT OF RACE AND DISABILITY STATUS ON
PERCEPTIONS OF PARENTING

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A Dissertation Submitted in Partial
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PARENT SHAMING: THE IMPACT OF RACE AND DISABILITY STATUS ON
PERCEPTIONS OF PARENTING

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CHAPTER I: INTRODUCTION

A common occurrence in the modern world is social categorization based on the identities a person holds, allowing perception to play a prominent role in the lives of humans (Burke, 2016; Freeland & Hoey, 2018). Perception leads people to look at others and assume, based on appearance, that they belong to a certain race or disability group. One problem with placing a person in a certain group based on their appearance is that the psychological phenomenon of in and out-groups, wherein in-group members do not always treat out-group members in the same way (Smith & DeCoster, 2000; Grondin, 2016). Individuals we assume are members of the dominant or in-group, such a white or presumably typically developing individual, automatically receive the benefits of in-group membership (Banaji & Hardin, 1996; Dovidio, 2013; Soo-Young et al., 2019; Zarate & Smith, 1990). Meanwhile, individuals whom onlookers assume to be members of the out-group carry the burden that comes with the stereotypes and discrimination that one associates with out-group membership (Dovidio, 2013; Kumar Tiwari & Kumar, 2019).

Researchers have previously learned of the tendency humans have to perceive other people in a certain way is a result of their emotions and existing schema (Freeland & Hoey, 2018). Researchers of Affect Control Theory state that people, in general, associate a specific emotion with a certain concept (Kriegel et al., 2017). For example, across cultures, people think of mothers as good. The common feelings people associate with certain concepts lead feelings to automatically arise during specific life experiences. A second theory of perception is Identity Control Theory (ICT; Burke, 2016). According to ICT researchers, humans work to confirm what they believe about themselves and others to be true because that is easier than altering their

beliefs. For example, if a person holds the bias that Black men are aggressive they will observe a Black man scolding his child and feel a sense of confirmation about their belief.

One of the major troubles of perception is that it leads people to make assumptions and discriminate against other people who are members of marginalized groups (Fox & Stallworth, 2005). Race is a common medium for making assumptions based on appearance leading to perceptions that cause stereotyping, faulty judgements, and discrimination (Alexander, 2020). Research indicates that in the United States individuals holding minoritized racial identities, such as Black individuals, are often the recipients of bias and microaggressions because of the color of their skin (Fox & Stallworth, 2005). For example, people often assume Black boys and men are aggressive or violent. The problem with these assumptions is that Black boys and men must carry the unwarranted consequences of others faulty perceptions.

Another marginalized group that carries burdens associated with perception that leads to judgement and discrimination is individuals with disabilities. When one assumes that another person has a disability versus not, there is typically differential treatment (Ali et al., 2016; Cooney et al., 2006; Jahoda & Markova, 2004). Previous research indicates that perception is different depending on whether a person has a visible disability, such as quadriplegia, or an invisible disability, such as autism spectrum disorder (Disabled World, 2018). Individuals with invisible disabilities often receive skepticism about the reality of their disability (Blockmans, 2014; Hartman-Hall & Haaga, 2002; Thompson-Ebanks & Jarman, 2018). Meanwhile, a person with a visible disability often experiences others assuming them to be incapable (Galli et al., 2015).

There are a number of challenges associated with parenting, but parents and guardians of children with disabilities face unique challenges resulting from the distinct needs of their

children and the way others perceive their children. Parents and guardians of children with disabilities face a greater strain on their time and finances (Masulani-Mwale et al., 2016; Quittner et al., 1992). Further, caregivers of children with disabilities need to parent their children differently in order to meet the needs of their child, a fact often not recognized by onlookers, that may lead to judgement from onlookers.

Parenting differently than caregivers of non-Black children is a parenting reality for parents of Black children (Mowen & Schroeder, 2018). White parents often receive praise for implementing what many deem the “best” way to parent (i.e., authoritative parenting style), although research has not always given adequate consideration for cultural differences when drawing conclusions about parenting style effectiveness (Bornstein & Bornstein, 2007). Meanwhile, Black parents often face criticism when they use an authoritarian approach to parenting (i.e., low responsiveness and high demandingness) despite the possibility that the approach might benefit their children (Hall & Bracken, 1996; Mowen & Schroeder, 2018). Research indicates that the authoritarian parenting style can be adaptive for Black children and enhances academic, social, and behavioral outcomes (Sorkhabi & Mandara, 2013).

Parents of Black children, children with disabilities, and Black children who have disabilities are frequently the subject of perception and then judgement because of what their children look like (Cartledge et al., 2002; Zu, 2007). To be more specific, it is often the case that others associate the behavior of a child with the parent (Mowen & Schroeder, 2018). This association may lead to others making judgement about parenting skills. Similar to how Black individuals and individuals with disabilities are the target of discrimination stemming from their out-group membership, parents of Black children, parents of children with disabilities, and

parents of Black children with disabilities may be the recipients of unwarranted judgement and discrimination (Cartledge et al., 2002; Mowen & Schroeder, 2018; Zu, 2007).

Perception that leads to faulty assumptions and discrimination is a problem in today's world because of the hurtful effects of discrimination (Dovidio, 2013; Kumar Tiwari & Kumar, 2019). It is often the case that people will make a quick judgement of another person on the basis of their emotions or existing schema, leading them to judge another person as a "good" or "bad" parent (Mowen & Schroeder, 2018). The goal of the current research study was to determine whether or not parents are perceived differently based on their children's identities. Research findings highlighting how parents are perceived differently based on how their children look and their ability status will validate the larger conversation about the existence of the prejudice and discrimination with people who hold minoritized identities.

CHAPTER II: REVIEW OF THE LITERATURE

Perception

Perception refers to the way humans process, organize, interpret, and experience the world (Grondin, 2016). Perception influences the way individuals understand each other and the world around them (Burke, 2016; Freeland & Hoey, 2018). Social perception is how individuals develop insights and opinions about other people based on their observations and the result of several influences, including whether the behavior is deemed socially acceptable, a person's physical appearance, including facial expressions and body language, and how a person interacts with other people. Social perceptions can accurately or inaccurately reflect reality; once a person has developed a social perception, whether accurate or inaccurate, that perception is not easy to change. That is, people tend to welcome information that confirms what they already think and know about themselves and the world around them. Numerous theories have been developed by researchers to explain the process of social perception, with each acknowledging the interplay of multiple environmental, experiential, cognitive, and interpersonal factors (Burke, 2014; Charles, 2017; Freeland & Hoey, 2018; Heise 2007; MacKinnon & Heise 2010).

One significant component of social perception is social categorization or the way a person groups people together based on shared characteristics (Smith & DeCoster, 2000; Grondin, 2016). Individuals quickly and effortlessly identify others as members of the ingroup or outgroup, often based on visually prominent features, such as race or disability status (Banaji & Hardin, 1996; Dovidio, 2013; Zarate & Smith, 1990). More specifically, researchers define the ingroup as those who fall within or are assumed based on appearance to fall within the culturally accepted norms. Further, researchers define people in the outgroup as those who fall outside or are inferred based on appearance to fall outside the culturally accepted standard (Dovidio, 2013;

Kumar Tiwari & Kumar, 2019). Those who are categorized as members of the ingroup enjoy the benefits of being perceived by others as falling within the cultural norm and receive ingroup benefits, such as experiencing positive emotions and feelings of security (Ellemers & Barreto, 2006; Turner, 2010). Meanwhile, those categorized as members of the outgroup often have to carry with them harmful implications, including negative emotions, increased stress, decreased confidence, and increased worry of losing the meaningful friendships they hold in their lives (Diamond & Lucas, 2004).

Perceptions of people categorized by ingroups and outgroups are influenced by stereotyping (Macrae & Bodenhausen, 1995). Stereotypes are oversimplified assumptions and generalizations about groups of people (Baldwin et al., 2015; McIntosh, 2019). Specifically, when a person assumes, based on perception, that an individual belongs or does not belong to a specific group (e.g., looking at a person and perceiving them to be Black), they then associate stereotypes about that particular group (e.g., the Black person is aggressive). Although everyone holds biases and engages in stereotyping about ingroups and outgroups, individuals holding marginalized identities are more likely to face adverse outcomes due to stereotypical views about their group (Cerullo, 2014; Dickter & Bartholow 2007). Understanding the harmful effects of placing a person in an outgroup based on perception is essential, but first, it is critical to explore the theories behind the perception.

Some researchers assert that affect (i.e., feelings and emotions) is the main characteristic of perception, which describes the Affect Control Theory (ACT; Freeland & Hoey, 2018). These researchers posit that perception is a formal, mathematical theory of social interaction (Kriegel et al., 2017), allowing the prediction of how emotional content will influence perception. Heise (2002) examined similar concepts across different cultures to determine if they held the same

meaning. For example, a concept, like a father, which was good in one culture, tended to be rated as good by other cultures as well. With data to inform researchers on which concepts are generally good or bad, researchers were able to predict how most people would perceive the same idea reasonably. For example, most people will see a father hugging his child and feel good.

When ACT ideas are incorporated to understand perception, the assumption is that people, whether they realize it or not, decipher their experiences in a way that proves what they already think and feel to be true (Freeland & Hoey, 2018). For example, if a person believes that girls behave better than boys, they may interpret a boy having an emotional outburst in a public place as bad behavior. Alternatively, if they see a girl having an emotional outburst, they may perceive her as justifiably upset. In simple terms, ACT researchers state that individuals actively behave and work to understand the world around them to confirm the perceptions they already hold.

The language used in a specific event, the unique qualities of the individuals involved in a particular event, the emotions associated with a specific event, and the setting all influence perception according to ACT theorists (Freeland & Hoey, 2018). By considering particular words used, unique individuals present, specific emotions felt and displayed, and the setting, researchers employing ACT can examine an event across three different dimensions (Osgood & Tzeng, 1990). First, an individual evaluates and determines if an event is good or bad (i.e., does the event evoke positive or negative effects). Second, one concludes the potency (i.e., does this event have a powerful or weak impact). Finally, individuals assess the incident and determine if it is active or passive (i.e., does the person need to intervene and participate in this event or not).

For example, if a person observes a child having an emotional outburst, they may stop and help (i.e., active) or ignore the situation and keep walking (i.e., passive).

A second theory of perception is Identity Control Theory (ICT; Burke, 2016), which posits that all of the different genetic factors and lived experiences that lead a person to become who they are, are the result of the unique life and world that specific person experiences. According to ICT research, an individual's identity is built and maintained by the unique individual and social world of that individual. People behave in line with the identities they hold (e.g., racial identity, religious affiliation, disability status) and what those identities mean to them. A critical aspect of ICT research surrounds the way an individual views their own identity and their response to the reactions others have to their identity. To be more specific, ICT theorists posit that individuals reflect on the identities they hold and consider how others approve or disapprove of them. For example, if a person believes they are a good parent and receives criticism of parenting behavior, they might alter their behavior in response to that criticism or ruminate on the criticism and question their self-identification of being a good parent as a result.

There are four main criteria ICT researchers outline that influence perception including the identity standard, the input, the comparator, and the output (Burke, 2016). The identity standard is the unique perspective of a specific person in a particular situation. To be more precise, the stereotyped behavior an individual expects to experience during everyday interactions may differ depending on the identities they hold. For example, a cisgender Black man may expect others to view him as angry, while a transgender Black man may expect others to see him as odd. These expectations develop based on the individual's interpretation or expectation of the given situation, which is influenced by the identities they hold. According to ICT research and the identity standard criteria, individuals act to confirm what they believe about

themselves to be accurate by looking for situations in which meanings match their identity standard (i.e., what they believe to be true about themselves). The second criteria, input, considers the feelings and conclusions a person develops about themselves and the characteristics of their unique personality, which result from all of the experiences one has with others. Feelings and conclusions, in this context, result from the feedback individuals receive from others. For example, a person who is frequently told they are smart by others will, over time, begin to believe that reoccurring claim. The third standard is the comparator, which links the meanings from the input (i.e., perceptions of others) with those from the identity standard (i.e., perception of self) and registers the difference between them. In the comparator standard, a person attempts to reconcile the similarities and differences of their identity standard (e.g., I consider myself to be smart) with the input (e.g., the comment made by this person suggests they think I am not smart). Take, for example, an individual who views the authoritative parenting style as their identity standard for good parenting. In other words, they see the use of high demands and nurturing behavior as effective parenting. This person may view a parent providing their child with discipline, followed by a hug as a good parent, and make no adjustments to their identity standard, because they have observed another parent behaving in the same manner. On the other hand, if this same individual holds an authoritarian parenting style as the ideal, meaning they view high demands and strict consistency combined with low levels of warmth as good parenting, they may alter their thinking about parenting after observing the same scenario. Finally, the output is also known as an error or discrepancy. The output is how a person changes or stays the same after comparing their identity standard to the input from others. An example of a change in behavior could be if a person spans their child while at the grocery store and notices an onlooker with a judgmental look, that person might discontinue public spanking in the future

because of the negative input from the bystander. An example of an absence of change in behavior could be if a person praises their child for sitting quietly in the doctor's office and later notices another parent engaging in the same praise tactic. The repeat observation of praise might result in a person choosing to continue praise behavior in the future because of the positive input (i.e., engaging in the same witnessed praise behavior) from another person. In essence, the output is a meaningful change or absence of change in behavior given the situation. In conclusion, ICT theorists assume that the nature of one's identity changes or maintains over time according to how people develop, maintain, and change based on the multiple identities they hold and the reactions of other people to those identities.

While both AFT and ICT are evidence-based theories with robust outlines for how to consider perception and its interaction with a person's personal and social world, there are certain limitations to consider (Burke, 2016; Freeland & Hoey, 2018). Regarding AFT research, because social situations can be highly ambiguous, the interpretation of various social situations can be flawed (MacKinnon & Heise, 2014). For example, a person might observe a parent with boys providing a direction to just one of the children, but there may be no way of knowing which child is receiving the instruction. In this case, an individual's interpretation of the direction may be considered good parenting for one child but not the other depending on the age of the child. Second, thoughts and feelings can change over time. For example, some years ago, corporal punishment was more socially acceptable than it is today. As such, an individual from the Baby Boomer generation might view spanking as good parenting while an individual from the Millennial generation might see spanking as ineffective parenting. Finally, people have external goals that can compete with affect control. For instance, a person can be aware of a bias they hold and can actively work to counteract behavioral impulses associated with that behavior.

The ICT theory also includes limitations that are important to note. One limitation includes the differences between the perception a person has of a situation and the meanings that make up their identity standard (Burke, 2016). As previously mentioned, when there is a large discrepancy between a situation and the feelings a person has about a situation, a person may work to alter their behavior because of this difference. Meanwhile, when there is a small difference in a situation and how a person feels about it, a person may feel accomplished. However, ICT research does not give enough attention to the potential moderating variable of how a bystander can impact a situation or the self-defining meaning of identity. One possible third variable is how a person might control their identity when multiple identities conflict with one another. A second potential third variable could be how a person might respond when in the presence of a friend versus a stranger. Although consideration for these limitations must occur, perception plays a role in behavior. Individuals will typically act to confirm the beliefs they hold and make judgments of others that reinforce their ideas rather than changing their existing ideas and altering their behavior if they feel others interpret their actions as wrong (Burke, 2016; Freeland & Hoey, 2018).

In general, it is a challenge to alter perceptions, because it is difficult for individuals to realize and adjust their faulty perceptions. (Burke, 2016). To give an example of how it is difficult for people to see their own bias, consider a person who believes girls behave better than boys and observes a young boy and a young girl having emotional outbursts, but thinks the conduct of the boy to be inappropriate and the conduct of the girl to be justified. It may be difficult for some people to admit that the difference in reactions results from the presenting genders of the children. Further, it may be a challenge for the individual to alter their existing schema for behavior because schemas build upon evidence from lived experiences (Young et al.,

2003). According to both ACT and ICT, we act to confirm our existing schemas (Burke, 2016; Freeland & Hoey, 2018). If a person feels a specific set of attributes are critical to being a good parent (e.g., being attentive and providing discipline), they will actively work to confirm those beliefs by, likely unconsciously, being selective in their observation of other parents or rationalizing the behavior of other parents in order to accommodate their beliefs about parenting. In turn, they may view parents who confirm those beliefs as "good parents" and those who disconfirm these beliefs are "bad parents" (Freeland & Hoey, 2018). Similarly, if an individual detects that a bystander perceives them negatively, such as thinking they are a terrible parent, they may alter their behavior as a result, such as scolding their child when they usually would not do so (Burke, 2016).

Perception of Marginalized Groups

Perceptions of Black Individuals

Researchers have long examined the presence of discrimination and social inequality targeting Black individuals (Alexander, 2020). Numerous examples, taken from the workforce indicate that Black individuals, compared to their white counterparts, are more likely to (a) be recipients of aggressive or intimidating eye contact (Fox & Stallworth, 2005); (b) report feeling they are not allowed to express their opinions (Lloyd-Jones, 2009); (c) receive verbal abuse, including being demeaned in front of peers (Fox & Stallworth, 2005); (d) experience excessively harsh criticism of their work (Fox & Stallworth, 2005); (e) blame for errors that were not their own (Fox & Stallworth, 2005); and (f) have others take credit for their work (Fox & Stallworth, 2005).

Unfortunately, these findings are not limited to adults. Research has found themes of perceptions of Black individuals across developmental levels. An investigation examining the

experiences of children and adolescents found that Black adolescents experience similar types of discrimination and social inequality (English et al., 2020). Specifically, using daily surveys given to 101 participants over 14 days, researchers found that Black adolescents experience multiple microaggressions (i.e., verbal, behavioral, or environmental slights that are rude, insensitive, or demeaning; Sue et al., 2007) each day. Participants reported microaggressive experiences surrounding the following themes: assumption of criminality (e.g., seeing someone lock the doors of their car or crossing the street when they are near), assumption of intellectual inferiority (e.g., low expectations from teachers, being talked down to), assumption of the universality of the Black experience (e.g., being asked to represent their racial/ethnic group in a class discussion and being stereotyped by a coach or teacher), second class citizenship (e.g., unfair treatment from a store clerk or waiter), and assumptions of inferior status (e.g., others acting as if they were dishonest or being surprised that a Black person performed well).

Research supports the idea that individuals who hold racially minoritized identities, including Black children, experience discrimination in elementary school as well (Coker et al., 2009; Benner et al., 2018). According to a study completed by Coker and colleagues (2009) that examined the experiences of children in fourth and fifth grade, Black children reported experiences of discrimination being heavily present in schools. Within the study, children were interviewed to see if they were ever treated differently because of the color of their skin and if those experiences ever happened while they were in school. Children who participated in the study reported frequent experiences wherein they felt they were treated differently from their white peers.

In addition to Black men, adolescents, and elementary-aged individuals, young Black boys in preschool and kindergarten experience daily microaggressions (American Federation of

Teachers, 2015; Wood et al., 2017). Microaggressions are verbal or nonverbal slights that demean an individual based on an identity they hold (Sue et al., 2007). An example of microaggressions frequently experienced by young Black boys is adults assuming them to be aggressive and poorly behaved, as evidenced by a higher rate of discipline referrals for young Black boys in comparison to their white peers that are unlikely representative of actual problem behaviors (Wood et al., 2017). At young ages, preschoolers from minoritized groups experience disproportionate exclusion from their academic environments due to faulty perceptions of their behaviors. Data from the 2015 American Federation of Teachers indicated that Black students accounted for 14% of the preschool population, but represented 42% of those suspended from school. Similarly, data from the Early Childhood Longitudinal Study, indicated that teachers reported higher levels of concern with problem behaviors, social skills, and positive aptitude for young Black boys compared to their white counterparts (Early Childhood Longitudinal Program Kindergarten, 2011; Wood et al., 2017).

The finding of the research mentioned above reflects the consistent results of previous investigations on the microaggressive experiences of Black individuals from childhood to adulthood. Individuals who are racially minoritized experience microaggressions that are not experienced by white individuals (Wood et al., 2017). Microaggressions and the perceptions people develop and hold about Black individuals result in different treatment based on race (Sue et al., 2007). Black children, adolescents, and adults, are perceived differently than their white peers and have different racialized social experiences as a result (Coker et al., 2009; Benner et al., 2018).

Perceptions of Individuals with Disabilities

A disability is a physical, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in specific tasks or participate in certain typical daily activities or interactions (Kerig & Ludlow, 2012). Disabilities range in severity and often involve a person experiencing greater difficulty in completing specific tasks. Physical disabilities (e.g., quadriplegia, hearing impairment, multiple sclerosis) include limits in physical functioning, such as mobility, dexterity, or stamina (Nkabinde et al., 2010). Cognitive disabilities (e.g., dyslexia, intellectual disability) involve limitations in mental processing (Kerig & Ludlow, 2012). Developmental disabilities (e.g., autism spectrum disorder, fetal alcohol syndrome) result in deficiencies in functioning and delays in reaching developmental milestones. They can inhibit multiple areas, including vision, cognition, motor performance, hearing, and speech. Disabilities can fall into more than one category (e.g., cerebral palsy is both a developmental and physical disability; Developmental Disabilities, 2018). Further, individuals may receive more than one diagnosis, which may fall into different categories (i.e., physical disability, developmental disability, or cognitive disability; Matson & Shoemaker, 2009).

Most relevant to the purpose of the current study, disabilities may also be classified as visible or invisible. A visible disability is a physical, mental, or neurological condition that limits a person's movements, senses, or activities that is visible to onlookers (Disabled World, 2018). For example, quadriplegia is a visible disability because an onlooker can look at an individual with quadriplegia and know the individual has a disability given their physical appearance. Invisible disabilities, on the other hand, include any physical, mental, or neurological condition that limits a person's movements, senses, or activities that is unseen by onlookers (Invisible

Disabilities Association, 2018). Anxiety disorders are an example of an invisible disability because there exist fewer physical cues to indicate that an individual has this particular disorder.

Regardless of classification, individuals are likely to experience challenges related to their disability status. Adults with disabilities often report being treated as if they are incapable or will do a more mediocre job of completing tasks, and report frequently being "treated like children or babies" (Ali et al., 2016; Cooney et al., 2006; Jahoda & Markova, 2004, p. 726). When assessing the stigma-related experiences of college students with disabilities, students reported that professors and colleagues speak to them in an inferior manner, people stare at them, strangers make fun of them, and laugh at them, and others treat them like children (Ali et al., 2016). Participants reported feeling angry and embarrassed about the treatment they received from others, making efforts to avoid others due to their experiences, and worrying about the ways people who have no disability will act towards them.

Direct personal experience with individuals with disabilities may alter perceptions of individuals with visual disabilities. In a study that examined the impact experience may have on perceptions of individuals with disabilities, researchers examined both explicit (i.e., fully and clearly expressed) and implicit (i.e., understood though not directly expressed) reactions to individuals in wheelchairs. One study compared the perceptions of individuals in wheelchairs to the perceptions of healthcare workers and individuals who had no contact with individuals in wheelchairs and found differences in perceptions between these groups (Galli et al., 2015). Researchers used adapted flashcards from an Implicit Association Test (IAT; Cunningham, Preacher, Mahzarin, & Banaji, 2001) that featured an individual sitting in a wheelchair or armchair with varying facial expressions to examine implicit bias. Implicit wheelchair bias was measured by timing how participants paired positive words or negative words with images of a

person in a wheelchair versus a person in an armchair. Participants also rated their preferences towards individuals with and without wheelchairs. Results demonstrated that participants who used wheelchairs showed an explicit preference for other wheelchair users and implicit preference for able-bodied beings. Able-bodied participants who had no prior contact with individuals using wheelchairs implicitly associated negative traits with persons who use wheelchairs and declared an explicit preference for able-bodied persons more quickly than participants in the other two groups. Healthcare professionals did not show any negative implicit feelings or explicit preferences for persons using wheelchairs. A prominent finding from this research is that individuals who do not or rarely spend time around individuals with disabilities may be more likely to have an implicit bias against individuals with disabilities.

The presence of a visible disability also influences the perceptions individuals have surrounding capability in the workforce. In one study, college-aged participants evaluated the job performance of either an individual with no known disability or an individual with a visible disability (i.e., being in a wheelchair, being visually impaired, or being hearing impaired; Lynch & Finkelstein, 2015). Researchers found that participants perceived individuals with no known disability as more capable in comparison to individuals with disabilities. Specifically, participants examined employee files that indicated whether or not the employee had a high, moderate, or low-performance record. All employee files contained workplace evaluations, resume, history of any disciplinary action, and any performance-related awards. The files of employees with a disability included requests for workplace accommodations due to disabilities. After reading six employee files, participants completed questionnaires designed to assess the dimensions of work quality, work quantity, overall performance, and the likelihood of future success. Furthermore, participants estimated the sales performance in the dollar amount for each

employee. Generally, participants provided ratings of individuals without a disability that were higher than ratings of those identified as having a disability. These results could indicate that onlookers may attribute poor job performance to a person's disability and, as a result, rank them as a low performing employee.

Invisible disabilities present challenges that directly impact daily functioning in similar ways as visible disabilities do (Americans with Disabilities Act, 1990). However, because the source of these difficulties may not be evident to onlookers, individuals with invisible disabilities face unique challenges (Invisible Disabilities Association, 2018). Most notably, individuals with invisible disabilities often experience others questioning whether or not their disability is real. It is often the case that people have difficulty understanding the impact that an invisible disability has on the life of the person with the disability (Thompson-Ebanks & Jarman, 2018). As a result, those with invisible disabilities may choose to keep their disability status a secret. Further, they may avoid seeking helpful resources due to feelings of anxiety associated with fears of being treated differently (Blockmans, 2014; Hartman-Hall & Haaga, 2002; Thompson-Ebanks & Jarman, 2018).

Research suggests avoiding the disclosure of a disability is often the result of childhood experiences of stigmatization (Kafer, 2016). Young people in school report having had at least one experience of being denied or questioned about the need for assistance or accommodation following the disclosure of an invisible disability (Hartman-Hall & Haaga, 2002), which can have repercussions. Specifically, trauma resulting from this earlier experience of stigma often occurs when a person with an invisible disability feels determined to keep their disability hidden to prevent the resurfacing of negative and painful feelings (Hartman-Hall & Haaga, 2002). Individuals often worry that the disclosure of their invisible disability will be interpreted as

insincere by others (Kafer, 2016). Unfortunately, when individuals choose not to disclose their disability, for fear of reliving past distress from others not believing in the validity of their disability, they instead face the difficulty of not having the assistance they need.

Although the challenges of having a disability are relevant regardless of the classification, research suggests that there may be differences depending on one's disability classification as visible or invisible. As noted above, individuals with visible disabilities have experiences that include having to explain their disability, the expectation to disclose private medical information and answer questions about their disability, and having to navigate a world designed for able-bodied individuals (McCully & Nevison, 2017). Research suggests that individuals with invisible disabilities are often treated as inept and often have to convince others of their disability (Ali et al., 2016; Lynch & Finkelstein, 2015).

As previously highlighted, individuals who are members of racially minoritized groups, like Black individuals, are often seen as aggressive and poorly behaved (Coker et al., 2009; Benner et al., 2018). Meanwhile, individuals with disabilities are often labeled to be incapable or insincere (Kafer, 2016; Lynch & Finkelstein, 2015). A person who holds more than one marginalized identity, such as being a person who is Black and has a disability, shoulders the burden of being a member of two outgroups, given the intersectional nature of their identity (Crenshaw, 1989). Being a member of two outgroups means experiencing adverse effects, like discrimination, often associated with both (Nettles & Balter, 2012). Being a member of an outgroup, such as being a Black individual, an individual with a disability, or both comes with negative consequences such as discrimination that results from the perceptions people hold about a particular group (e.g., Black people are aggressive, and individuals with disabilities are inept). The findings of the research show that Black individuals and individuals with disabilities, both

adults and children, experience discrimination that is the result of how others perceive them based on disability status or the racial identity that hold (American Federation of Teachers, 2015; Kerig & Ludlow, 2012; Wood et al., 2017).

Perceptions and Unique Challenges Associated with Parenting

Similar to how some challenges and obstacles come with being a person who holds a marginalized identity (i.e., disability status or racial/ethnic identity), there are unique challenges and obstacles parents of children who hold minoritized identities face. Cultures have unspoken rules and norms to encourage individuals to behave in predictable and acceptable ways (Chirban, 2014; Schaefer et al., 2019). Specific to the U.S., passing judgment on others when they do not meet cultural expectations has become so heavily entrenched within American culture that many people do not realize the judgements they are making or the impact of those judgements (Glock & Bohmer, 2018). Relevant to the current study, cultural values surrounding parenting exist and are influenced by the way we perceive and categorize others (Jegatheesan, 2009). As described earlier when discussing the theoretical underpinnings of perception, an individual's parenting skills may find influence from a multitude of historical and environmental factors, including child behavior, reaction from other caregivers, the perceiver's automatic judgments about the child and parent's on the basis of racial identity and ability status, and how the judgment relates to their ingroup and outgroup status.

Parenting Children Holding Racial/Ethnic Minoritized Identity

As described previously, one's status as a person of color is associated with increased experiences of discrimination and racism (Alexander, 2020). These judgements, based on race, extend to parenting and parenting styles (Mowen & Schroeder, 2018). Researchers have identified four styles of parenting: authoritarian, authoritative, permissive, and neglectful (Kerig

& Ludlow, 2012), categorized by responsiveness and demandingness. Particularly, authoritarian parenting is defined as low responsiveness and high demandingness; authoritative parenting consists of high responsiveness and demandingness; permissive parenting is defined as high responsiveness and little demandingness; neglectful parenting is defined as low responsiveness and demandingness. Although some research suggests that an authoritative parenting style leads to the best outcomes for children (Supple & Small, 2006), this claim historically lacks consideration for cultural differences (Bornstein & Bornstein, 2007).

However, more recent research on parenting styles has attempted to target the limited cultural consideration seen in previous research. Sorkhabi & Mandara (2013) examined updated research dedicated to understanding the role of culture in parenting styles, specifically the claim that the authoritative parenting style leads to the most positive outcomes. According to the research findings, the newer potential fifth parenting style, directive, is similar to the authoritative style. Additionally, the authoritative parenting style itself can be effective for racially minoritized children and parent combinations when with-in culture characteristics are considered. Directive parenting refers to parents who incorporate a high level of control and a high level of responsiveness, but in a different form than the typical authoritative parenting style. According to parenting style researchers, a directive parenting style approach amongst parents holding minoritized racial identities is relatively common and leads to positive academic, behavioral, and social outcomes for children who hold minoritized racial identities. The directive parenting style matches the authoritative parenting style in that both include high responsiveness and high control, but there is a key difference to note. Specifically, the operational definition of responsiveness must be created through a cultural perspective lens, because responsiveness looks differently for households depending on the cultural background. For example, Black caregivers

value sharing their culture in their children and as a result place high demands, but also high responsiveness in the form of sharing culture (Mandara & Murray, 2002). A common conclusion of parenting style responsiveness is physical affection, when in fact responsiveness can and does look different and still be effective from one household to the next (Garcia Coll & Pachter, 2002; Mandara & Murray, 2002). Various research studies have found that many parents who hold a marginalized racial identity use an authoritative parenting style with high responsiveness and high demandingness (Chao, 2000; Garcia Coll & Pachter, 2002; Mandara & Murray, 2002). Further results from research conducted by Sorkhabi and Mandara (2013) indicates that with-in group characteristics, specifically parenting goals, is another important factor that can influence parenting style effectiveness. To be more specific, parents who communicate the reasoning behind their parenting choices (e.g., assigning a punishment or making a child engage in an undesirable behavior, such as going to school because it will benefit them) often see more positive results, such as academic success and positive behavior.

While it is true that more recent research has given an account of more culturally sensitive conclusions about parenting styles, additional research is still essential. Further, despite the results highlighted by Sorkhabi and Mandara (2013), there is still bias against children and parents who hold marginalized racial identities. Decades of research suggest that parents of color are more likely to implement a "less effective" authoritarian parenting style (Hurd et al., 1995; Middlemiss, 2003). However, this determination of being less effective is culturally limited, problematic, and does not consider the unique challenges that align with parenting children who are racially marginalized in a society that oppresses them (Hall & Bracken, 1996; Mowen & Schroeder, 2018). Applying Eurocentric standards to other cultural groups leads to faulty perceptions and misinformation. In reality, researchers have found that an authoritarian parenting

style can be adaptive, for those parenting children of color, given the race-specific challenges that these families have to confront (Adjei et al., 2018; Camera, 2016). For example, Black parents have reported that they use authoritarian parenting strategies to set strict boundaries for protecting their children from racism and discrimination, which are concerns that white parents do not have to consider (Adjei et al., 2018; Putnam-Hornstein et al., 2013).

Perceived parenting style is a crucial consideration into whether onlookers view a person or persons as being "good" or "bad" parents (McKinney & Kwan, 2018). Parents who identify and present as Black are often perceived differently than white parents because of their racial/ethnic identity and choice of parenting style (Adjei et al., 2018). As previously described, Black parents may be more likely to use an authoritarian approach to parenting based on cultural values and the needs of their children. In contrast, white parents are more likely to use an authoritative approach. These cultural differences lead to faulty perceptions of "others" parenting effectiveness.

Parenting and parenting style tendency often results in judgment from bystanders (McKinney & Kwan, 2018). Black parents face the daily struggles that minoritized adults experience via overt and covert prejudices resulting from being the targets of hurtful microaggressive behavior stemming from judgment and lack of understanding about their racial and ethnic identity (Kindle & Delavega, 2018). These experiences indicate that parents of color are targets of biased judgment based on skin color and how they choose to parent their children. The link between judgment based on parenting choices and parenting style seems to be higher for those individuals who hold minoritized identities (Adjei et al., 2018).

Parenting Children with Disabilities

Managing the judgments and misconceptions of others is not an experience exclusive to caregivers of racially minoritized children. Caregivers of individuals with disabilities also must deal with misunderstandings others have about their parenting or their child. Specifically, research suggests that parents of children with disabilities report others feeling that their children are incapable, have their strengths overlooked, and are treated differently (Baldwin, Omdal, & Pereles, 2015; Couzens et al., 2015). Furthermore, those caring for individuals with disabilities face a unique set of challenges including management of problem behaviors associated with the disability, financial and time resource allocation for their child, and the caregivers themselves carrying a psychological burden (Masulani-Mwale et al., 2016; Quittner et al., 1992; Randell et al., 2017; Thompson-Janes et al., 2016;).

Research suggests that these associated challenges with parenting may differ depending on the child's disability classification as visible or invisible. A unique experience of those with children with invisible disabilities, is the report of a feeling an ever-present challenge of having to convince others that their child having an invisible disability is not synonymous with being inept and the frequent need to advocate for their children in and outside of school (Baldwin et al., 2015; Byrne et al., 2018; Couzens et al., 2015). Parents report having to convince others to find a balance between accommodating for the unique needs associated with their child's disability (e.g., allowing more time to complete tasks, providing the child with breaks, not holding the child to the same standard as children who are typically developing) and challenging their child to grow (Byrne et al., 2018). Parents also manage additional challenges associated with behavioral difficulties (e.g., emotional outbursts) that may be characteristic of a specific disability (Masulani-Mwale et al., 2016; Quittner et al., 1992; Thompson-Janes et al., 2016).

Managing these behaviors may often require the use of parenting strategies that seem foreign to others (e.g., ignoring undesirable behavior, wrapping one's arms around a child to help them calm) and may produce judgment from onlookers (Heitzman-Powell et al., 2013; Myers et al., 2009; Severini et al., 2018).

A unique experience reported by caregivers of children with visible disabilities is unwanted sympathy and an overabundance of support (Ouellette-Kuntz, et al., 2010; Pollock Prezant & Marshak, 2006; Sklar, 2011). Sympathy being placed upon them by others is an everyday experience for individuals with disabilities and their caregivers (Sklar, 2011).

According to the literature, individuals with disabilities and their caregivers report the issue with sympathy is when it becomes pity, meaning viewing their child as a tragic circumstance to feel sorry for (Kamenetsky et al., 2016). Caregivers of children with disabilities report struggling to find a balance between accepting the help they need without producing pity. Notably, parents of children with visible disabilities say that they are frequently offered support from others, which is appreciated and sometimes necessary. However, caregivers also report that they receive pity, which is evidenced by comments or providing too much help (Pollock Prezant & Marshak, 2006). Additionally, according to research, caregivers of children with visible disabilities experience an overabundance of assistance (i.e., completing tasks for them or their child) that stifles the development of their child.

Caregivers of children with disabilities, both visible and invisible, report additional stressors associated with parenting resulting from the unique and extra needs of their child (Thompson-Janes et al., 2016). For example, caregivers say an increased difficulty in forming adaptive relationships with their children, increased feelings of isolation, lack of role models and social support for themselves, harsh judgment from others, and increased feelings of

hopelessness (Thompson-Janes et al., 2016). Caregivers also report a strain on their time and finances resulting from being the caregiver of a child with a disability (Masulani-Mwale et al., 2016; Quittner et al., 1992). Using questionnaires and activity diaries, researchers have identified an immense strain on time and financial resources due to the daily tasks for caregivers of children with disabilities. Specifically, there is typically more time dedicated to medical care activities (e.g., breathing treatments, giving child medication), childcare activities (e.g., getting dressed, feeding), and household chores (e.g., laundry, dishes; Quittner et al., 1992) compared to the time caregivers with children without disabilities spend on these tasks. Additionally, caregivers of children with disabilities spend significantly more money in multiple areas over a more considerable period in order to meet the needs of their child (Masulani-Mwale et al., 2016; Quittner et al., 1992).

Research suggests that caregivers of children with disabilities often receive the label of "bad caregivers" who are to blame for their child's behavior (Blum, 2007; Blum, 2015; Farrugia, 2009; Francis, 2015; Fraser & Llewellyn, 2015). As a result, caregivers may experience self-blame related to feeling poor parenting contributed to their child's behavioral challenges (Blum, 2007). The task of parenting a child with a disability likely magnifies the fear of being called a "bad parent" and contains additional stressors that result from the tendency of children with disabilities to often engage in challenging behaviors that can harm the psychological or physical well-being of their caregivers (Yannamani, Zia, & Khalil 2009). Harmful physical and psychological effects resulting from the experience of being labeled a bad parent and being the target of hostile behavior and negative comments include an increase in stress and depressive symptoms (Sabik et al., 2019). Relevant to the theories of perception reviewed previously, research suggests that caregivers of children with disabilities might change their parenting

behaviors in public for fear of judgment from onlookers, even if the parenting behavior is less effective in managing the actions of their child (Due et al., 2018; Thompson-Janes et al., 2016).

Considering what we know about parenting children with disabilities and the unique experiences of Black caregivers, it is probable that Black caregivers of children with disabilities face exaggerated judgment and discrimination due to the identities they hold (Baldwin et al., 2015; Couzens et al., 2015; Due et al., 2018; Stanley et al., 2011; Thompson-Janes et al., 2016). There is limited research about the impact of holding a racial/ethnic minoritized identity and having a disability. However research suggests that individuals keep their child with a disability often face the assumption that their family is just like another family from a similar cultural background instead of a unique group with unique strengths and needs (Cartledge et al., 2002). The suggestion of the research completed by Zu (2007) is that caregivers of individuals who hold both identities often feel unsupported and as if no consideration is given for their background when professionals are evaluating and making suggestions for their child.

Statement of the Problem

It is clear from the research that perception plays an essential role in the personal and social world of individuals. This critical role of perception impacts all people, those who hold marginalized identities and are members of the outgroup, including those with disabilities and People of Color, may be affected. Perception may lead to faulty judgments and harmful actions that can have a profound impact on those misjudged. The experiences that people have shape their thinking and opinions, which influence how they perceive others (Freeland & Hoey, 2018). Furthermore, whether they realize it or not, people act to confirm the perceptions they hold about themselves and others (Burke, 2016). For example, if a person's experiences bring them to the conclusion that a young Black boy will display worse behavior than a young white boy, they will

notice a young Black boy misbehaving and feel their perceptions justified. It is a challenge to change the perceptions we hold about certain groups of people because, according to ICT and AFT researchers, without realizing it, people work to confirm their perceptions to avoid the work of having to alter their perceptions.

The goal of this project was to examine the impact of racial identity (i.e., Black vs. white) and ability status (i.e., invisible disability vs. visible disability vs. typically developing) on participants' rating of parenting skills. The following research questions were offered:

1. Does race (i.e., white or Black) impact participant ratings of parenting skill?
2. Does ability status (i.e., typically developing, visible, invisible) impact participant ratings of parenting skill?
3. Does the interaction of race and ability status impact participant ratings of parenting skill?
4. Does parenting style moderate the relation between identity (i.e., race and ability status) and ratings of parenting skill?

Due to the abundance of research highlighting negative perceptions individuals hold about Black boys (Fox & Stallworth, 2005; Wood et al., 2017), I hypothesized that participants assigned to the scenarios depicting a Black boy would provide lower ratings in comparison to those participants assigned to scenarios depicting a white boy. Given research has demonstrated that individuals with invisible disabilities have reported that others question the significance of their disability (Hartman-Hall & Haaga, 2002), I hypothesized that participants assigned to the scenario depicting a child with an invisible disability would provide lower ratings of parenting skills in comparison to those participants assigned to scenarios depicting children with a visible disability and no disability. Due to the stereotypes that exist when individuals hold these

multiple marginalized identities (Fox & Stallworth, 2005; Dovidio, 2013; Kumar Tiwari & Kumar, 2019), I hypothesized that participants assigned to the scenario depicting a Black child with an invisible disability would provide the lowest ratings in comparison to those participants assigned to all other scenarios. Because we know research on parenting styles has not always considered cultural differences, I was interested in examining the impact of parenting style preference on the relation between identity (i.e., race and ability status) and ratings of parenting skill (Bornstein & Bornstein, 2007; Adjei et al., 2018). However, no hypothesis was posed because of the lack of research focusing on how different parenting styles might yield different outcomes depending on the identities held by the children.

CHAPTER III: METHOD

Participants

I recruited adults ages 18 years and older to participate in the study using my institution's office of Academic Technology's mass email service. There were no limitations placed on gender, sexual orientation, race/ethnicity, socio-economic status, or other demographic characteristics. Initially, 570 individuals entered the survey. Data cleaning included the removal of participants who provided responses that were incomplete or an indication that participants did not fully read survey questions. I removed participants from the sample group who gave incomplete responses such as, failure of attention check questions (e.g., Select True, Select False, etc.), repetitious responses (e.g., selecting 5 for all questions, selecting 2 for all questions, etc.), or incomplete surveys. Following data cleaning 525 reliable participants were left. Of the 525 participants with viable responses, 87 were randomly assigned to condition 1 (i.e., Black boy who is typically developing), 83 were assigned to condition 2 (i.e., white boy who is typically developing), 81 were assigned to condition 3 (i.e., Black boy with invisible disability), 94 were assigned to condition 4 (i.e., white boy with invisible disability), 78 were assigned to condition 5 (i.e., Black boy with visible disability), and 102 were assigned to condition 6 (i.e., white boy with visible disability).

Participants were between the ages of 18 and 67 ($M = 26.90$, $SD = 11.73$). Of the 525 participants recruited, 17 identified as Black (3.20%), 447 identified as white (85.20%), 23 identified as Latinx (4.40%), 12 identified as Asian (2.30%), 2 identified as Native American/Indigenous (0.40%), 1 identified as Middle Eastern (0.20%), 17 identified as multiracial (3.02%), and 6 (1.10%) chose not to disclose their racial/ethnic identity. Based on

participant self-report, 388 identified as female (74%), 120 identified as male (22.8%), 15 identified as nonbinary (2.9%), and 2 chose not to disclose (0.4%).

I also collected other descriptive information including, participants' ability status, family members' ability status, and number of children (see Appendix A). Of those who responded, 429 participants reported having no children, 93 participants reported having at least one child, and 3 did not provide a response. A total of 159 participants reported having a family member with a diagnosed disability, 365 reported having no family member with a diagnosed disability, and 1 participant did not respond. All participants responded to a question regarding their own ability status, and 76 participants reported having a diagnosed disability themselves and 449 reported having no disability.

Measures

Perception of parenting skill scale

The *Perception of Parenting Skill Scale* is a 14-item measure that I developed to assess reactions to parenting skills (see Appendix B). The questions included in the survey were written with the goal of being simple and close-ended with each question having an assenting perspective (e.g., "These are good parents) and a dissenting perspective (e.g., "These are bad parents). Participants were prompted to respond on a Likert scale ranging from one (i.e., Strongly Disagree) to seven (i.e., Strongly Agree). Developed items were designed to measure participant perceptions of parenting skills (e.g., "The parents should have been firmer with their child"). Analyses to assess the reliability of the measure were conducted, and Cronbach's alpha for the 14 items was acceptable at .92.

Parenting styles and dimensions questionnaire

The *Parenting Styles and Dimensions Questionnaire* (Robinson et al., 2001) is a 32-item measure designed to assess participants parenting style (see Appendix C). The measure includes a Likert scale ranging from one (i.e., Strongly Disagree) to five (i.e., Strongly Agree). I modified the survey to fit the purpose of the study. Specifically, I changed the questions from first-person (i.e., “I am responsive to my child feelings or needs”) to third-person (i.e., “Parents should be responsive to their child’s feelings or needs”). Analyses to assess the reliability of the measure were conducted, and Cronbach’s alpha for the 32 parenting style questions was .65. I also ran reliability analyses for the subscales of *The Parenting Styles and Dimensions Questionnaire*: *Connection* ($\alpha = .53$); *Regulation* ($\alpha = .77$); *Autonomy* ($\alpha = .69$); *Physical Hostility* ($\alpha = .83$); *Verbal Hostility* ($\alpha = .66$); *Punitive* ($\alpha = .70$); and *Indulgent* ($\alpha = .39$). The reliability score for *The Parenting Styles and Dimensions Questionnaire* and the parenting style subscales within the scale are lower than the preferred Cronbach Alpha level but there is research suggesting it still falls in an acceptable level (Choi et al., 2004; Taylor et al., 2013).

Social desirability scale

The Social Desirability Scale 17 (SDS-17; Stober, 2001), short form, is a 17-item measure designed to assess whether a person is concerned with social approval (see Appendix D; Stober, 2001). The measure requires participants to read a statement (e.g., “I sometimes litter”) and respond with “True” or “False.” Analyses to assess the reliability of the measure were conducted after data collection. Analyses to assess the reliability of the measure were conducted, and Cronbach’s alpha for the 17 *The Social Desirability Scale* questions was acceptable at .72.

Design and Procedure

I used a two-by-three between groups research design, where participants were randomly assigned to one of six groups. Specifically, participants were randomly assigned to either the Black boy with an invisible disability group, Black boy with a visible disability group, Black boy who is typically developing group, white boy with an invisible disability group, white boy with a visible disability group, or the white boy who is typically developing group. All participants completed the same four surveys after reading a vignette specific to their group assignment.

Following approval from the Institutional Review Board, I recruited participants using the sampled university's student research pool via the office of Academic Technology. The only inclusion criteria was that potential participants had to be over 18 years old. Data were collected through Qualtrics, which is an online survey software designed to meet the complex needs of research. Participants provided consent by viewing the form on Qualtrics and selecting the "next" button, indicating that they agreed to participate. Participants were randomly assigned to one of the six conditions using Qualtrics' randomizer function.

Participants then read scenarios that I created depending on their random group assignment. These scenarios described a situation that participants were told to imagine observing, and each included of a picture of an elementary-aged boy who was either white or Black. The photos of the children used for each scenario came from the child face database, Developmental Emotional Faces Stimulus Set (Meuwissen et al., 2016). A pilot examination was completed to assess the attractiveness, likeability, and age of the boys pictured to ensure that the pictures were similar (see Figure 1).

The text of the scenarios was identical, except for (a) disability status and (b) race of the child. Purposely, the child in the scenarios was described as typically developing, diagnosed with

an invisible disability, diagnosed with a visible disability, and appeared as either a young Black boy or a young white boy. Depending on condition assignment, participants only viewed one of six possible combinations of picture and scenario. The first scenario included a picture of a Black boy who was typically developing, scenario two consisted of a picture of a white boy who was typically developing, scenario three consisted of a picture of a Black boy who had an invisible disability, scenario four included a picture of a white boy who had an invisible disability, scenario five consisted of a picture of a Black boy who had a visible disability, and scenario six included a picture of a white boy who had a visible disability.

Conditions 1 and 2: Typically Developing

You are at the grocery store waiting in line to check-out behind a couple and who appears to be their biological child. While waiting, you overhear the child ask his parents if he can have a piece of candy. The parents respond, "Not today; you'll spoil your dinner." The child pouts while the parents start placing their food on the counter. Soon the child begins to cry as the parents pay and gather their food. After the parents have finished paying, the child starts to scream and hit them while they look at their phones, not engaging with their child. Upon leaving the grocery store, you notice the same family is parked next to your car. As you get closer, you hear the child still screaming about the piece of candy in the car while the parents load the groceries as you reach your car, the mother smiles and says, "Sorry about the screaming. Our child is having a hard day."

Conditions 3 and 4: Invisible Disability

You are at the grocery store waiting in line to check-out behind a couple and who appears to be their biological child. While waiting, you overhear the child ask his parents if he can have a piece of candy. The parents respond, "Not today; you'll spoil your dinner."

The child pouts while the parents start placing their food on the counter. Soon the child begins to cry as the parents pay and gather their food. After the parents have finished paying, the child starts to scream and hit them while they look at their phones, not engaging with their child. Upon leaving the grocery store, you notice the same family is parked next to your car. As you get closer, you hear the child still screaming about the piece of candy in the car while the parents load the groceries as you reach your car, the mother smiles and says, "Sorry about the screaming. I know you can't tell, but our child has a disability, and is having a hard day."

Conditions 5 and 6: Visible Disability

You are at the grocery store waiting in line to check-out behind a couple and who appears to be their biological child. While waiting, you overhear the child ask his parents if he can have a piece of candy. The parents respond, "Not today; you'll spoil your dinner."

The child pouts while the parents start placing their food on the counter. Soon the child begins to cry as the parents pay and gather their food. After the parents have finished paying, the child starts to scream and hit them while they look at their phones, not engaging with their child. Upon leaving the grocery store, you notice the same family is parked next to your car. As you get closer, you hear the child still screaming about the piece of candy in the car while the parents load the groceries as you reach your car, the mother smiles and says, "Sorry about the screaming. As you probably noticed because of the wheelchair, our child has a disability and is having a hard day."

After viewing the appropriate scenario, participants completed the *Perception of Parenting Skill Scale*, *Parenting Styles and Dimensions Questionnaire* (Robinson et al., 2001), *The Social Desirability Scale* (Stober, 2001), and demographic items (see Appendices A-D).

Finally, all participants were thanked and given the option of entering their name for a drawing for 1 of 10 \$10 Amazon gift cards.

CHAPTER IV: RESULTS

Preliminary Analyses

Prior to examining the main research questions, data were cleaned, and preliminary analyses were conducted. As the primary goal of the study was to explore the impact of perception and judgement of caregivers given race and ability status of their children, I developed variables based on condition assignment. Specifically, I created a variable for race that was coded as Black or white and a variable for ability that was coded as invisible disability, visible disability, or typically developing.

I conducted a Pearson Correlation to examine the relation between participants' perceptions of parenting skill and parenting style preference. These results along with means and standard deviations are presented in Table 1. Parenting style ratings were significantly correlated with rating of parenting skill for some parenting style subscales. Specifically, the *Verbal Hostility*, *Punitive*, and *Indulgent* subscales were significantly correlated with the *Parenting Skill* measure. As expected, there were also significant correlations between some of the parenting style subscales, particularly among those that were of the same parenting style (e.g., Authoritarian, Authoritative, Permissive). Specifically, significant correlations surfaced for *Regulation* and *Connection* ($r = .18, p > .001$), *Connection* and *Autonomy*, ($r = .39, p > .001$); *Physical Hostility* and *Regulation*, ($r = .30, p > .001$); *Physical Hostility* and *Autonomy*, ($r = -.25, p > .001$); *Verbal Hostility* and *Regulation*, ($r = .15, p > .001$); *Verbal Hostility* and *Physical Hostility*, ($r = .24, p > .001$); *Punitive* and *Regulation*, ($r = .23, p > .001$); *Punitive* and *Autonomy*, ($r = -.17, p > .001$); *Punitive* and *Physical Hostility*, ($r = .33, p > .001$); *Punitive* and *Verbal Hostility*, ($r = .19, p > .001$); *Indulgent* and *Regulation*, ($r = -.37, p > .001$); *Indulgent* and *Physical Hostility*, ($r = .27, p > .001$); *Indulgent* and *Verbal Hostility*, ($r = .20, p > .001$);

Indulgent and *Punitive*, ($r = .22, p > .001$). I also conducted a Pearson Correlation to examine the relation between parenting style subscales and *The Social Desirability Scale*. Parenting style ratings were significantly correlated with *The Social Desirability Scale* ratings for some of the parenting style subscales. Specifically, the *Verbal Hostility* ($r = -.09, p < .035$) and *Indulgent* ($r = -.09, p < .035$) subscales were significantly correlated with the social desirability measure. Finally, I conducted two-tailed Pearson Correlation to examine the relation between the dependent variables, *The Perception of Parenting Skill Scale* and *The Social Desirability Scale*. Perception of Parenting Skill was not significantly correlated with *Social Desirability*, ($r = -.05, p < .307$).

I also conducted analyses to examine the normality of data. Regarding skewness statistics, the *Perception of Parenting Skill* measure was positively skewed (.04), suggesting a tendency for participants to give higher ratings of parenting skill. *Social Desirability* was .02, with the normality curve skewed towards the left. The Parenting Style Subscale with the normality curve significantly skewed to the right included Regulation at -.004. The parenting style subscales with the normality curve skewed to the right, nonsignificant, included Connection and Autonomy at -.712 and -.744, respectively. The parenting style subscales with the normality curve skewed to the left, nonsignificant, included *Physical Hostility*, *Punitive*, and *Indulgent* at .961, .389, and .184, respectively.

Primary Analyses

I conducted one two-way ANOVA to answer the first three research questions about the impact of race and ability status on participant rating of parenting skill. I entered race and ability status as the independent variables and the *Perception of Parenting Skill Scale* as the dependent variable. This two-way ANOVA examined the main effects of race and ability status on

participant rating of parenting skill and the interaction of race and ability status on participant rating of parenting skill.

In regard to the first research question, surrounding the impact of race on participant ratings of parenting skill, results of these analyses did not support my hypothesis that race would impact perceptions of parenting skill, as a statistically significant main effect for race was not identified, $F(1, 522) = 3.03, p = .08, \eta^2 < .01$. These results demonstrate that participants assigned to one of the white boy conditions ($M = 4.12, SD = 1.22$) provided ratings of parenting skill that were not significantly different from those of participants assigned to one of the Black boy conditions ($M = 4.30, SD = 1.22$).

In regard to the second research question, surrounding the impact of ability status on participant ratings of parenting skill, results of this analysis did not support my hypotheses that ability status of the child would predict perceptions of parenting skill $F(2, 521) = 1.29, p = .28, \eta^2 < .01$. These results demonstrate that participant ratings of parenting skill were not significantly different for those assigned to one of the invisible disability conditions ($M = 4.33, SD = 1.27$), visible disability conditions ($M = 4.12, SD = 1.15$), and typically developing conditions ($M = 4.17, SD = 1.25$).

In regard to the third research question, surrounding the impact of race and ability status on participant rating of parenting skill, results of this analysis did not support my hypothesis that caregivers of individuals with multiple marginalized identities (e.g., Black with invisible disability) would be perceived as less capable than other caregivers, as no overall significant effects for condition were identified, $F(2, 518) = 1.39, p = .25, \eta^2 = .02$.

To answer the fourth and final research question surrounding the moderating effect of parenting style on the relation between condition and rating of parenting skill, I examined race

and ability status independently for a potential moderating effect of participant parenting style preference. I used Hayes' PROCESS macro for SPSS. I conducted 14 analyses, as each of the *Parenting Styles and Dimensions Questionnaire* (Robinson et al., 2001) domains (i.e., *Connection, Regulation, Autonomy, Physical Hostility, Verbal Hostility, Punitive, and Indulgent*) were entered as the moderator, with condition assignment (i.e., race or ability status) entered as the independent variable and the *Perception of Parenting Skill Scale* as the dependent variable. Results of these analyses are presented in Tables 2 and 3.

When examining child race as the independent variable, higher ratings on the *Physical Hostility* subscale were associated with lower ratings of parenting skill for participants in the Black boy conditions, but remained stable for participants in the white boy conditions, $\Delta R^2 = .36$, $F(1, 523) = 2.24$, $p = .03$ (see Figure 2). Conditional effects for the *Physical Hostility* subscale were significant, $p = .00$. The *Physical Hostility*, $\Delta R^2 = .26$, $F(1, 523) = 2.64$, $p = .01$, and *Indulgent*, $\Delta R^2 = .27$, $F[1, 523] = 2.40$, $p = .02$, subscales surfaced as significant moderators for the relation between ability status condition assignment and rating of parenting skill. Specifically for participants assigned to the typically developing and invisible disability conditions, higher ratings on the *Physical Hostility and Indulgent* subscales predicted a decrease in ratings of parenting skill (i.e., participants perceived the caregivers as less skilled). Conditional effects for the *Physical Hostility* subscale were significant, $p = .03$. Conditional effects for the *Indulgent* subscale were significant, $p = .05$. Notably, the difference in ratings of parenting skill was less prominent for those participants assigned to the invisible disability condition in comparison to those participants assigned to the typically developing. For participants assigned to the visible disability conditions, when they provided a higher rating of

the *Physical Hostility* or *Indulgent* subscales there was an increase in rating of parenting skill. That is, participants perceived the caregivers as more skilled (see Figures 3 and 5).

Finally, the *Punitive* subscale surfaced as a significant moderator for the relation between ability status condition assignment and rating of parenting skill ($\Delta R^2 = .51$, $F[1, 523] = 3.05$, $p = .00$). For participants assigned to the typically developing conditions, higher ratings on the *Punitive* subscale predicted a decrease in ratings of parenting skill. Conditional effects for the *Punitive* subscale not significant, $p = .09$. Stated simply, these participants perceived the caregivers as less skilled (see Figure 4). For participants assigned to the visible and invisible disability conditions, when participants provided higher ratings of the *Punitive* subscale there was an increase in rating of parenting skill (i.e., participants perceived the caregivers as more skilled).

CHAPTER V: DISCUSSION

Discussion

A gap in research exists examining how bystanders perceive the parenting skills of others, particularly relevant to disability status and racial identity. Caregivers of racially minoritized individuals and their children experience judgement that leads to discrimination due to assumptions made about them based on their racial identity (Fox & Stallworth, 2005; Lloyd-Jones, 2009). Further, caregivers of children with disabilities experience judgement that leads to misunderstanding of their parenting choices (Due et al., 2018, Thompson-Jones et al., 2016). Together these findings suggest that caregivers are perceived and judged differently based on the identities their child holds.

To help improve our understanding of such perceptions and the impact they can have, I examined how a child's race and ability status may impact how their caregivers' parenting skills are perceived. I used an experimental design where across conditions participants were exposed to a vignette describing a Black or white child, revealed as having a visible, invisible, or no disability, engaging in disruptive behaviors. Specifically, I explored differences in participant ratings of parenting skills given child race (i.e., Black or white boy) and ability status (i.e., typically developing, invisible disability, or visible disability). I recruited 525 adult participants who were randomly assigned to one of six conditions that included a photograph of an eight-year-old Black or white boy paired with vignettes depicting two caregivers in public with their child. In the vignettes, the child was described as having either a visible disability, an invisible disability, or was typically developing. Participants viewed the image, read the vignettes, and were asked to complete a 14-item survey about parenting skills on a 7-point Likert scale from one (i.e., Strongly Disagree) to seven (i.e., Strongly Agree) and a 32-item survey about parenting

style preference on a 5-point Likert scale from one (i.e., Strongly Disagree) to seven (i.e., Strongly Agree).

I examined the role of perception on how individuals are viewed, or in the case of the current study how caregivers are perceived, because social categorization that results from the identities a person holds may result in assumptions that can have harmful consequences (e.g., caregivers altering their parenting in public; Due et al., 2018; Thompson-Jones et al., 2016). Given the tendency of people to group others into social categories based on assumed identities (which produces in- and out-group dynamics), I manipulated child race (i.e., Black and white) and ability status (i.e., invisible disability, visible disability, and typically developing; Smith & DeCoster, 2000; Grondin, 2016).

In previous studies researchers have found that caregivers' perceptions that others are judging them increases the likelihood that they will behave differently (e.g., not disclose their child's disability, deny needed resources to avoid judgement; Thompson-Jones et al., 2016). Caretakers of individuals with disabilities experience specific challenges that are defined by the visibility of the disability to others (Randell et al., 2017). With these challenges in mind, I aimed to examine how caregivers behaving similarly may be perceived differently because of their child's race and/or ability status by exposing participants to vignettes that were identical except for a line disclosing the ability status of the child and including pictures of either a white or Black boy.

Previous researchers have found that individuals who are racial minorities experience microaggressions that are not experienced by white individuals (Wood et al., 2017). Specifically, Black men and boys are viewed as more aggressive than their white peers and have different social experiences (e.g., told they are poorly behaved, receive more discipline referrals, report

more symptoms of depression) as a result (Coker et al., 2009; Benner et al., 2018). It is for these reasons that three of the six conditions included in this study displayed a picture of a young Black boy. Based on the literature that Black men and boys are viewed as more aggressive and experience a higher number of microaggressive experiences compared to their white peers (Coker et al., 2009; Benner et al., 2018; English et al., 2020), I predicted that race would predict ratings of parenting skill. However, I did not find support for this hypothesis, as participants assigned to the white boy conditions provided ratings of parenting skills that were not significantly different from participants assigned to the Black boy conditions.

There could be a few reasons for the lack of significantly different ratings of parenting skill based on race. First, social desirability may have played a role. The *Perception of Parenting Skill Scale* (Meuwissen et al., 2017) asks participants how they rate parenting skill with specific questions about the caregivers depicted in the vignettes. As a result of the direct questions, participants may have tried to not seem judgmental of caregivers by providing more neutral ratings. To account for this potential issue, I also administered the *Social Desirability Scale* (Stober, 2001). Given participant responses, the normality curve on the *Social Desirability Scale* (Stober, 2001) was skewed to the left, suggesting a tendency for participants to overreport positive responses or those that are considered more socially acceptable. Further, given the current social climate, specifically relevant to racial injustices often specifically targeting Black individuals, participants may have also attempted to come across as racially unbiased by providing less critical ratings when they viewed the Black boy (Gomillion, 2022). A final reason for the lack of significance between groups could have been the fact that the picture of a young Black or white boy presented to each participant was only presented one time and participants

were not specifically asked about racial identity. As a result, participants may not have given as much consideration to the race of the child.

According to previous researchers, caregivers of children with visible disabilities report receiving unwanted sympathy and an overabundance of support (Ouellette-Kuntz, et al., 2010; Pollock Prezant & Marshak, 2006; Sklar, 2011). With this research in mind, I predicted that participants would provide significantly different ratings of parenting skill based on ability status, such that the caregivers of the child with the visible disability would receive the most positive ratings of parenting skill, and that the caregivers of the child with no disability would receive the lowest ratings. However, ability status did not impact ratings of parenting skill, as participant ratings were not significantly different across disability conditions.

There are a few possible reasons for this discrepancy from previous research and the lack of significant findings. Similar to a reason given for lack of difference based on race, one possible explanation may be participants' desire to provide ratings that were socially desirable as *The Social Desirability Scale*, resulted in a normality curve skewed towards the left, suggesting a participant slight tendency to give socially desirable rather than accurate responses (Stober, 2001). A second explanation for the lack of significant findings may be that the sample was not diverse. I used a university research pool at one Predominantly White Institution. As such, the sample included mostly white participants who identified as women which means representation of demographic groups was limited. Therefore, results should be interpreted with caution as they may not generalize to other populations (e.g., individual who identify as male or nonbinary, individuals who are members of racial ethnic minority groups, etc.) due to the participant sample not being representative of the population. Further, previous researchers have identified social perception as being influenced by several factors, including, whether the behavior is deemed

socially acceptable, a person's physical appearance (e.g., facial expressions, body language) and how a person interacts with other people (Burke, 2016; Freeland & Hoey, 2018). Individuals with visible disabilities look different than those with an invisible disability or no disability. In the case of the current study, the pictures accompanying the vignettes were only of faces which meant the children looked the same regardless of ability status. Further, the children in the vignettes with visible disabilities were described as using a wheelchair rather than shown visually in a wheelchair. In other cases, individuals with an invisible disability, like autism or ADHD, may engage in behaviors deemed not socially acceptable (e.g., disruptive emotional outbursts, physical aggression, verbal aggression) that may cause them to stand out (Wakschlag et al., 2012). As a result, there may exist confounding variables related to social perception that had an impact on how participants rated parenting skill in the current study.

Given previous research demonstrating that Black boys and children with disabilities are treated differently (Coker et al., 2009; Ouellette-Kuntz, et al., 2010; Pollock Prezant & Marshak, 2006; Sklar, 2011; Benner et al., 2018), I hypothesized that the interaction of race and ability status would result in significantly different ratings of parenting skill, such that, out of all six conditions, when participants were assigned to the Black boy condition that was also the invisible disability condition the rating of parenting skill would be the lowest and the caregivers of the condition would receive the lowest rating of parenting skill. However, an overall significant effect for the interaction of race and ability status was not identified. Nevertheless, results of post hoc analyses indicated that participants assigned to the white boy that was also the visible disability condition rated caregivers' skills lower than participants assigned to the Black boy that was also the invisible disability condition. In other words, lower ratings of parenting skill in the white boy with a visible disability condition suggest that the caregivers depicted in

this scene were perceived as having less skills when compared to those in the Black boy with an invisible disability condition. This result opposes my hypothesis that caregivers of individuals with multiple marginalized identities (e.g., Black with invisible disability) would be perceived as less capable than other caregivers. This result seems to suggest that possible biases toward individuals with disabilities played a stronger role in parental perceptions than race and ethnicity and is consistent with the research that suggests able-bodied individuals who don't have a personal relationship with a person in a wheelchair hold an implicit bias against individuals who are in a wheelchair (Galli et al., 2015).

Finally, some of the parenting style subscales moderated the relation between race and perception of parenting skill, as well as the relation between ability status and perception of parenting skill. Specifically, when participants provided higher ratings on the *Physical Hostility*, *Punitive*, and *Indulgent* subscales of the *Perception of Parenting Skill Scale* (Meuwissen et al., 2017), the relation between condition assignment (i.e., race and ability status independently) and parenting skill was strengthened or weakened. As the *Physical Hostility* subscale is associated with the authoritarian parenting style, this finding suggests that participants felt the behavior associated with the authoritarian parenting style was not present in the behavior of the caregivers depicted in the vignette. Further, as higher ratings on the *Physical Hostility* subscale predicted a decrease in parenting skill for participants assigned to a Black boy condition it is possible participants felt that the caregivers of the Black child should be stricter than the caregivers of the white child. This finding makes sense given the results of previous research indicating that Black individuals report microaggressive experiences that include assumption of criminality, second class citizenship, and assumption of inferior status (Sue et al., 2007). Given these reported

experiences, it is sensible that certain participants assigned to the Black boy conditions felt the children depicted should have received some sort of discipline from the caregivers.

When examining ability status as the independent variable, the *Physical Hostility*, *Punitive*, and *Indulgent* subscales changed participants' report of parenting skill. Specifically, the negative relation between the *Indulgent* and *Physical Hostility* subscales for those in the typically developing and invisible disability conditions as opposed to the positive relation between parenting skill and the *Physical Hostility* and *Indulgent* subscales for those in the visible condition suggest that participants felt it was acceptable for the caregivers of the child with a visible disability to ignore the behavior (that is, be more indulgent) because of the child's needs. Further given that the authoritarian parenting style values a strict approach to parenting, participants may have felt that the behavior of the caregivers in the typically developing and invisible conditions (i.e., ignoring the behavior of their child) did not reflect their values of "good parenting" when they provided higher ratings of *Physical Hostility*.

Findings for the *Punitive* subscale, are also reasonable, given the authoritarian parenting style values a strict approach to parenting, which would include giving punishment. Participants may have interpreted the behavior of the caregivers depicted in the vignette (i.e., ignoring the behavior of their child rather than verbalizing discipline) did not reflect the values of the authoritarian parenting style. It was only the case for the typically developing conditions that the relation between parenting skill and the *Punitive* subscale was negative and the opposite was true for the invisible and visible disability conditions (i.e., participants perceived the caregivers as more skilled, as ratings of Punitive increased for the disability conditions but not for the typically developing conditions). It is possible that participants who expressed a preference for punitive parenting strategies felt caregivers ignoring behavior rather than having a punitive response (e.g.,

assigning a punishment, verbal discipline, etc.) was appropriate for the caregivers of children who are typically developing, but not for caregivers of children with disabilities. It is possible that participants rationalized that typically developing children can learn from a variety of interactions, but children with disabilities would understand physical punishment more than other methods (such as reasoning with a child). This finding is reflected in the literature.

Specifically, Identity Control Theory researchers found that individuals will work to confirm the beliefs they already hold (Burke, 2016). This detail from the literature and finding from the current study could suggest a stronger association between condition assignment and ratings of parenting skill for participants who felt the parenting behaviors described confirmed their parenting style preference. For example, a parent who used an authoritarian parenting style (high in *Physical Hostility* and *Punitive*) or experienced being parented with an authoritarian parenting style approach may have felt that approach was present in the parenting behaviors depicted in the vignette (i.e., refusal to give in to the emotional outburst of the child by ignoring the behavior). Therefore, the belief held by the participant, outlined in ICT, may have been confirmed and led the participant to giving a higher rating of parenting skill.

Overall, the findings of this study suggest that appearance does influence how people perceive and judge some people based on various factors, including the identities held by both the observer and the person being perceived. The suggestion of the literature was that how people perceive other people and situations is influenced by several factors, including that it is difficult to change once a person has developed a belief and that people are judged and treated differently based on group membership, including racial/ethnic group membership and ability status membership (Banaji & Hardin, 1996; Burke, 2016; Dovidio, 2013; Kriegel et al., 2017; Kumar Tiwari & Kumar, 2019; Soo-Young et al., 2019; Zarate & Smith, 1990). This study could

contribute to the idea of perception being shaped by several factors, including identity shaping beliefs, such as parenting style preference (Burke, 2016; Dovidio, 2013; Kumar Tiwari & Kumar, 2019). Specifically, that parenting style preference, a preference influenced by ones beliefs about parenting, predicted rating of parenting skill for some of the parenting style subscales. In particular, the subscales associated with the authoritarian and permissive parenting styles which were found to be significant moderators of parenting skill in this study. Additionally, these findings were different depending on condition assignment. For example, participants who valued the *Physical Hostility* subscale gave lower ratings of parenting skill for the Black boy conditions (i.e., an out-group). There is still research to be done but it is clear that various factors that shape our identities and beliefs influence how we perceive and judge the behavior of other people.

Limitations

There were limitations to the present study. The current study included invisible and visible disability conditions. The difference between the conditions was a statement in the vignettes disclosing a child as having a visible (e.g., "...As you probably noticed because of the wheelchair, our child has a disability...") or invisible disability (e.g., "...I know you can't tell, but our child has a disability..."), meaning participants were aware of the ability status of the child, which may have led to participants missing the manipulation. Regarding validity, there may have been unknowns or confounding variables that had an impact on the relationship between the independent and dependent variables. For example, I developed the primary dependent variable, the *Perception of Parenting Skill Scale*. The *Perception of Parenting Skill Scale* is limited as research has not been conducted to verify it as a valid measure of parenting skill. I did find the *Perception of Parenting Skill Scale* to be internally consistent, but additional

study is needed to determine its validity. The study is also limited by the low reliability of the *Parenting Styles and Dimensions Questionnaire* (Robinson et al., 2001) as the Cronbach Alpha score for the measure was lower than the preferred level. Finally, the *Perception of Parenting Skill* scale was positively skewed which limits interpretation of the study findings and suggests that social desirability may have overshadowed some results.

There were limitations to external validity, as most participants were white women. As a result, the findings of the study may not generalize to different populations with varying identities (e.g., men of color). Further, the participant pool were students and staff from a PWI which leads to the question of whether a more diverse sample would yield similar findings. Data collection was done online using a university research data pool and therefore included participants associated in some way with a university with access to internet, meaning result may vary for those outside that population who do not have access to these items. The attention of the study focused on differences in the perception of parenting skill for the caregivers of young white or Black boys. As a result, findings from this study may not replicate for other genders, gender identities, or races. Finally, the pictures included in the current study were only presented at the beginning which may have resulted in them not being engrained in the minds of the participants. As a result, the manipulation may not have been as salient as intended.

There were limitations to reliability, as the Cronbach Alpha levels for The Parenting Styles and Dimensions Questionnaire and its subscales were lower than ideal. This may impact the retest reliability. Notably, I did alter the wording of the original questions from first-person to third-person which may have impacted the internal consistency. However, previous studies have reported similar reliability scores (Choi et al., 2004; Taylor et al., 2013). Regardless, results should be interpreted with some caution.

Directions for Future Research

Future research should examine participant ratings of parenting skill for parent of children with visible disabilities and parents of children with invisible disabilities with no disclosure of the invisible disability. Given the findings of the current study, there could be a difference in how bystanders perceive skill based on several factors (including parenting style preference and identity). Given the aforementioned, future researchers should examine how a child with a visible disability is perceived in comparison to a child with an invisible disability. This would provide insight into how participants rate parenting skill when there is truly no indication of an invisible disability. Further, future studies would benefit from asking participants to recall characteristics of the child they saw and read about or by using pictures that depict differences in ability status (e.g., having the same child pictured in a wheelchair or standing). As previously stated, in past studies researchers have found that caregivers of children with invisible disabilities face distinct challenges, including having to convince others of the validity of their child's disability and having to parent differently to meet the needs of their child (Heitzman-Powell et al., 2013; Myers et al., 2009; Severini et al., 2018). Therefore, it would be beneficial for future studies to examine how certain challenges that are unique to caregivers of children with a disability (i.e., having to convince others of the validity of their child's disability and having to parent differently to meet the needs of their child) impact how the child and their caregivers are perceived, particularly when the ability status is unknown to a bystander.

For this study I focused my attention on the differences between Black and white children, but further research should be conducted to examine the differences between ratings of parenting skill for different race and ethnic groups to find how the different groups are perceived by bystanders. It may also be worthwhile to explore similar research questions using different

methodologies. For example, research studies that present pictures or videos of different race and ethnic groups could give insight into how groups are treated the same or different depending on race and ethnicity. These concepts would contribute to the same conversation being had in the current study, about the serious impact of human perceptions, assumptions, and judgements. These types of conversations will give attention to the unfair judgement being placed on out-groups, provide a basis for repairing the hurt caused by judgement based on group memberships, and ultimately lead to a society with less exclusion.

Further research should be conducted to find differences in rating of parenting skill using girls or nonbinary children. In previous studies researchers have included a limited proportion of girls as subjects, and research including nonbinary children is even more limited (Hasson & Fine, 2012). Additionally, historically in the school setting, more boys are referred for academic evaluation (Rucklidge, 2008, 2010; Ohan & Visser, 2009). This combination suggests a difference between how boys are perceived compared to girls or nonbinary children making it a worthwhile area of research to continue.

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APPENDIX A: DEMOGRAPHIC SURVEY

1. How old are you? _____
2. What is your race? _____
3. What is your gender? _____
4. How many children do you have? _____
5. Do you have a disability? Yes No
6. Does anyone in your family have a disability? Yes No
7. If you have children, do any of your children have a disability? Yes No

APPENDIX B: PERCEPTION OF PARENTING SKILL SCALE

Rate your level of agreement.

(1) Strongly Disagree ----- (7) Strongly Agree

1. These are good parents
2. These are bad parents
3. The parents should have been firmer with their child
4. The parents were too firm with their child
5. The parents are overinvolved
6. The parents are under involved
7. The parents are passive
8. The parents are active
9. The parents handled the behavior incorrectly
10. The parents handled the behavior correctly
11. The child needs to be disciplined
12. The child does not need to be disciplined
13. The child is behaving worse than most children
14. The child is behaving like most children

APPENDIX C: PARENTING STYLES AND DIMENSIONS QUESTIONNAIRE

Rate your level of agreement.

(1) Strongly Disagree ----- (5) Strongly Agree

1. Parents should be responsive to their child's feelings or needs.
2. Parents should use physical punishment as a way of disciplining their child.
3. Parents should take their child's desires into account before asking the child to do something.
4. When a child asks why (he)(she) has to conform, Parents should state: because I said so or I am your parent and I want you to.
5. Parents should explain to their child how they feel about the child's good and bad behavior.
6. Parents should spank when a child is disobedient.
7. Parents should encourage their child to talk about the child's troubles.
8. It should be difficult to discipline children.
9. Parents should encourage their child to freely express (himself)(herself) even when disagreeing with parents.
10. Parents should punish by taking privileges away from a child with little if any explanations.
11. Parents should emphasize the reasons for rules.
12. Parents should give comfort and understanding when a child is upset.
13. Parents should yell or shout when a child misbehaves.
14. Parents should give praise when a child is good.
15. Parents should give into a child when the child causes a commotion about something.
16. It is okay for parents to explode in anger towards a child.
17. Parents should threaten a child with punishment more often than actually giving it.
18. Parents should take into account a child's preferences in making plans for the family.
19. It is okay for parents to grab a child when he/she is being disobedient.
20. It is okay for parents to state punishments to a child and not actually do them.
21. Parents should show respect for a child's opinions by encouraging the child to express them.
22. It is okay for parents to allow a child to give input into family rules.
23. It is okay for parents to scold and criticize to make a child improve.
24. It is okay for parents to spoil a child.
25. Parents should give a child reasons why rules should be obeyed.
26. It is okay for parents to use threats as punishment with little or no justification.
27. It is okay for parents to have warm and intimate times together with their child.
28. It is okay for parents to punish by putting a child off somewhere alone with little if any explanations.
29. Parents should help their child to understand the impact of behavior by encouraging their child to talk about the consequences of his/her/their own actions.
30. It is okay for parents to scold or criticize when a child's behavior doesn't meet their expectations.
31. Parents should explain the consequences of the child's behavior.

32. It is okay for parents to slap a child when the child misbehaves.

APPENDIX D: THE SOCIAL DESIRABILITY SCALE-17 (SDS-17)

Respond to the following statements.

1. I sometimes litter.
2. I always admit my mistakes openly and face the potential negative consequences.
3. In traffic I am always polite and considerate of others.
4. I have tried illegal drugs (for example, marijuana, cocaine, etc.).
5. I always accept others' opinions, even when they don't agree with my own.
6. I take out my bad moods on others now and then.
7. There has been an occasion when I took advantage of someone else.
8. In conversations I always listen attentively and let others finish their sentences.
9. I never hesitate to help someone in case of emergency.
10. When I have made a promise, I keep it – no ifs, ands, or buts.
11. I occasionally speak badly of others behind their back.
12. I would never live off other people.
13. I always stay friendly and courteous with other people, even when I am stressed out.
14. During arguments I always stay objective and matter-of-fact.
15. There has been at least one occasion when I failed to return an item that I borrowed.
16. I always eat a healthy diet.
17. Sometimes I only help because I expect something in return.

APPENDIX E: TABLES

Table 1

Pearson Correlations for Parenting Skill and Parenting Style Subscales

Subscale	1	2	3	4	5	6	7	<i>M</i>	<i>SD</i>
1. Parenting Skill	1							4.20	1.22
2. Connection	-.08	1						3.95	0.33
3. Regulation	-.03	.18**	1					3.20	0.43
4. Autonomy	-.05	.39**	.04	1				4.22	0.49
5. Physical Hostility	-.06	-.03	.30**	-.25**	1			2.69	0.66
6. Verbal Hostility	.10*	.08	.15**	.08	.24**	1		2.92	0.38
7. Punitive	.09*	.03	.23**	-.17**	.33**	.19**	1	3.21	0.41
8. Indulgent	-.08	.04	.37**	-.03	.27**	.20**	.22**	2.15	0.57

** Correlation is significant at .01 level. * Correlation is significant at .05 level.

Table 2

Parenting Style Moderation Analysis for Race (n=525)

	<i>B</i>	SE	<i>t</i>	<i>p</i>
Connection	-0.30	0.32	-0.95	.34
Regulation	0.23	0.25	0.94	.35
Autonomy	-0.21	0.22	-0.95	.34
Physical Hostility	0.36	0.16	2.24	.03
Verbal Hostility	0.06	0.29	0.20	.84
Punitive	0.12	0.26	0.44	.66
Indulgent	-0.02	0.19	-0.10	.92

Note: *df* = 1, 523

Table 3*Parenting Style Moderation Analysis for Ability Status (N=525)*

	<i>b</i>	SE	<i>t</i>	<i>p</i>
Connection	0.00	0.19	0.01	.99
Regulation	0.05	0.15	0.35	.73
Autonomy	0.03	0.13	0.26	.80
Physical Hostility	0.26	0.10	2.64	.01
Verbal Hostility	0.14	0.17	0.82	.41
Punitive	0.51	0.17	3.05	.00
Indulgent	0.27	0.11	2.40	.02

Note: df = 1, 523

APPENDIX F: FIGURES

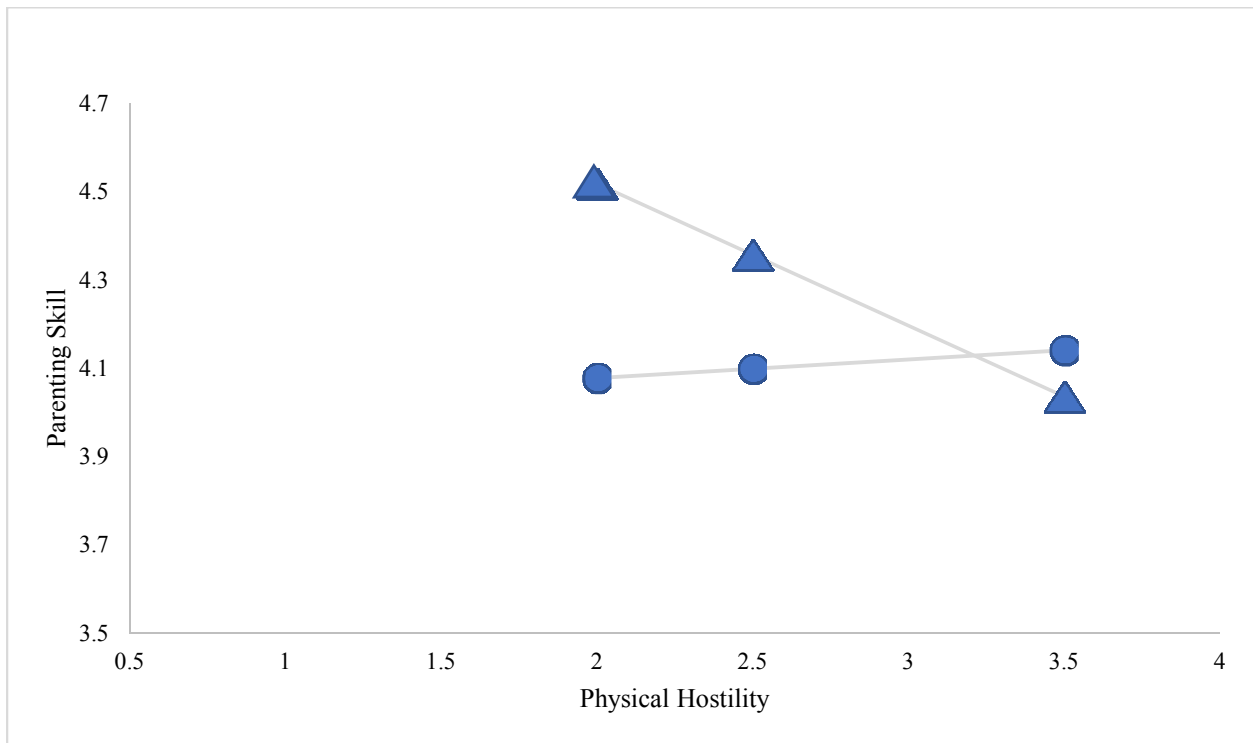
Figure 1

Developmental Emotional Faces



Figure 2

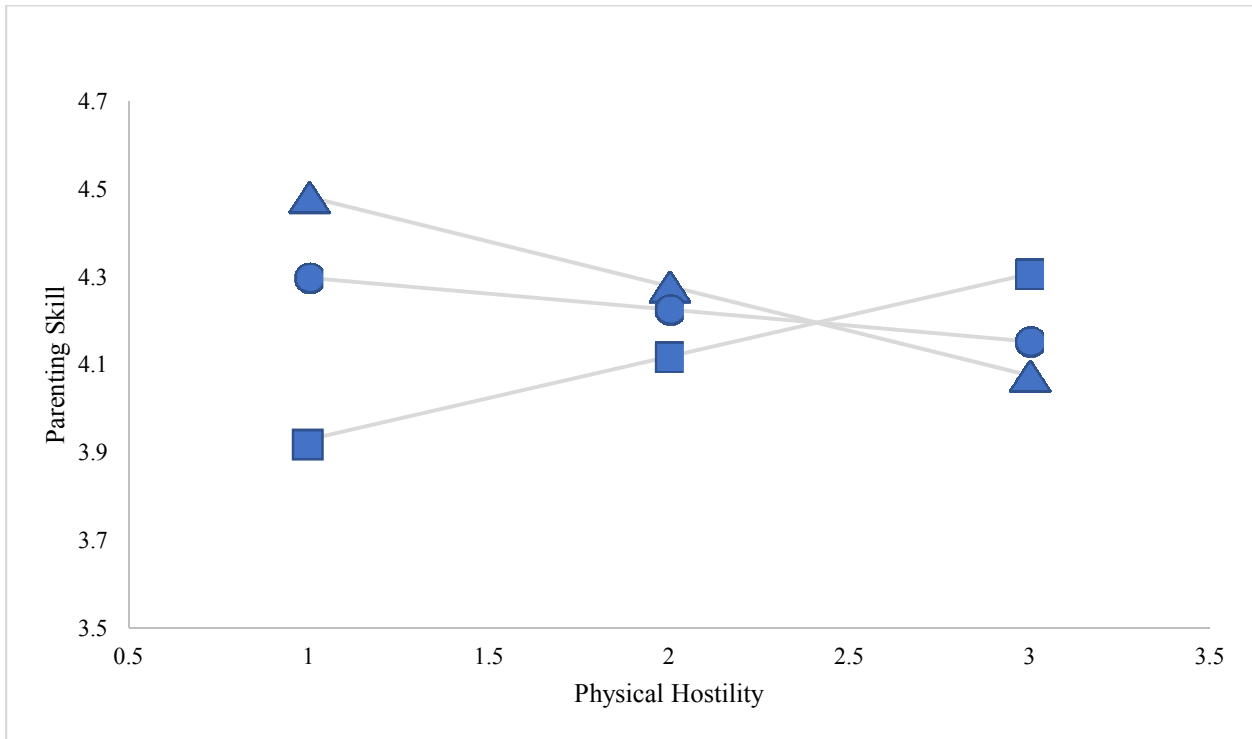
Relation between Parenting Skill, Physical Hostility subscale and Race



Note: Triangle is Black child and circle is white child.

Figure 3

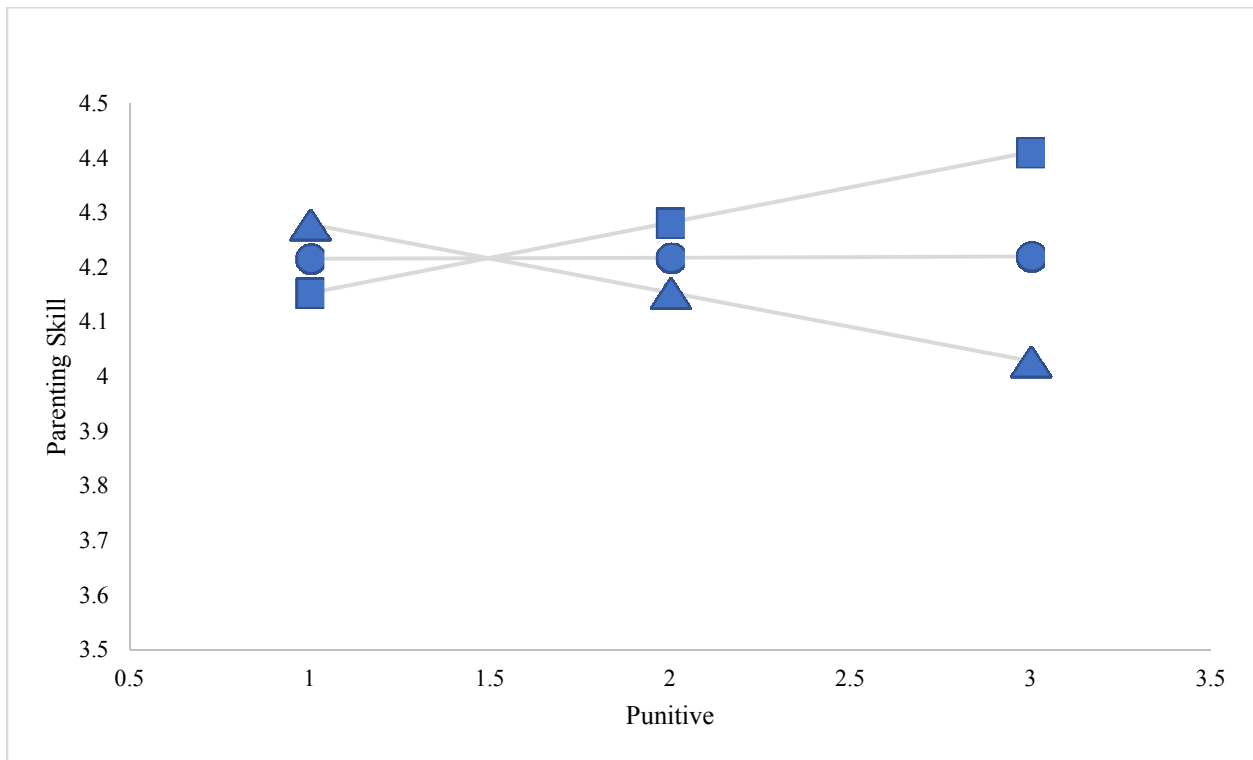
Relation between Parenting Skill, Physical Hostility subscale and Ability Status



Note: Triangle is typically developing, circle is invisible disability and square is visible disability.

Figure 4

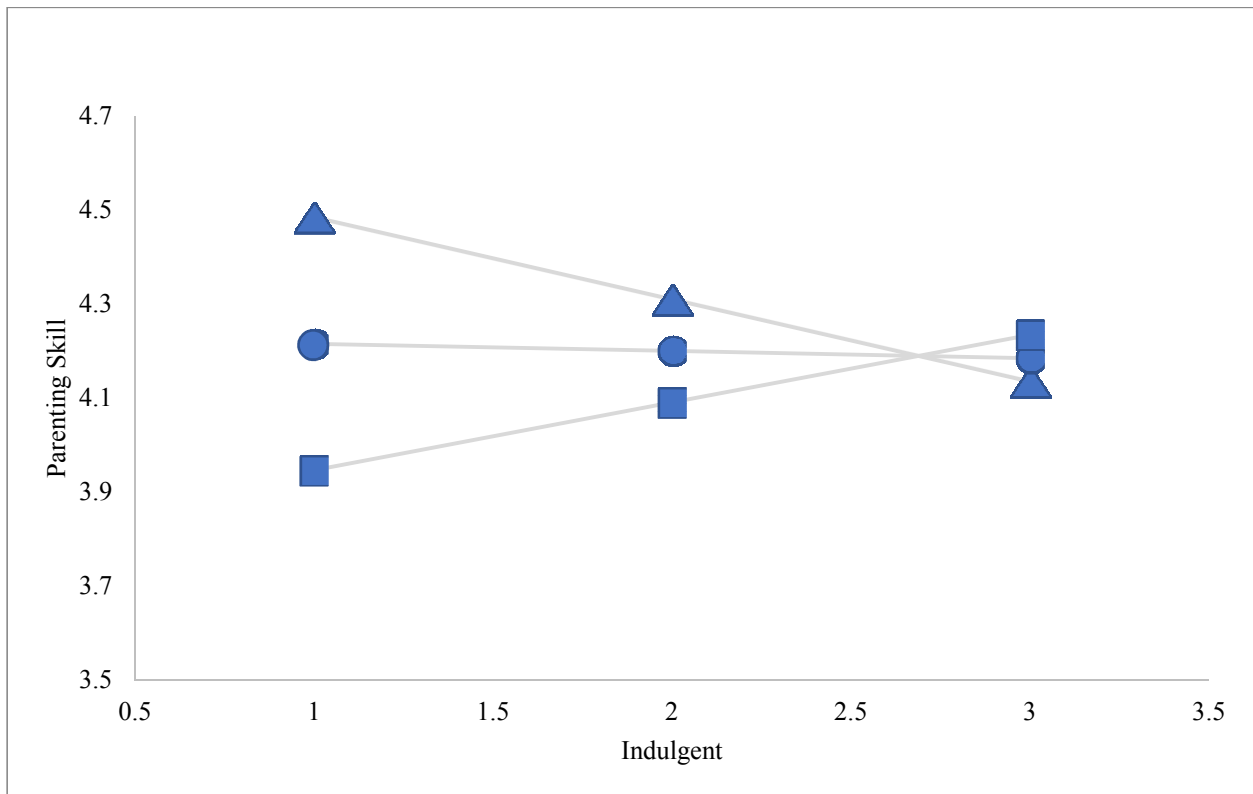
Relation between Parenting Skill, Punitive subscale and Ability Status



Note: Triangle is typically developing, circle is invisible disability and square is visible disability.

Figure 5

Relation between Parenting Skill, Indulgent subscale and Ability Status



Note: Triangle is typically developing, circle is invisible disability and square is visible disability.